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
HENRY TROEMNER LLC CASH OR DEFERRED PROFIT SHARING PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2001

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

201 WOLF DRIVE, P.O. BOX 87
THOROFARE, NJ 08086

2b Employer Identification Number (EIN)
52-2154005

2c Plan Sponsor's telephone number
856-686-1600

2d Business code (see instructions)
332900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2015	ALLYSON LYNCH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

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

5	Total number of participants at the beginning of the plan year	**5**	137
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)**	105
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	119
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	29
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	148
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	149
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	123
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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 3D 2S 2R

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) [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) [ ] ___ **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
HENRY TROEMNER LLC CASH OR DEFERRED PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HENRY TROEMNER, LLC

D Employer Identification Number (EIN)
52-2154005

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

AMERICAN BEACON
4151 AMON CARTER BLVD
FORT WORTH, TX 76155

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

AMERICAN CENTURY
PO BOX 419200
KANSAS CITY, MO 64141

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

AMERICAN FUNDS
333 SOUTH HOPE STREET
LOS ANGELES, CA 90071

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

FEDERATED
FEDERATED INVESTORS TOWER
101 LIBERTY AVENUE
PITTTSBURGH, PA 15222

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

INVESCO FUNDS

1555 PEACHTREE STREET, N.E.
ATLANTA, GA 30309

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

JANUS

151 DETROIT ST.
DENVER, CO 80206

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

MFS

111 HUNTINGTON AVENUE
BOSTON, MA 02199-7632

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

PNC

620 LIBERTY AVENUE
PITTSBURGH, PA 15222

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

ROYCE

745 FIFTH AVENUE
NEW YORK, NY 10151

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

T. ROWE

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

VANGUARD

100 VANGUARD BLVD.
MALVERN, PA 19355

(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)

PNC BANK, N.A.

25-1211909

(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?
25 59 60 63	TRUSTEE	200	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

(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
PNC BANK, NATIONAL ASSOCIATION	60 63	0

(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.
AMERICAN BEACON SMALL CAP VALUE FUN 4151 AMON CARTER BLVD., MD 2450 FORT WORTH, TX 76155	25 BASIS POINTS ANNUALLY-63 25 BASIS POINTS ANNUALLY-60

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, NATIONAL ASSOCIATION	60 63	0

(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.
AMERICAN CENTURY STRATEGIC ALLOCATI P.O. BOX 419385 KANSAS CITY, MO 64141	25 BASIS POINTS ANNUALLY-63 35 BASIS POINTS ANNUALLY-60

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, NATIONAL ASSOCIATION	60 63	0

(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.
AMERICAN CENTURY STRATEGIC ALLOCATI P.O. BOX 419385 KANSAS CITY, MO 64141	25 BASIS POINTS ANNUALLY-63 35 BASIS POINTS ANNUALLY-60

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
PNC BANK, NATIONAL ASSOCIATION	60 63	0

(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.
AMERICAN FUNDS - EUROPACIFIC GROWTH 333 SOUTH HOPE STREET LOS ANGELES, CA 90071	25 BASIS POINTS ANNUALLY-63 5 BASIS POINTS ANNUALLY-60

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, NATIONAL ASSOCIATION	60 63	0

(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.
AMERICAN FUNDS - GROWTH FUND OF AME 333 SOUTH HOPE STREET LOS ANGELES, CA 90071	25 BASIS POINTS ANNUALLY-63 5 BASIS POINTS ANNUALLY-60

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, NATIONAL ASSOCIATION	60 63	0

(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.
AMERICAN FUNDS - INVESTMENT COMPANY 333 SOUTH HOPE STREET LOS ANGELES, CA 90071	25 BASIS POINTS ANNUALLY-63 5 BASIS POINTS ANNUALLY-60

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
PNC BANK, NATIONAL ASSOCIATION	60 63	0

(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.
AMERICAN FUNDS SMALL CAP WORLD A 333 SOUTH HOPE STREET LOS ANGELES, CA 90071	25 BASIS POINTS ANNUALLY-63 5 BASIS POINTS ANNUALLY-60

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, NATIONAL ASSOCIATION	59 60	0

(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.
FEDERATED TOTAL RETURN GOVERNMENT B FEDERATED INVESTORS TOWER PITTSBURGH, PA 15222	5 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-59

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, NATIONAL ASSOCIATION	59 60 63	0

(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.
INVESCO GLOBAL HEALTH CARE FUND 1555 PEACHTREE STREET, N.E. ATLANTA, GA 30309	25 BASIS POINTS ANNUALLY-63 25 BASIS POINTS ANNUALLY-60 5 BASIS POINTS ANNUALLY-59

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
PNC BANK, NATIONAL ASSOCIATION	59 60 63	0

(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.
INVESCO TECHNOLOGY FUND 1555 PEACHTREE STREET, N.E. ATLANTA, GA 30309	25 BASIS POINTS ANNUALLY-63 25 BASIS POINTS ANNUALLY-60 5 BASIS POINTS ANNUALLY-59

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, NATIONAL ASSOCIATION	59 60 63	0

(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.
INVESCO VALUE OPPORTUNITIES FUND 1555 PEACHTREE STREET, N.E. ATLANTA, GA 30309	25 BASIS POINTS ANNUALLY-63 25 BASIS POINTS ANNUALLY-60 5 BASIS POINTS ANNUALLY-59

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, NATIONAL ASSOCIATION	60 63	0

(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.
JANUS FUND CLASS S 151 DETROIT STREET DENVER, CO 80206	25 BASIS POINTS ANNUALLY-63 25 BASIS POINTS ANNUALLY-60

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
PNC BANK, NATIONAL ASSOCIATION	60	0

(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.
JANUS GLOBAL TECHNOLOGY FUND CLASS 151 DETROIT STREET DENVER, CO 80206	25 BASIS POINTS ANNUALLY-60

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, NATIONAL ASSOCIATION	60 63	0

(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.
JANUS GROWTH AND INCOME FUND CLASS 151 DETROIT STREET DENVER, CO 80206	25 BASIS POINTS ANNUALLY-63 25 BASIS POINTS ANNUALLY-60

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, NATIONAL ASSOCIATION	59 63	0

(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.
MFS TOTAL RETURN BOND FUND 500 BOYLSTON STREET BOSTON, MA 02116	15 BASIS POINTS ANNUALLY-63 10 BASIS POINTS ANNUALLY-59

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
PNC BANK, NATIONAL ASSOCIATION	59 63	0

(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.
MFS VALUE FUND 500 BOYLSTON STREET BOSTON, MA 02116	25 BASIS POINTS ANNUALLY-63 20 BASIS POINTS ANNUALLY-59

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, NATIONAL ASSOCIATION	59	0

(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.
PNC STABLE VALUE FUND 620 LIBERTY AVENUE PITTSBURGH, PA 15222	75 BASIS POINTS ANNUALLY-59

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, NATIONAL ASSOCIATION	60 63	0

(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.
ROYCE VALUE PLUS FUND 745 5TH AVENUE, 24TH FLOOR NEW YORK, NY 10151	25 BASIS POINTS ANNUALLY-63 10 BASIS POINTS ANNUALLY-60

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
PNC BANK, NATIONAL ASSOCIATION	60 63	0

(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.
T. ROWE PRICE RETIREMENT 2010 FUND 100 EAST PRATT STREET BALTIMORE, MD 21202	50 BASIS POINTS ANNUALLY-63 15 BASIS POINTS ANNUALLY-60

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, NATIONAL ASSOCIATION	60 63	0

(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.
T. ROWE PRICE RETIREMENT 2020 FUND 100 EAST PRATT STREET BALTIMORE, MD 21202	50 BASIS POINTS ANNUALLY-63 15 BASIS POINTS ANNUALLY-60

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, NATIONAL ASSOCIATION	60 63	0

(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.
T. ROWE PRICE RETIREMENT 2030 FUND 100 EAST PRATT STREET BALTIMORE, MD 21202	50 BASIS POINTS ANNUALLY-63 15 BASIS POINTS ANNUALLY-60

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
PNC BANK, NATIONAL ASSOCIATION	60 63	0

(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.
T. ROWE PRICE RETIREMENT 2040 FUND 100 EAST PRATT STREET BALTIMORE, MD 21202	50 BASIS POINTS ANNUALLY-63 15 BASIS POINTS ANNUALLY-60

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, NATIONAL ASSOCIATION	60 63	0

(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.
T. ROWE PRICE RETIREMENT 2050 FUND 100 EAST PRATT STREET BALTIMORE, MD 21202	50 BASIS POINTS ANNUALLY-63 15 BASIS POINTS ANNUALLY-60

(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
HENRY TROEMNER LLC CASH OR DEFERRED PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
HENRY TROEMNER, LLC

D Employer Identification Number (EIN)
52-2154005

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: PNC STABLE VALUE FUND

b Name of sponsor of entity listed in (a): PNC BANK N.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)
25-1197336-001	C	997393

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

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

A Name of plan
HENRY TROEMNER LLC CASH OR DEFERRED PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HENRY TROEMNER, LLC

D Employer Identification Number (EIN)
52-2154005

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)	13282	
(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)	38137	
(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)	177259	182398
(9) Value of interest in common/collective trusts	1c(9)	854848	997393
(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)	4352273	4835600
(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	5435799	6015391
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	8491	4769
k Total liabilities (add all amounts in lines 1g through1j)	1k	8491	4769
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	5427308	6010622

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)	105356	
(B) Participants	2a(1)(B)	277026	
(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)		382382
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)	6018	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6018
(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)	300737	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		300737
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	888243	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	867788	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		20455
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-2787	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-2787

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		5889
(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)		57734
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		770428
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	186914	
(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)		186914
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)	200	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		200
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		187114
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		583314
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: BEE, BERGVALL AND COMPANY, P.C. **(2)** EIN: 23-2749044

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			

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
HENRY TROEMNER LLC CASH OR DEFERRED PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HENRY TROEMNER, LLC

D Employer Identification Number (EIN)
52-2154005

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): 25-1211909

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

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(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 _____

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(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):

HENRY TROEMNER LLC CASH OR DEFERRED PROFIT SHARING PLAN AND TRUST

FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2014

(See Independent Auditors' Report)

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BEE BERGVALL & CO.
Certified Public Accountants

936 Easton Rd., PO Box 754 Warrington, PA 18976 | 163 S. Broad St., Lansdale, PA 19446
252 W. Swamp Rd., Unit 9, Doylestown, PA 18901|444 South State St. Suite B2, Newtown, PA 18940
24 Arnett Ave. Suite 111, Lambertville, NJ 08530
215-343-2727 | www.bbco-cpa.com

INDEPENDENT AUDITORS' REPORT

To the Members of the Board
Henry Troemner LLC Cash or Deferred Profit Sharing Plan and Trust
201 Wolf Drive
Thorofare, NJ 08086

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Henry Troemner LLC Cash or Deferred Profit Sharing Plan and Trust, which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for 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 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 4 of the financial statements which was certified by PNC Bank, 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's administrator has obtained certification from the trustee as of December 31, 2014 and 2013, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

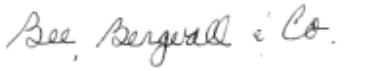
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules of Assets Held at year End as of December 31, 2014 and Schedule of Reportable Transactions are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is 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.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the 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.



Bee, Bergvall and Company, P.C.
Certified Public Accountants

October 8, 2015
Warrington, PA

HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST

Statements of Net Assets Available for Plan Benefits

December 31, 2014 and 2013

	2014	2013
Assets		
Investments, at fair value	$ 5,832,993	$ 5,258,540
Receivables		
Notes receivable from participants	182,398	177,259
Total Receivables	182,398	177,259
Total Assets	6,015,391	5,435,799
Liabilities		
Excess contributions payable	4,769	8,491
Total Liabilities	4,769	8,491
Net Assets Available for Benefits	$ 6,010,622	$ 5,427,308

See accompanying notes to the financial statements

HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST

Statement of Changes in Net Assets Available for Plan Benefits

For the Year Ended December 31, 2014

	2014
Additions:	
Investment income	
Net appreciation in fair value of investments	$ 81,291
Interest and dividends	300,737
Total Investment Income	382,028
Interest income on notes receivable from participants	6,018
Contributions	
Employees	277,026
Employer	105,356
Total Contributions	382,382
Total Additions	770,428
Deductions:	
Administrative expenses	200
Benefits paid to participants	186,914
Total Deductions	187,114
Net Increase	583,314
Net Assets Available for Plan Benefits	
Beginning of the year	5,427,308
End of year	$ 6,010,622

See accompanying notes to the financial statements

HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

December 31, 2014

NOTE 1. Description of the Plan

The following description of the Henry Troemner LLC Cash or Deferred Profit Sharing Plan and Trust provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan with an option for a discretionary employer profit sharing contribution, covering all employees at least age 21, except union, leased employees, reclassified employees and certain nonresident aliens. The Plan is subject to the provisions of the Employee Retirement Security Act of 1974(ERISA). The sponsor determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Contributions: The eligible employees may defer from 1% to 15% elective deferral by payroll deduction. The employee is also permitted to make personal after-tax contributions to the Plan. The employer matching contributions are 50% of employee deferrals to a maximum of 6% of compensation. The employer may also contribute a discretionary amount to be allocated to each participant in proportion to his or her compensation for the calendar year. For the year ended December 31, 2014 the employer's matching contribution was $105,356.

Participant Accounts: Each participant's account is credited with the participant's elective deferrals, the participant's voluntary contributions; the employer's matching contribution, and allocations of (a) the employer's discretionary contribution, if any, and (b) the Plan earnings net of expenses. Allocations are based on participant earnings or account balances as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Employees are fully vested in all benefits and accounts cannot be forfeited for any reason.

Investments: Participants direct the investment of their contributions into various investment opportunities offered by the Plan.

NOTE 1. Description of the Plan (Continued)

Payment of Benefits: On termination of service, a participant will receive a distribution in a single lump sum payment or installment payments. Benefits are recorded when paid. As of December 31, 2014, there were no participants who had elected to withdraw and had not been paid.

Notes Receivable from Participant: Participant loans are permitted under the Plan. Loans must be approved by the Plan administrator and are subject to a strict set of rules established by law. Loan transactions are treated as a transfer between the investment fund and the participant loan fund. These loans are secured by the vested balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest are paid ratably through payroll deductions. Participants may borrow a minimum of $1,000 and not more than 50% of the participant vested account balance not to exceed $50,000.

NOTE 2. Summary of Accounting Policies

Basis of Accounting: The financial statements of the Plan are prepared on the accrual method of accounting.

Use of Estimates: The preparation of financial statements in conformity with US generally accepted accounting principles requires the management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment: The Plan's investments are reported at fair market value as determined by the Plan's Trustee. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date. Capital gain distributions are included in dividend income. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

NOTE 2. Summary of Accounting Policies (Continued)

Notes Receivable from Participant: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed as incurred. No allowance for credit losses has been recorded as of December 31, 2014 and 2013. If a participant ceases to make loan repayments and the Plan administrator deems the loan to be in default, the participant loan balance is reduced and a benefit payment recorded.

Payment of Benefits: Benefits are recorded when paid.

Administrative Expenses: Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. For the year ended December 31, 2014, the Company paid approximately $15,500 of expenses for the Plan.

Subsequent Events: The Plan has evaluated events and transactions for potential recognition or disclosure in the financial statements through the date of this report, which is the date the financial statements were available for release. No additional subsequent events have been recognized or disclosed.

NOTE 3. Tax Status

The Internal Revenue has determined and informed the Trustee that the Plan and related Trust are designed in accordance with applicable sections of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and therefore believes 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 provisions taken by the plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would be sustained upon examination. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for the years prior to 2011.

NOTE 4. Information Certified by the Trustee (Unaudited)

The following is a summary of the unaudited information regarding the Plan as of December 31, 2014 and 2013, included in the Plan's financial statements and supplemental schedules that were derived from information prepared by PNC Bank, the trustee of the Plan, and furnished to the plan administrator. The Plan administrator has obtained certification from the trustee that such information is complete and accurate.

	2014	2013
Statements of Net Assets Available for Plan Benefits:		
Investments	$ 5,832,993	$ 5,258,540
Participant loans	182,398	177,259
Statements of Changes in Net Assets Available for Plan Benefits:		
Net appreciation in fair value of investments	81,291	
Interest and dividends	300,737	
Supplemental Schedules: All investment balances and information included in the schedules.		

The Plan's investments that represent five percent or more of the Plan assets available for benefits as of December 31, 2014 and 2013 are as follows:

	2014	2013
PNC Investment Contract Fund	$ 997,393	$ 854,848
Investment Co of America	331,891	318,993
Am Cent Moderate Fd Advisor	456,056	429,937
Am Beacon Sm Cap Value	635,686	617,307
Vanguard 500 Index	1,161,813	1,041,506

During 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $81,291 as follows:

Mutual Funds	$ 81,291

NOTE 5. Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, each participant would become 100% vested in his or her account balance.

NOTE 6. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rates, 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. Fair Value Measurements

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (Level 3). 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 the identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology are observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities in active markets; quoted prices for identical assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability: or other inputs that are observable or can be corroborated by observable market data by correlation or other means. If the assets or liability has a specified (contractual) term, the Level 2 input must be observable for substantially all of the full term of the asset or liability.

NOTE 7. Fair Value Measurements (Continued)

Level 3 - Inputs to the valuation methodology are unobservable inputs that are supported by little or no market activity and significant to the fair value of the asset or liabilities that are developed using the reporting entities' estimates and assumptions, which reflect those that market participants would use.

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

The following is a description of the valuation methodologies used for assets measured at fair value:

Collective trust fund: Valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimated fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective Trust, the investment advisor reserves the right to temporarily delay withdrawal from the Trust in order to ensure that securities liquidations will be carried out in an orderly manner.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

NOTE 7. Fair Value Measurements (Continued)

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

	Quoted Prices in an Active Market (Level I)	Significant Other Observable Inputs (Level II)	Significant Unobservable Inputs (Level III)	Total
December 31, 2014				
Mutual Funds:				
Equity Market Funds	$ 3,237,910	$ -	$ -	$ 3,237,910
International Equity Funds	167,255	-	-	167,255
Fixed Income Fund	411,476	-	-	411,476
Balance Funds	1,018,959	-	-	1,018,959
Total Mutual Funds	4,835,600	-	-	4,835,600
Collective Trust Fund	-	997,393	-	997,393
Totals Assets at Fair Value	$ 4,835,600	$ 997,393	$ -	$ 5,832,993
December 31, 2013				
Assets				
Money Market Funds	$ 13,282	$ -	$ -	$ 13,282
Equity Market Funds	2,889,917	-	-	2,889,917
International Equity Funds	162,052	-	-	162,052
Fixed Income Fund	404,804	-	-	404,804
Balance Funds	895,499	-	-	895,499
Total Mutual Funds	4,365,554	-	-	4,365,554
Corporate Stock	38,138	-	-	38,138
Collective Trust Fund	-	854,848	-	854,848
Totals Assets at Fair Value	$ 4,403,692	$ 854,848	$ -	$ 5,258,540

NOTE 8. Party-in-Interest Transactions

The Plan invests in shares of mutual funds managed by an affiliate of PNC Advisors. PNC Advisors acts as trustee and record-keeper for only those investments as defined by the Plan. Transactions in such investments qualify as a party-in-interest transaction which is exempt from the prohibited transaction rules of ERISA.

SUPPLEMENTAL SCHEDULES

HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST
Plan #002
Schedule of Assets (Held at End of Year)
EIN 23-2185704
Form 5500 Schedule H Item 4(i)

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment, Including maturity date, rate of interest, collateral, par or Maturity Value	Cost	Current Value
*	PNC Investment Contract Fund		$ 886,799	$ 997,393
	Investment Co of America		282,694	331,891
	Vanguard 500 Index		740,647	1,161,813
	Vanguard Index Mid Cap Stock		103,947	144,298
	Vanguard Total Bond Index		19,191	19,216
	MFS Value		29,599	42,132
	Am Cent Conserv Fd Advisor		151,209	156,550
	Am Cent Moderate Fd Advisor		438,269	456,056
	Am Beacon Sm Cap Value		533,621	635,686
	Federated Total Ret Govt Bond Fund		187,072	179,001
	Growth Fund of America		159,962	197,207
	EuroPacific Growth Fund		149,225	167,255
	Janus Growth & Income		72,619	112,512
	Janus Fund Class		73,602	103,220
	Investco Global Health Care		209,388	250,471
	Janus Global Tech Fund		37,191	38,025
	MFS Research Bond		201,958	213,259
	Investco Value Opportunities		40,469	54,677
	Investco Technology Fund		61,718	75,076
	Royce Value Plus Svs Fund		36,031	37,283
	American SmallCap World		51,604	53,619
	T Rowe Ret 2010		6,445	7,168
	T Rowe Ret-2020		201,153	236,126
	T Rowe Ret-2030		45,642	57,188
	T Rowe Ret-2040		52,655	65,018
	T Rowe Ret-2050		36,855	40,853
	Notes Receivable - Participants	4.25%-9.25%	-	182,398
	Total Assets Held for Investment Purposes		$ 4,809,565	$ 6,015,391

* Represents a party in-interest

HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST
Plan #002
Schedule of Reportable Transactions
EIN 23-2185704
Form 5500 Schedule H Item 4(j)

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
PNC	PNC Stable Value Fund	$ 366,138			$ 366,138	

HENRY TROEMNER LLC CASH OR DEFERRED PROFIT SHARING PLAN AND TRUST

FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2014

(See Independent Auditors' Report)

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INDEPENDENT AUDITORS' REPORT

To the Members of the Board
Henry Troemner LLC Cash or Deferred Profit Sharing Plan and Trust
201 Wolf Drive
Thorofare, NJ 08086

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Henry Troemner LLC Cash or Deferred Profit Sharing Plan and Trust, which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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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 4 of the financial statements which was certified by PNC Bank, 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's administrator has obtained certification from the trustee as of December 31, 2014 and 2013, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

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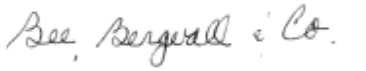
The supplemental schedules of Assets Held at year End as of December 31, 2014 and Schedule of Reportable Transactions are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose 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.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the 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.



Bee, Bergvall and Company, P.C.
Certified Public Accountants

October 8, 2015
Warrington, PA

HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST

Statements of Net Assets Available for Plan Benefits

December 31, 2014 and 2013

	2014	2013
Assets		
Investments, at fair value	$ 5,832,993	$ 5,258,540
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Notes receivable from participants	182,398	177,259
Total Receivables	182,398	177,259
Total Assets	6,015,391	5,435,799
Liabilities		
Excess contributions payable	4,769	8,491
Total Liabilities	4,769	8,491
Net Assets Available for Benefits	$ 6,010,622	$ 5,427,308

See accompanying notes to the financial statements

HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST

Statement of Changes in Net Assets Available for Plan Benefits

For the Year Ended December 31, 2014

	2014
Additions:	
Investment income	
Net appreciation in fair value of investments	$ 81,291
Interest and dividends	300,737
Total Investment Income	382,028
Interest income on notes receivable from participants	6,018
Contributions	
Employees	277,026
Employer	105,356
Total Contributions	382,382
Total Additions	770,428
Deductions:	
Administrative expenses	200
Benefits paid to participants	186,914
Total Deductions	187,114
Net Increase	583,314
Net Assets Available for Plan Benefits	
Beginning of the year	5,427,308
End of year	$ 6,010,622

See accompanying notes to the financial statements

HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

December 31, 2014

NOTE 1. Description of the Plan

The following description of the Henry Troemner LLC Cash or Deferred Profit Sharing Plan and Trust provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan with an option for a discretionary employer profit sharing contribution, covering all employees at least age 21, except union, leased employees, reclassified employees and certain nonresident aliens. The Plan is subject to the provisions of the Employee Retirement Security Act of 1974(ERISA). The sponsor determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Contributions: The eligible employees may defer from 1% to 15% elective deferral by payroll deduction. The employee is also permitted to make personal after-tax contributions to the Plan. The employer matching contributions are 50% of employee deferrals to a maximum of 6% of compensation. The employer may also contribute a discretionary amount to be allocated to each participant in proportion to his or her compensation for the calendar year. For the year ended December 31, 2014 the employer's matching contribution was $105,356.

Participant Accounts: Each participant's account is credited with the participant's elective deferrals, the participant's voluntary contributions; the employer's matching contribution, and allocations of (a) the employer's discretionary contribution, if any, and (b) the Plan earnings net of expenses. Allocations are based on participant earnings or account balances as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Employees are fully vested in all benefits and accounts cannot be forfeited for any reason.

Investments: Participants direct the investment of their contributions into various investment opportunities offered by the Plan.

NOTE 1. Description of the Plan (Continued)

Payment of Benefits: On termination of service, a participant will receive a distribution in a single lump sum payment or installment payments. Benefits are recorded when paid. As of December 31, 2014, there were no participants who had elected to withdraw and had not been paid.

Notes Receivable from Participant: Participant loans are permitted under the Plan. Loans must be approved by the Plan administrator and are subject to a strict set of rules established by law. Loan transactions are treated as a transfer between the investment fund and the participant loan fund. These loans are secured by the vested balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest are paid ratably through payroll deductions. Participants may borrow a minimum of $1,000 and not more than 50% of the participant vested account balance not to exceed $50,000.

NOTE 2. Summary of Accounting Policies

Basis of Accounting: The financial statements of the Plan are prepared on the accrual method of accounting.

Use of Estimates: The preparation of financial statements in conformity with US generally accepted accounting principles requires the management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment: The Plan's investments are reported at fair market value as determined by the Plan's Trustee. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date. Capital gain distributions are included in dividend income. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

NOTE 2. Summary of Accounting Policies (Continued)

Notes Receivable from Participant: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed as incurred. No allowance for credit losses has been recorded as of December 31, 2014 and 2013. If a participant ceases to make loan repayments and the Plan administrator deems the loan to be in default, the participant loan balance is reduced and a benefit payment recorded.

Payment of Benefits: Benefits are recorded when paid.

Administrative Expenses: Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. For the year ended December 31, 2014, the Company paid approximately $15,500 of expenses for the Plan.

Subsequent Events: The Plan has evaluated events and transactions for potential recognition or disclosure in the financial statements through the date of this report, which is the date the financial statements were available for release. No additional subsequent events have been recognized or disclosed.

NOTE 3. Tax Status

The Internal Revenue has determined and informed the Trustee that the Plan and related Trust are designed in accordance with applicable sections of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and therefore believes 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 provisions taken by the plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would be sustained upon examination. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for the years prior to 2011.

NOTE 4. Information Certified by the Trustee (Unaudited)

The following is a summary of the unaudited information regarding the Plan as of December 31, 2014 and 2013, included in the Plan's financial statements and supplemental schedules that were derived from information prepared by PNC Bank, the trustee of the Plan, and furnished to the plan administrator. The Plan administrator has obtained certification from the trustee that such information is complete and accurate.

	2014	2013
Statements of Net Assets Available for Plan Benefits:		
Investments	$ 5,832,993	$ 5,258,540
Participant loans	182,398	177,259
Statements of Changes in Net Assets Available for Plan Benefits:		
Net appreciation in fair value of investments	81,291	
Interest and dividends	300,737	
Supplemental Schedules: All investment balances and information included in the schedules.		

The Plan's investments that represent five percent or more of the Plan assets available for benefits as of December 31, 2014 and 2013 are as follows:

	2014	2013
PNC Investment Contract Fund	$ 997,393	$ 854,848
Investment Co of America	331,891	318,993
Am Cent Moderate Fd Advisor	456,056	429,937
Am Beacon Sm Cap Value	635,686	617,307
Vanguard 500 Index	1,161,813	1,041,506

During 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $81,291 as follows:

Mutual Funds	$ 81,291

NOTE 5. Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, each participant would become 100% vested in his or her account balance.

NOTE 6. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rates, 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. Fair Value Measurements

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (Level 3). 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 the identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology are observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities in active markets; quoted prices for identical assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability: or other inputs that are observable or can be corroborated by observable market data by correlation or other means. If the assets or liability has a specified (contractual) term, the Level 2 input must be observable for substantially all of the full term of the asset or liability.

NOTE 7. Fair Value Measurements (Continued)

Level 3 - Inputs to the valuation methodology are unobservable inputs that are supported by little or no market activity and significant to the fair value of the asset or liabilities that are developed using the reporting entities' estimates and assumptions, which reflect those that market participants would use.

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

The following is a description of the valuation methodologies used for assets measured at fair value:

Collective trust fund: Valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimated fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective Trust, the investment advisor reserves the right to temporarily delay withdrawal from the Trust in order to ensure that securities liquidations will be carried out in an orderly manner.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

NOTE 7. Fair Value Measurements (Continued)

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

	Quoted Prices in an Active Market (Level I)	Significant Other Observable Inputs (Level II)	Significant Unobservable Inputs (Level III)	Total
December 31, 2014				
Mutual Funds:				
Equity Market Funds	$ 3,237,910	$ -	$ -	$ 3,237,910
International Equity Funds	167,255	-	-	167,255
Fixed Income Fund	411,476	-	-	411,476
Balance Funds	1,018,959	-	-	1,018,959
Total Mutual Funds	4,835,600	-	-	4,835,600
Collective Trust Fund	-	997,393	-	997,393
Totals Assets at Fair Value	$ 4,835,600	$ 997,393	$ -	$ 5,832,993
December 31, 2013				
Assets				
Money Market Funds	$ 13,282	$ -	$ -	$ 13,282
Equity Market Funds	2,889,917	-	-	2,889,917
International Equity Funds	162,052	-	-	162,052
Fixed Income Fund	404,804	-	-	404,804
Balance Funds	895,499	-	-	895,499
Total Mutual Funds	4,365,554	-	-	4,365,554
Corporate Stock	38,138	-	-	38,138
Collective Trust Fund	-	854,848	-	854,848
Totals Assets at Fair Value	$ 4,403,692	$ 854,848	$ -	$ 5,258,540

NOTE 8. Party-in-Interest Transactions

The Plan invests in shares of mutual funds managed by an affiliate of PNC Advisors. PNC Advisors acts as trustee and record-keeper for only those investments as defined by the Plan. Transactions in such investments qualify as a party-in-interest transaction which is exempt from the prohibited transaction rules of ERISA.

SUPPLEMENTAL SCHEDULES

HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST
Plan #002
Schedule of Assets (Held at End of Year)
EIN 23-2185704
Form 5500 Schedule H Item 4(i)

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment, Including maturity date, rate of interest, collateral, par or Maturity Value	Cost	Current Value
*	PNC Investment Contract Fund		$ 886,799	$ 997,393
	Investment Co of America		282,694	331,891
	Vanguard 500 Index		740,647	1,161,813
	Vanguard Index Mid Cap Stock		103,947	144,298
	Vanguard Total Bond Index		19,191	19,216
	MFS Value		29,599	42,132
	Am Cent Conserv Fd Advisor		151,209	156,550
	Am Cent Moderate Fd Advisor		438,269	456,056
	Am Beacon Sm Cap Value		533,621	635,686
	Federated Total Ret Govt Bond Fund		187,072	179,001
	Growth Fund of America		159,962	197,207
	EuroPacific Growth Fund		149,225	167,255
	Janus Growth & Income		72,619	112,512
	Janus Fund Class		73,602	103,220
	Investco Global Health Care		209,388	250,471
	Janus Global Tech Fund		37,191	38,025
	MFS Research Bond		201,958	213,259
	Investco Value Opportunities		40,469	54,677
	Investco Technology Fund		61,718	75,076
	Royce Value Plus Svs Fund		36,031	37,283
	American SmallCap World		51,604	53,619
	T Rowe Ret 2010		6,445	7,168
	T Rowe Ret-2020		201,153	236,126
	T Rowe Ret-2030		45,642	57,188
	T Rowe Ret-2040		52,655	65,018
	T Rowe Ret-2050		36,855	40,853
	Notes Receivable - Participants	4.25%-9.25%	-	182,398
	Total Assets Held for Investment Purposes		$ 4,809,565	$ 6,015,391

* Represents a party in-interest

HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST
Plan #002
Schedule of Reportable Transactions
EIN 23-2185704
Form 5500 Schedule H Item 4(j)

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
PNC	PNC Stable Value Fund	$ 366,138			$ 366,138	

HENRY TROEMNER LLC CASH OR DEFERRED PROFIT SHARING PLAN AND TRUST

FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2014

(See Independent Auditors' Report)

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BEE BERGVALL & CO.
Certified Public Accountants

936 Easton Rd., PO Box 754 Warrington, PA 18976 | 163 S. Broad St., Lansdale, PA 19446
252 W. Swamp Rd., Unit 9, Doylestown, PA 18901|444 South State St. Suite B2, Newtown, PA 18940
24 Arnett Ave. Suite 111, Lambertville, NJ 08530
215-343-2727 | www.bbco-cpa.com

INDEPENDENT AUDITORS' REPORT

To the Members of the Board
Henry Troemner LLC Cash or Deferred Profit Sharing Plan and Trust
201 Wolf Drive
Thorofare, NJ 08086

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Henry Troemner LLC Cash or Deferred Profit Sharing Plan and Trust, which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for 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 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 4 of the financial statements which was certified by PNC Bank, 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's administrator has obtained certification from the trustee as of December 31, 2014 and 2013, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

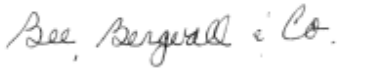
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules of Assets Held at year End as of December 31, 2014 and Schedule of Reportable Transactions are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is 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.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the 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.



Bee, Bergvall and Company, P.C.
Certified Public Accountants

October 8, 2015
Warrington, PA

HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST

Statements of Net Assets Available for Plan Benefits

December 31, 2014 and 2013

	2014	2013
Assets		
Investments, at fair value	$ 5,832,993	$ 5,258,540
Receivables		
Notes receivable from participants	182,398	177,259
Total Receivables	182,398	177,259
Total Assets	6,015,391	5,435,799
Liabilities		
Excess contributions payable	4,769	8,491
Total Liabilities	4,769	8,491
Net Assets Available for Benefits	$ 6,010,622	$ 5,427,308

See accompanying notes to the financial statements

HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST

Statement of Changes in Net Assets Available for Plan Benefits

For the Year Ended December 31, 2014

	2014
Additions:	
Investment income	
Net appreciation in fair value of investments	$ 81,291
Interest and dividends	300,737
Total Investment Income	382,028
Interest income on notes receivable from participants	6,018
Contributions	
Employees	277,026
Employer	105,356
Total Contributions	382,382
Total Additions	770,428
Deductions:	
Administrative expenses	200
Benefits paid to participants	186,914
Total Deductions	187,114
Net Increase	583,314
Net Assets Available for Plan Benefits	
Beginning of the year	5,427,308
End of year	$ 6,010,622

See accompanying notes to the financial statements

HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

December 31, 2014

NOTE 1. Description of the Plan

The following description of the Henry Troemner LLC Cash or Deferred Profit Sharing Plan and Trust provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan with an option for a discretionary employer profit sharing contribution, covering all employees at least age 21, except union, leased employees, reclassified employees and certain nonresident aliens. The Plan is subject to the provisions of the Employee Retirement Security Act of 1974(ERISA). The sponsor determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Contributions: The eligible employees may defer from 1% to 15% elective deferral by payroll deduction. The employee is also permitted to make personal after-tax contributions to the Plan. The employer matching contributions are 50% of employee deferrals to a maximum of 6% of compensation. The employer may also contribute a discretionary amount to be allocated to each participant in proportion to his or her compensation for the calendar year. For the year ended December 31, 2014 the employer's matching contribution was $105,356.

Participant Accounts: Each participant's account is credited with the participant's elective deferrals, the participant's voluntary contributions; the employer's matching contribution, and allocations of (a) the employer's discretionary contribution, if any, and (b) the Plan earnings net of expenses. Allocations are based on participant earnings or account balances as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Employees are fully vested in all benefits and accounts cannot be forfeited for any reason.

Investments: Participants direct the investment of their contributions into various investment opportunities offered by the Plan.

NOTE 1. Description of the Plan (Continued)

Payment of Benefits: On termination of service, a participant will receive a distribution in a single lump sum payment or installment payments. Benefits are recorded when paid. As of December 31, 2014, there were no participants who had elected to withdraw and had not been paid.

Notes Receivable from Participant: Participant loans are permitted under the Plan. Loans must be approved by the Plan administrator and are subject to a strict set of rules established by law. Loan transactions are treated as a transfer between the investment fund and the participant loan fund. These loans are secured by the vested balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest are paid ratably through payroll deductions. Participants may borrow a minimum of $1,000 and not more than 50% of the participant vested account balance not to exceed $50,000.

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Basis of Accounting: The financial statements of the Plan are prepared on the accrual method of accounting.

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NOTE 7. Fair Value Measurements (Continued)

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NOTE 7. Fair Value Measurements (Continued)

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

	Quoted Prices in an Active Market (Level I)	Significant Other Observable Inputs (Level II)	Significant Unobservable Inputs (Level III)	Total
December 31, 2014				
Mutual Funds:				
Equity Market Funds	$ 3,237,910	$ -	$ -	$ 3,237,910
International Equity Funds	167,255	-	-	167,255
Fixed Income Fund	411,476	-	-	411,476
Balance Funds	1,018,959	-	-	1,018,959
Total Mutual Funds	4,835,600	-	-	4,835,600
Collective Trust Fund	-	997,393	-	997,393
Totals Assets at Fair Value	$ 4,835,600	$ 997,393	$ -	$ 5,832,993
December 31, 2013				
Assets				
Money Market Funds	$ 13,282	$ -	$ -	$ 13,282
Equity Market Funds	2,889,917	-	-	2,889,917
International Equity Funds	162,052	-	-	162,052
Fixed Income Fund	404,804	-	-	404,804
Balance Funds	895,499	-	-	895,499
Total Mutual Funds	4,365,554	-	-	4,365,554
Corporate Stock	38,138	-	-	38,138
Collective Trust Fund	-	854,848	-	854,848
Totals Assets at Fair Value	$ 4,403,692	$ 854,848	$ -	$ 5,258,540

NOTE 8. Party-in-Interest Transactions

The Plan invests in shares of mutual funds managed by an affiliate of PNC Advisors. PNC Advisors acts as trustee and record-keeper for only those investments as defined by the Plan. Transactions in such investments qualify as a party-in-interest transaction which is exempt from the prohibited transaction rules of ERISA.

SUPPLEMENTAL SCHEDULES

HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST
Plan #002
Schedule of Assets (Held at End of Year)
EIN 23-2185704
Form 5500 Schedule H Item 4(i)

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment, Including maturity date, rate of interest, collateral, par or Maturity Value	Cost	Current Value
*	PNC Investment Contract Fund		$ 886,799	$ 997,393
	Investment Co of America		282,694	331,891
	Vanguard 500 Index		740,647	1,161,813
	Vanguard Index Mid Cap Stock		103,947	144,298
	Vanguard Total Bond Index		19,191	19,216
	MFS Value		29,599	42,132
	Am Cent Conserv Fd Advisor		151,209	156,550
	Am Cent Moderate Fd Advisor		438,269	456,056
	Am Beacon Sm Cap Value		533,621	635,686
	Federated Total Ret Govt Bond Fund		187,072	179,001
	Growth Fund of America		159,962	197,207
	EuroPacific Growth Fund		149,225	167,255
	Janus Growth & Income		72,619	112,512
	Janus Fund Class		73,602	103,220
	Investco Global Health Care		209,388	250,471
	Janus Global Tech Fund		37,191	38,025
	MFS Research Bond		201,958	213,259
	Investco Value Opportunities		40,469	54,677
	Investco Technology Fund		61,718	75,076
	Royce Value Plus Svs Fund		36,031	37,283
	American SmallCap World		51,604	53,619
	T Rowe Ret 2010		6,445	7,168
	T Rowe Ret-2020		201,153	236,126
	T Rowe Ret-2030		45,642	57,188
	T Rowe Ret-2040		52,655	65,018
	T Rowe Ret-2050		36,855	40,853
	Notes Receivable - Participants	4.25%-9.25%	-	182,398
	Total Assets Held for Investment Purposes		$ 4,809,565	$ 6,015,391

* Represents a party in-interest

HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST
Plan #002
Schedule of Reportable Transactions
EIN 23-2185704
Form 5500 Schedule H Item 4(j)

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
PNC	PNC Stable Value Fund	$ 366,138			$ 366,138	

HENRY TROEMNER LLC CASH OR DEFERRED PROFIT SHARING PLAN AND TRUST

FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2014

(See Independent Auditors' Report)

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BEE BERGVALL & CO.
Certified Public Accountants

936 Easton Rd., PO Box 754 Warrington, PA 18976 | 163 S. Broad St., Lansdale, PA 19446
252 W. Swamp Rd., Unit 9, Doylestown, PA 18901|444 South State St. Suite B2, Newtown, PA 18940
24 Arnett Ave. Suite 111, Lambertville, NJ 08530
215-343-2727 | www.bbco-cpa.com

INDEPENDENT AUDITORS' REPORT

To the Members of the Board
Henry Troemner LLC Cash or Deferred Profit Sharing Plan and Trust
201 Wolf Drive
Thorofare, NJ 08086

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Henry Troemner LLC Cash or Deferred Profit Sharing Plan and Trust, which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for 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 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 4 of the financial statements which was certified by PNC Bank, 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's administrator has obtained certification from the trustee as of December 31, 2014 and 2013, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

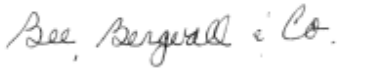
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules of Assets Held at year End as of December 31, 2014 and Schedule of Reportable Transactions are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is 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.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the 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.



Bee, Bergvall and Company, P.C.
Certified Public Accountants

October 8, 2015
Warrington, PA

HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST

Statements of Net Assets Available for Plan Benefits

December 31, 2014 and 2013

	2014	2013
Assets		
Investments, at fair value	$ 5,832,993	$ 5,258,540
Receivables		
Notes receivable from participants	182,398	177,259
Total Receivables	182,398	177,259
Total Assets	6,015,391	5,435,799
Liabilities		
Excess contributions payable	4,769	8,491
Total Liabilities	4,769	8,491
Net Assets Available for Benefits	$ 6,010,622	$ 5,427,308

See accompanying notes to the financial statements

HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST

Statement of Changes in Net Assets Available for Plan Benefits

For the Year Ended December 31, 2014

	2014
Additions:	
Investment income	
Net appreciation in fair value of investments	$ 81,291
Interest and dividends	300,737
Total Investment Income	382,028
Interest income on notes receivable from participants	6,018
Contributions	
Employees	277,026
Employer	105,356
Total Contributions	382,382
Total Additions	770,428
Deductions:	
Administrative expenses	200
Benefits paid to participants	186,914
Total Deductions	187,114
Net Increase	583,314
Net Assets Available for Plan Benefits	
Beginning of the year	5,427,308
End of year	$ 6,010,622

See accompanying notes to the financial statements

HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

December 31, 2014

NOTE 1. Description of the Plan

The following description of the Henry Troemner LLC Cash or Deferred Profit Sharing Plan and Trust provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan with an option for a discretionary employer profit sharing contribution, covering all employees at least age 21, except union, leased employees, reclassified employees and certain nonresident aliens. The Plan is subject to the provisions of the Employee Retirement Security Act of 1974(ERISA). The sponsor determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Contributions: The eligible employees may defer from 1% to 15% elective deferral by payroll deduction. The employee is also permitted to make personal after-tax contributions to the Plan. The employer matching contributions are 50% of employee deferrals to a maximum of 6% of compensation. The employer may also contribute a discretionary amount to be allocated to each participant in proportion to his or her compensation for the calendar year. For the year ended December 31, 2014 the employer's matching contribution was $105,356.

Participant Accounts: Each participant's account is credited with the participant's elective deferrals, the participant's voluntary contributions; the employer's matching contribution, and allocations of (a) the employer's discretionary contribution, if any, and (b) the Plan earnings net of expenses. Allocations are based on participant earnings or account balances as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Employees are fully vested in all benefits and accounts cannot be forfeited for any reason.

Investments: Participants direct the investment of their contributions into various investment opportunities offered by the Plan.

NOTE 1. Description of the Plan (Continued)

Payment of Benefits: On termination of service, a participant will receive a distribution in a single lump sum payment or installment payments. Benefits are recorded when paid. As of December 31, 2014, there were no participants who had elected to withdraw and had not been paid.

Notes Receivable from Participant: Participant loans are permitted under the Plan. Loans must be approved by the Plan administrator and are subject to a strict set of rules established by law. Loan transactions are treated as a transfer between the investment fund and the participant loan fund. These loans are secured by the vested balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest are paid ratably through payroll deductions. Participants may borrow a minimum of $1,000 and not more than 50% of the participant vested account balance not to exceed $50,000.

NOTE 2. Summary of Accounting Policies

Basis of Accounting: The financial statements of the Plan are prepared on the accrual method of accounting.

Use of Estimates: The preparation of financial statements in conformity with US generally accepted accounting principles requires the management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment: The Plan's investments are reported at fair market value as determined by the Plan's Trustee. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date. Capital gain distributions are included in dividend income. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

NOTE 2. Summary of Accounting Policies (Continued)

Notes Receivable from Participant: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed as incurred. No allowance for credit losses has been recorded as of December 31, 2014 and 2013. If a participant ceases to make loan repayments and the Plan administrator deems the loan to be in default, the participant loan balance is reduced and a benefit payment recorded.

Payment of Benefits: Benefits are recorded when paid.

Administrative Expenses: Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. For the year ended December 31, 2014, the Company paid approximately $15,500 of expenses for the Plan.

Subsequent Events: The Plan has evaluated events and transactions for potential recognition or disclosure in the financial statements through the date of this report, which is the date the financial statements were available for release. No additional subsequent events have been recognized or disclosed.

NOTE 3. Tax Status

The Internal Revenue has determined and informed the Trustee that the Plan and related Trust are designed in accordance with applicable sections of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and therefore believes 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 provisions taken by the plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would be sustained upon examination. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for the years prior to 2011.

NOTE 4. Information Certified by the Trustee (Unaudited)

The following is a summary of the unaudited information regarding the Plan as of December 31, 2014 and 2013, included in the Plan's financial statements and supplemental schedules that were derived from information prepared by PNC Bank, the trustee of the Plan, and furnished to the plan administrator. The Plan administrator has obtained certification from the trustee that such information is complete and accurate.

	2014	2013
Statements of Net Assets Available for Plan Benefits:		
Investments	$ 5,832,993	$ 5,258,540
Participant loans	182,398	177,259
Statements of Changes in Net Assets Available for Plan Benefits:		
Net appreciation in fair value of investments	81,291	
Interest and dividends	300,737	
Supplemental Schedules: All investment balances and information included in the schedules.		

The Plan's investments that represent five percent or more of the Plan assets available for benefits as of December 31, 2014 and 2013 are as follows:

	2014	2013
PNC Investment Contract Fund	$ 997,393	$ 854,848
Investment Co of America	331,891	318,993
Am Cent Moderate Fd Advisor	456,056	429,937
Am Beacon Sm Cap Value	635,686	617,307
Vanguard 500 Index	1,161,813	1,041,506

During 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $81,291 as follows:

Mutual Funds	$ 81,291

NOTE 5. Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, each participant would become 100% vested in his or her account balance.

NOTE 6. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rates, 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. Fair Value Measurements

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (Level 3). 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 the identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology are observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities in active markets; quoted prices for identical assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability: or other inputs that are observable or can be corroborated by observable market data by correlation or other means. If the assets or liability has a specified (contractual) term, the Level 2 input must be observable for substantially all of the full term of the asset or liability.

NOTE 7. Fair Value Measurements (Continued)

Level 3 - Inputs to the valuation methodology are unobservable inputs that are supported by little or no market activity and significant to the fair value of the asset or liabilities that are developed using the reporting entities' estimates and assumptions, which reflect those that market participants would use.

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

The following is a description of the valuation methodologies used for assets measured at fair value:

Collective trust fund: Valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimated fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective Trust, the investment advisor reserves the right to temporarily delay withdrawal from the Trust in order to ensure that securities liquidations will be carried out in an orderly manner.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

NOTE 7. Fair Value Measurements (Continued)

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

	Quoted Prices in an Active Market (Level I)	Significant Other Observable Inputs (Level II)	Significant Unobservable Inputs (Level III)	Total
December 31, 2014				
Mutual Funds:				
Equity Market Funds	$ 3,237,910	$ -	$ -	$ 3,237,910
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PROFIT SHARING PLAN AND TRUST
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HENRY TROEMNER LLC CASH OR DEFERRED
PROFIT SHARING PLAN AND TRUST
Plan #002
Schedule of Reportable Transactions
EIN 23-2185704
Form 5500 Schedule H Item 4(j)

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
PNC	PNC Stable Value Fund	$ 366,138			$ 366,138	

PNC RETIREMENT SOLUTIONS

CERTIFICATION FOR ENCLOSURE WITH FORM 5500

April 2015

Re: PNC Stable Value Fund
Audited Financials 2014

Dear Plan Sponsor:

As a part of our ongoing commitment to you enclosed you will find the annual audited financial statement for the PNC Stable Value Fund for 2014. Our records indicate your plan held a position in the fund as of December 31, 2014.

We certify that pursuant to Department of Labor Regulations §2520.103-9(c) the Fund Trustee will file with the Department of Labor on or before the filing due date a Form 5500 for the 2014 calendar year for the collective trust listed below. This filing will include an annual Statement of Assets and Liabilities for the following PNC Bank Collective Investment Trust Funds held by Employee Benefits plans:

FUND	TRUST NO.	FUND EIN
PNC Stable Value Fund	**1028398**	**25-1197336**

As always, if you have any questions or need any additional information, please do not hesitate to contact us at 800-762-0061.

I, Sherri L. Painter, Senior Vice President, certify the accuracy and completeness of the information provided in this certification and in the above-described Statement of Assets and Liabilities.

Sincerely,

Sherri L Painter

Sherri L. Painter
Senior Vice President
Director, Vested Interest Plan Administration

Cc: Enclosure

The PNC Financial Services Group, Inc. ("PNC") uses the marketing names PNC Wealth Management® and Hawthorn, PNC Family Wealth® to provide investment, wealth management, and fiduciary services through its subsidiary, PNC Bank, National Association ("PNC Bank"), which is a **Member FDIC**, and to provide specific fiduciary and agency services through its subsidiary, PNC Delaware Trust Company. PNC also uses the marketing name PNC Institutional Asset Management℠ for the various discretionary and non-discretionary institutional investment activities conducted through PNC Bank and PNC's subsidiary PNC Capital Advisors, LLC, a registered investment adviser ("PNC Capital Advisors"). PNC Bank uses the marketing names PNC Retirement Solutions℠ and Vested Interest® to provide non-discretionary defined contribution plan services and PNC Institutional Advisory Solutions℠ to provide discretionary investment management, trustee, and other related services. Standalone custody, escrow, and directed trustee services; FDIC-insured banking products and services; and lending of funds are also provided through PNC Bank. PNC does not provide legal, tax, or accounting advice unless, with respect to tax advice, PNC Bank has entered into a written tax services agreement. PNC does not provide services in any jurisdiction in which it is not authorized to conduct business. PNC does not provide investment advice to PNC Retirement Solutions and Vested Interest plan sponsors or participants. PNC Bank is not registered as a municipal advisor under the Dodd-Frank Wall Street Reform and Consumer Protection Act ("Act"). Investment management and related products and services provided to a "municipal entity" or "obligated person" regarding "proceeds of municipal securities" (as such terms are defined in the Act) will be provided by PNC Capital Advisors.

"PNC Wealth Management," "Hawthorn, PNC Family Wealth," and "Vested Interest" are registered trademarks and "PNC Institutional Asset Management"," "PNC Retirement Solutions" and "PNC Institutional Advisory Solutions" "are service marks of The PNC Financial Services Group, Inc. **Investments: Not FDIC Insured. No Bank Guarantee. May Lose Value.**