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
ROCHLING ADVENT TOOL & MOLD,LP PROFIT SHARING/401K PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1989

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
ROCHLING ADVENT TOOL & MOLD LP

999 RIDGEWAY AVENUE
ROCHESTER, NY 14615

2b Employer Identification Number (EIN)
45-5284944

2c Plan Sponsor's telephone number
585-254-2000

2d Business code (see instructions)
333200

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	CLETUS O'DELL
	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**	275
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)**	272
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	272
b	Retired or separated participants receiving benefits	**6b**	3
c	Other retired or separated participants entitled to future benefits	**6c**	33
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	308
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	308
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	306
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	15
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

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

A Name of plan
ROCHLING ADVENT TOOL & MOLD,LP PROFIT SHARING/401K PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ROCHLING ADVENT TOOL & MOLD LP

D Employer Identification Number (EIN)
45-5284944

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

1 Coverage Information:

(a) Name of insurance carrier

PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
42-0127290	61271	613953	288	01/01/2014	12/31/2014

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
75	13

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

EDWARD JONES
12555 MANCHESTER RD
ST LOUIS, MO 63131-3729

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
75			3

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

ALLIANCE BENEFIT GROUP CAROLINAS
711 HIGH STREET
DES MOINES, IA 50392-0001

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
0	13	REFERRAL/SERVICE FEE	3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☒ other ▶ CUSTODIAL GUARANTEED INTEREST CONTRACT

b	Balance at the end of the previous year			7b	41372
c	Additions: (1) Contributions deposited during the year	7c(1)	6930		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	194		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	702		
	▶ LOAN PAYMENT				
	(6) Total additions			7c(6)	7826
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	49198
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	3260		
	(2) Administration charge made by carrier	7e(2)	129		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	38315		
	▶ LOAN WITHDRAWAL OUTSIDE INVESTMENT TRANSFER				
	(5) Total deductions			7e(5)	41704
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	7494

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

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

A Name of plan
ROCHLING ADVENT TOOL & MOLD,LP PROFIT SHARING/401K PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ROCHLING ADVENT TOOL & MOLD LP

D Employer Identification Number (EIN)
45-5284944

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

(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)

EDWARD JONES

43-0345811

(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?
49 55 99	OTHER SERVICES	0	Yes [X] No [ ]	Yes [ ] No [X]	19783	Yes [ ] No [X]

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 37 50 64	CONTRACT ADMINISTRATOR	3174	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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
EDWARDS JONES	49 55 99	19783
(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.	
PRINCIPAL LIFE INS COMPANY 42-0127290	COMMISSIONS & REFERRAL/SERVICES FEE	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

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

A Name of plan
ROCHLING ADVENT TOOL & MOLD,LP PROFIT SHARING/401K 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
ROCHLING ADVENT TOOL & MOLD LP

D Employer Identification Number (EIN)
45-5284944

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: PRIN TRUST TGT 2010 FD R3

b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-6447574-001	C	40555

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2015 FD R3

b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-6447574-002	C	375457

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2020 FD R3

b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-6447574-003	C	1097805

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2025 FD R3

b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-6447574-004	C	662271

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2030 FD R3

b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-6447574-005	C	1203753

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2035 FD R3

b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-6447574-006	C	211856

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2040 FD R3

b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-6447574-007	C	293923

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2045 FD R3

b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY

c EIN-PN 26-6447574-008	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 232397

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2050 FD R3

b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY

c EIN-PN 26-6447574-009	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45518

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 2055 FD R3

b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY

c EIN-PN 26-6447574-010	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29572

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST INCOME FUND R3

b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY

c EIN-PN 26-6447574-011	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TRUST TGT 206 FUND R3

b Name of sponsor of entity listed in (a): PRINCIPAL TRUST COMPANY

c EIN-PN 26-6447574-012	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 348

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
ROCHLING ADVENT TOOL & MOLD,LP PROFIT SHARING/401K PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ROCHLING ADVENT TOOL & MOLD LP

D Employer Identification Number (EIN)
45-5284944

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)	148868	192509
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	146333	198756
(9) Value of interest in common/collective trusts	1c(9)	3657503	4193495
(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)	2683833	3133254
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	41372	7494
(15) Other	1c(15)	0	0

			(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	6677909	7725508
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	6677909	7725508

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)	192509	
	(B) Participants	2a(1)(B)	549676	
	(C) Others (including rollovers)	2a(1)(C)	2330	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		744515
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)	7267	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		7267
	(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)	162621	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		162621
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		231243
(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)		40185
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1185831
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	122645	
(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)		122645
f Corrective distributions (see instructions)	2f		12453
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	3134	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3134
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		138232
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1047599
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: DANNIBLE & MCKEE, LLP **(2)** EIN: 33-0996661

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
ROCHLING ADVENT TOOL & MOLD,LP PROFIT SHARING/401K PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ROCHLING ADVENT TOOL & MOLD LP

D Employer Identification Number (EIN)
45-5284944

Part I Distributions

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

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

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

EIN(s): 42-0127290

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 0.0% 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):



RÖCHLING ADVENT TOOL & MOLD, LP

PROFIT SHARING 401(k) PLAN AND TRUST

FINANCIAL STATEMENTS

AND

SUPPLEMENTAL SCHEDULE

* * *

DECEMBER 31, 2014 AND 2013

TABLE OF CONTENTS

	Page No.
INDEPENDENT AUDITOR'S REPORT	1
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5
SUPPLEMENTAL SCHEDULE	
Schedule of Assets (Held at End of Year)	16

DANNIBLE & McKEE, LLP
Certified Public Accountants and Consultants
Financial Plaza, 221 S. Warren St., Syracuse, New York 13202-1628
(315) 472-9127 Fax (315) 472-0026

Independent Auditor's Report

October 5, 2015

To the Participants, Trustees and Plan Administrator of the
Röchling Advent Tool & Mold, LP Profit Sharing 401(k) Plan and Trust

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Röchling Advent Tool & Mold, LP Profit Sharing 401(k) Plan and Trust (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Principal Life Insurance Company and Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company, the Custodians of the Plan,

except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Custodians held the Plan's investment assets and executed investment transactions. The plan administrator has obtained a certification from the Custodians as of December 31, 2014 and 2013, and for the years then ended, that the information provided to the plan administrator by the Custodians is complete and accurate.

Disclaimer of Opinion

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

Other Matter - Supplemental Schedule

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2014, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the ***Basis for Disclaimer of Opinion*** paragraph, we do not express an opinion on this supplemental schedule.

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

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

Dannible & McKee, LLP

Dannible & McKee, LLP
Syracuse, New York

RÖCHLING ADVENT TOOL & MOLD, LP PROFIT SHARING 401(k) PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
Assets	2014	2013
Investments at fair value (Notes 1, 2, 3 and 5)	$ 7,334,243	$ 6,382,708
Receivables (Notes 1 and 2):		
Employer contributions	192,509	148,868
Notes receivable from participants	198,756	146,333
Total receivables	391,265	295,201
Total assets	7,725,508	6,677,909
Liabilities		
Excess contributions payable (Notes 2 and 7)	25,916	12,453
Net assets available for benefits	$ 7,699,592	$ 6,665,456

See accompanying notes to financial statements.

RÖCHLING ADVENT TOOL & MOLD, LP PROFIT SHARING 401(k) PLAN AND TRUST

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year ended December 31,	
	2014	
Additions in net assets attributed to:-		
Investment income (Notes 1, 2, 3 and 5):		
Net appreciation in fair value of investments	$ 271,428	$ 752,019
Interest and dividends	162,621	123,580
Total investment income	434,049	875,599
Interest received on notes receivable from participants (Note 1)	7,267	5,714
Contributions (Notes 1 and 2):		
Employee	549,676	508,483
Employer	192,509	148,868
Rollovers	2,330	-
Total contributions	744,515	657,351
Total additions	1,185,831	1,538,664
Deductions from net assets attributed to:		
Benefits paid to participants (Notes 1 and 2)	122,645	1,035,405
Corrective distributions (Note 2)	25,916	12,453
Administrative expenses (Notes 2 and 4)	3,134	2,082
Total deductions	151,695	1,049,940
Net increase	1,034,136	488,724
Net assets available for benefits:		
Beginning of year	6,665,456	6,176,732
End of year	$ 7,699,592	$ 6,665,456

See accompanying notes to financial statements.

NOTES TO FINANCIAL STATEMENTS

Note 1 - Description of plan

The following description of the Röchling Advent Tool & Mold, LP (the "Company") Profit Sharing 401(k) Plan and Trust (the "Plan") 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 profit sharing plan under Section 401(a) of the Internal Revenue Code and has a Section 401(k) salary deferral arrangement. All assets acquired under the Plan are the result of employer or participant contributions thereto, and all income and other additions thereto are administered, distributed, forfeited or otherwise governed by the provisions of the Plan and ERISA.

Eligibility - The Plan covers all employees of the Company. Employees must be age twenty-one or older to participate in the Plan. An employee must complete ninety days of service in order to participate in the Plan, including elective deferrals and to receive discretionary profit sharing and discretionary matching contributions made by the Company. Employees can begin participating in the Plan on the first day of the plan year, or the first day of the fourth, seventh, or tenth month of the plan year coinciding with or next following the date after meeting the eligibility requirements.

Contributions - Each year participants may contribute a percentage of their pre-tax annual compensation, as defined by the Plan, subject to certain limitations established by the Internal Revenue Code. In addition, the Plan accepts Roth elective deferrals made by participants. Roth 401(k) contributions are includable in a participant's taxable gross income for the year in which the contribution is made. Participants who have attained age fifty before the end of the plan year are eligible to make catch-up contributions. Participants may also make rollover contributions to the Plan. Participants direct the investment of contributions into various investment options offered by the Plan.

The Company may make discretionary matching contributions equal to a percentage of the participants' deferrals. Management of the Company approved a discretionary matching contribution equal to 10% of the participant's elective contributions. Discretionary matching contributions were $52,509 and $48,868 for the years ended December 31, 2014 and 2013, respectively. In addition, management may also elect to make discretionary profit sharing contributions, which will be allocated using an integrated formula. Under this formula, a participant will receive a base contribution if they have satisfied the eligibility requirements for a profit sharing contribution. If the participant has compensation above the taxable wage base, they will receive an additional contribution on compensation above the taxable wage base. In order to receive an allocation of a discretionary profit sharing contribution, participants must have completed a minimum of ninety days of service during the plan year and be employed on the last day of the plan year. Contributions are subject to certain limitations. Discretionary profit sharing contributions totaled $140,000 and $100,000 for the years ended December 31, 2014 and 2013, respectively.

Participant accounts - Each participant's account is credited with the participant's elective deferral contribution, the Company's discretionary contributions and plan earnings. Allocations are based on participant compensation or account balances, as defined by the plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment options - Upon enrollment in the Plan, a participant may direct 401(k) elective deferrals and the employer discretionary matching contributions to any of the Plan's investment options. Participants may change their investment options daily.

Vesting - Participants are immediately vested in their elective salary deferral contributions plus actual earnings thereon. Vesting in the remainder of their account is based on years of continuous service. Participants are 100% vested after six years of credited service for both employer matching and discretionary contributions. There were forfeited, non-vested accounts of $1,348 and $2,389 as of December 31, 2014 and 2013, respectively. These accounts can be used to reduce future employer contributions or pay administrative expenses and are at the discretion of the plan administrator.

Payment of benefits - Benefits are paid according to the vested interest to which participants are entitled upon retirement, termination, death or disability. Upon retirement, death, or disability, benefits are distributed to the participant or beneficiary in a lump sum payment at the request of the participant or beneficiary. Distribution of a participant's prior plan transfer account, if any, shall be governed by the special provisions relating to such prior plan as described by the plan document.

Upon termination, participants with an account balance exceeding $1,000 may make an irrevocable election to have the balance distributed to them or defer commencement of the distribution until a normal retirement age. If the balance does not exceed $1,000, the amount is distributable as a lump sum payment.

Notes receivable from participants - Participants may borrow from their accounts a minimum of $1,000 up to a maximum of $50,000 or 50% of their vested account balance, whichever is lower. The notes are secured by the balance in the participant's account and bear interest at a rate equal to the Barron's prime rate as of the time the loan is approved plus 1.00%. The interest rate was 4.25% as of December 31, 2014 and 2013. Principal and interest is paid ratably through payroll deductions. The term of the repayment period cannot exceed five years, except if the loan is used to acquire a residence, then the repayment period may be extended beyond five years. Only one note per participant can be outstanding at a time. The notes are secured by the vested balance in the participant's account. According to requirements of the participant note program, the plan administrator will treat a note in default if any scheduled payment remains unpaid beyond ninety days.

Deemed distributions - Deemed distributions represent the amount of unpaid principal on loans for participants who are actively participating in the Plan and have not continued to make payments on the outstanding loans as required under the participant loan program. There were no deemed distributions from the Plan for the years ended December 31, 2014 and 2013.

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

Note 2 - Summary of accounting policies

Basis of accounting - The financial statements of the Plan are prepared on the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

The Financial Accounting Standards Board's (FASB) authoritative guidance regarding accounting for *Fully Benefit-Responsive Investment Contracts Held by Certain Investment Companies*, which defines the circumstances in which an investment contract is considered fully benefit-responsive and provides certain reporting and disclosure requirements for fully benefit-responsive investment contracts in defined contribution, health and welfare and pension plans. As described in the authoritative guidance, investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts, because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. As required, the statements of net assets available for benefits presents the fair value of the investment contracts, as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statements of changes in net assets available for benefits are prepared on a contract value basis.

The Plan holds a Principal Fixed Income Guaranteed Option Fund, which is considered a fully benefit-responsive investment contract. Generally, contract value of the Principal Fixed Income Guaranteed Option Fund is equal to participant deposits minus participant withdrawals plus credited interest. Interest credited is net of expenses. The average yield and the crediting interest rate was 2.00% for the Fixed Income Fund for the years ended December 31, 2014 and 2013. Contract value may be subject to adjustments in connection with contract holder directed withdrawals that are subject to a market value adjustment. There were no fair value adjustments, as fair value approximates the contract value as of December 31, 2014 and 2013.

Use of estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Risks and uncertainties - The Plan provides for various investment options in any combination of collective investment trusts and registered investment companies (i.e. mutual funds). Investment securities are exposed to various risks, such as interest rate, market and credit. The value, liquidity and related income of these securities are sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates. Due to the level of risk associated with certain investment securities and the level of uncertainty related to

changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

Investment valuation and income recognition - Investments are stated at fair market value (see Note 5). All fair market values have been determined by Principal Life Insurance Company and Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company, the Custodians of the Plan (see Note 3). Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Notes receivable from participants - Notes receivable from participants are measured at their unpaid principal balance plus accrued but unpaid interest. Management individually reviews all notes receivable balances that exceed forty-five days from the date of the most recent payment and, based on the assessment of credit worthiness, estimates the portion, if any, of the balance that will not be collected. Currently, there is no valuation allowance recorded; however, management will record an allowance, if and when potentially uncollectible participant notes receivable becomes material. If a participant defaults on a note receivable and distribution from the participant account has been made during the plan year because the participant has left the Plan, the defaulted note receivable will be reported as benefits paid to participants on the statements of changes in net assets available for benefits and deducted from the receivable balance.

Economic dependency and concentration of credit risk - Approximately 71% and 68% of the Plan's investments are invested with Principal Trust Company as of December 31, 2014 and 2013, respectively. Accordingly, the Plan is dependent upon the financial condition of Principal Trust Company.

Payment of benefits - Benefits are recorded when paid.

Corrective distributions - Corrective distributions represent excess employee salary deferral contributions received during the year, but are returned to the participants in order to satisfy the relevant nondiscrimination provisions of the Plan. These corrective distributions are recorded as excess contributions payable on the statements of net assets available for benefits in the year that they are received, but are recorded on Form 5500 in the plan year that they are paid (see Note 7). Corrective distributions amounted to $25,916 and $12,453 for the years ended December 31, 2014 and 2013, respectively.

Administrative expenses - Administrative costs including maintaining participant accounts, legal and auditing costs are the obligation of the Plan; however, the Company may pay for such expenses or reimburse the Plan for any payment of these expenses. Costs of managing the investments are paid directly out of the plan assets (see Note 4).

Subsequent events - Management has evaluated subsequent events through October 5, 2015, the date that the financial statements were available for issue.

Note 3 - Investments

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Principal Life Insurance Company and Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company, the Plan's Custodians, have certified that the following data included in the accompanying financial statements as of and for the years ended December 31, 2014 and 2013, and supplemental schedule as of December 31, 2014, is complete and accurate. Furthermore, the Plan's independent accountants did not perform auditing procedures with respect to the following information except to compare such information to the related information included in the financial statements and supplemental schedule. Individual investments that represent 5% ($384,980 at December 31, 2014, and $333,273 at December 31, 2013) or more of the Plan's net assets are identified below.

	December 31,	
	2014	2013
Investments, at fair value:-		
Guaranteed investment contracts	$ 7,494	$ 41,372
Principal collective investment trusts:		
Principal Trust Target 2030 Fund	1,203,753	1,105,512
Principal Trust Target 2020 Fund	1,097,805	904,927
Principal Trust Target 2025 Fund	662,271	577,131
Principal Trust Target 2015 Fund	375,457	400,375
All other Principal collective investment trusts	854,209	669,558
	4,193,495	3,657,503
Registered investment companies (i.e. mutual funds):		
Fidelity Adv New Insights T Fund	391,391	-
All other registered investment companies	2,741,863	2,683,833
	3,133,254	2,683,833
	$ 7,334,243	$ 6,382,708

The Plan's investment earnings (including gains and losses on investments bought and sold as well as held during the year) are as follows:

	Year ended December 31,	
	2014	
Investment earnings:		
Net appreciation in investments	$ 271,428	$ 752,019
Interest and dividends	162,621	123,580
Total certified investment earnings	$ 434,049	$ 875,599

Note 4 - Party in interest transactions

Plan investments are managed by Principal Life Insurance Company and Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company, the Custodians of the Plan. Fees paid for these services qualify as exempt party in interest transactions and are included in the net appreciation in fair value of investments on the accompanying statements of changes in net assets available for benefits. Fees paid for custodial services are paid by the plan sponsor. In addition, Pentegra Retirement Services ("Pentegra") provides third party administrative services to the Plan. The third party administrative fees paid to Pentegra were paid by the plan sponsor for the years ended December 31, 2014 and 2013. Administrative fees paid by the Plan for benefit payment, participant notes receivable application fees and other services amounted to $3,134 and $2,082 for the years ended December 31, 2014 and 2013, respectively.

Note 5 - Fair value measurements

The FASB has published authoritative guidance on fair value measurements, which establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

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

Level 2 — Inputs to the valuation methodology include:

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

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value, which have been determined and certified by the Custodians.

Registered Investment Companies (i.e. Mutual Funds) - Valued at the closing price reported on the active market on which the individual securities are traded (Level 1).

Collective Investment Trusts (CIT) - The collective investment trusts are valued using the net asset value (NAV) provided by the fund trustee based on the value of the underlying assets owned by the trust. The fund manager's objective is to seek total return consisting of long-term growth of capital and current income based on various expected retirement dates. There are no unfunded commitments related to the collective investment trusts and units are redeemable at NAV daily (Level 2).

Guaranteed Investment Contracts (GIC) - The Principal Fixed Income Guaranteed Option is a single group annuity contract with a fixed rate of interest. It is not a portfolio of contracts. Fair value is the amount plan participants would receive currently if they were to withdraw or transfer funds within the Plan prior to their maturity for an event other than death, disability, termination or retirement. Most participant transactions are executed using contract value without adjustment. Therefore, the contract value is a good proxy for fair value. This contract does have surrender charges if the contract holder terminates it or a plan terminates its interest in such contract within certain time periods. If the contract holder is considering terminating the contract or a plan is considering terminating its interest in such contract in the near future, contract value less surrender charges may be a better proxy for fair value. The investment contract will provide information about redemption frequency and notice periods if applicable. There are no unfunded commitments (Level 3).

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

The following table sets forth by Level, within the fair value hierarchy, the Plan's assets at fair value:

	Assets at Fair Value as of December 31, 2014			
	Level 1	Level 2	Level 3	Total
Guaranteed investment contracts	$ -	$ -	$ 7,494	$ 7,494
Collective investment trusts	-	4,193,495	-	4,193,495
Registered investment companies:				
Balanced funds	310,784	-	-	310,784
Large cap funds	1,114,105	-	-	1,114,105
Mid cap funds	578,871	-	-	578,871
Fixed income funds	885,474	-	-	885,474
International stock funds	136,373	-	-	136,373
Small cap funds	107,647	-	-	107,647
Total registered investment companies	3,133,254	-	-	3,133,254
Total assets at fair value	$ 3,133,254	$ 4,193,495	$ 7,494	$ 7,334,243

	Assets at Fair Value as of December 31, 2013			
	Level 1	Level 2	Level 3	Total
Guaranteed investment contracts	$ -	$ -	$ 41,372	$ 41,372
Collective investment trusts	-	3,657,503	-	3,657,503
Registered investment companies:				
Balanced funds	283,755	-	-	283,755
Large cap funds	1,081,243	-	-	1,081,243
Mid cap funds	603,989	-	-	603,989
Fixed income funds	276,501	-	-	276,501
International stock funds	312,672	-	-	312,672
Small cap funds	125,673	-	-	125,673
Total registered investment companies	2,683,833	-	-	2,683,833
Total assets at fair value	$ 2,683,833	$ 3,657,503	$ 41,372	$ 6,382,708

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 asset:

	Guaranteed Investment Contract	
	Year ended December 31,	
	2014	
Balance, beginning of year	$ 41,372	$ -
Unrealized gain relating to instruments still held at reporting date	195	170
Purchases, sales, issuances and settlements (net)	(34,073)	41,202
Balance, end of year	$ 7,494	$ 41,372

Quantitative information about significant unobservable inputs used in Level 3 fair value measurements:

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments and the significant unobservable inputs and the ranges for those inputs.

December 31, 2014

Type	Fair Value	Valuation Technique	Significant Unobservable Inputs	Rate
Principal Fixed Income Guaranteed Option	$ 7,494	Discontinuation Value	Composite Guaranteed Rate	2.00%
			Crediting Rate	2.00%
			Surrender Charge	5.00%

December 31, 2013

Type	Fair Value	Valuation Technique	Significant Unobservable Inputs	Rate
Principal Fixed Income Guaranteed Option	$ 41,372	Discontinuation Value	Composite Guaranteed Rate	2.00%
			Crediting Rate	2.00%
			Surrender Charge	5.00%

Note 6 - Tax status of plan

The Company has adopted a prototype non-standardized profit sharing plan sponsored by Pentegra Retirement Services ("Pentegra"). The Internal Revenue Service has ruled that the prototype non-standardized profit sharing plan of Pentegra is acceptable under Section 401 of the Internal Revenue Code. The management of the Company and plan administrator are not aware of any matters that would disqualify the Plan. Accordingly, the Plan has been accounted for as a tax-exempt plan.

The Plan has reviewed its operations for uncertain tax positions and believes there are no significant exposures. The Plan will include penalties and interest on income tax liabilities in administrative expenses if such amounts arise. The Plan did not incur any penalties and interest on income tax liabilities for the years ended December 31, 2014 and 2013. The Plan is no longer subject to regulatory examinations by tax authorities for the closed years before 2011.

The Plan is part of a control group of related plans that are currently being cross-tested in 2015 for discrimination purposes. The results of which have not yet been determined and the cross testing must be completed by the end of 2015. Management believes the results from this cross testing will have an immaterial impact on the Plan.

Note 7 - Reconciliation of the financial statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of:

	December 31,	
	2014	
Net assets available for plan benefits per the financial statements	$ 7,699,592	$ 6,665,456
Add - Amount allocated to excess employee contributions payable	25,916	12,453
Net assets available for plan benefits per Form 5500, Schedule H, Part I, Line 1l	$ 7,725,508	$ 6,677,909

The following is a reconciliation of corrective distributions to participants per the financial statements to Form 5500:

	Year ended December 31,	
	2014	
Corrective distributions to participants per the financial statements	$ 25,916	$ 12,453
Less - Unpaid corrective distributions to participants (excess contributions payable)	(25,916)	(12,453)
Add - Paid Corrective distributions to participants	12,453	12,130
Corrective distributions to participants per Form 5500, Schedule H, Part II, Line 2f	$ 12,453	$ 12,130

Corrective distributions are recorded in the financial statements in the plan year that the excess contributions are received. Corrective distributions are recorded on the Form 5500 in the plan year that they are paid.

SUPPLEMENTAL SCHEDULE

RÖCHLING ADVENT TOOL & MOLD, LP PROFIT SHARING 401(k) PLAN AND TRUST

EIN #45-5284944

PLAN #001

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Required Disclosure of Schedule H, Line 4i on Form 5500)

December 31, 2014

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value	
*	Principal	Prin Trust Tgt 2030 Fd R3	***	$ 1,203,753	
*	Principal	Prin Trust Tgt 2020 Fd R3	***	1,097,805	
*	Principal	Prin Trust Tgt 2025 Fd R3	***	662,271	
	Fidelity	Fidelity Adv New Insights T Fd	***	391,391	
*	Principal	Prin Trust Tgt 2015 Fd R3	***	375,457	
	John Hancock	John Hancock Disc VL R3 Fund	***	342,291	
*	Principal	Prin Trust Tgt 2040 Fd R3	***	293,923	
	American Funds	Am Fds New Persp R3 Fund	***	270,411	
*	Principal	Prin Midcap R3 Fund	***	252,445	
*	Principal	Prin Trust Tgt 2045 Fd R3	***	232,397	
*	Principal	Prin LgCap S&P 500 Idx R3 Fd	***	229,465	
	JP Morgan	JP Morgan Midcap Value R2 Fund	***	228,456	
*	Principal	Prin Equity Income R3 Fund	***	222,838	
*	Principal	Prin Trust Tgt 2035 Fd R3	***	211,856	
	American Funds	Am Fds Fdmntl Inv R3 Fund	***	208,994	
	Franklin Templeton	Templeton Glbl Bond R Fd	***	163,493	
	Franklin Templeton	Blackrock Global Alloc R Fund	***	155,427	
	Fidelity	Fidelity Adv Strat Inc T Fund	***	104,631	
	Oppenheimer	Oppen Developing Mkts R Fund	***	94,387	
*	Principal	Prin SmCap S&P 600 Idx R3 Fund	***	93,444	
*	Principal	Prin SAM Balanced R3 Portfolio	***	75,481	
*	Principal	Prin MidCap S&P 400 Idx R3 Fd	***	51,165	
*	Principal	Prin Real Estate Secs R3 Fund	***	46,805	
*	Principal	Prin Trust Tgt 2050 Fd R3	***	45,518	
*	Principal	Prin Trust Tgt 2010 Fd R3	***	40,555	
*	Principal	Prin SAM Strat Growth R3 Port	***	34,142	
*	Principal	Prin Income R3 Fund	***	30,871	
*	Principal	Prin Trust Tgt 2055 Fd R3	***	29,572	
	Franklin Templeton	Franklin Mutual Glb Disc R Fd	***	29,546	
	Franklin Templeton	Franklin Income R Fund	***	27,695	
	PIMCO Funds	PIMCO Real Return R Fund	***	20,197	
*	Principal	Prin SAM Cons Growth R3 Port	***	16,684	
	JP Morgan	JP Morgan Govt Bond R2 Fund	***	14,997	
	Goldman Sachs	Goldman Sachs Sm Cp Val R Fund	***	14,203	
*	Principal	Prin Fixed Inc. Guar Option	***	7,494	**
	MFS Investment Management	MFS International Value R2 Fd	***	7,420	
	Thornburg	Thornburg Intl Value R3 Fund	***	5,020	
*	Principal	Prin SAM Flexible Inc R3 Port	***	1,355	
*	Principal	Prin Trust Tgt 2060 Fd R3	***	348	
*	Principal	Prin Trust Income Fund R3	***	40	
*	Participants	Participant Loans at 4.25%	***	198,756	
				$ 7,532,999	

* Represents a party in interest to the Plan as defined by ERISA

** Reported at fair value, which approximates contract value

*** Cost omitted for participant directed investments

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

Name of Plan: Rochling Advent Tool & Mold, LP Profit Sharing 401(k) Plan & Trust
Employer Identification Number:► 45-5284944
For plan year (beginning/ending):► 1/1/2014 - 12/31/2014
Plan number:► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	American Funds Services Company	Registererd Investments Company AM FDS NEW PERSP R3 FUND	$0.00	$270,411.44
	The American Funds	Registererd Investments Company AM FDS FDMNTL INV R3 FUND	$0.00	$208,994.48
	BlackRock	Registererd Investments Company BLACKROCK GLOBAL ALLOCA R FD	$0.00	$155,426.86
	Fidelity Investments	Registererd Investments Company FIDELITY ADV NEW INSIGHTS T FD	$0.00	$391,390.70
	Fidelity Investments	Registererd Investments Company FIDELITY Adv Strat Inc. T Fund	$0.00	$104,630.68
	Franklin Templeton Investments	Registererd Investments Company Franklin Income R Fund	$0.00	$27,695.06
	Franklin Templeton Investments	Registererd Investments Company Franklin Mutual Glb Dics R Fd	$0.00	$29,546.42
	Goldman Sachs	Registererd Investments Company GOLDMAN SACHS SM CP VAL R FD	$0.00	$14,202.73
	John Hancock	Registererd Investments Company John Hancock Disc Vl R3 Fund	$0.00	$342,291.16
	JP Morgan Funds	Registererd Investments Company JP MORGAN GOVT BOND R2 FD	$0.00	$14,996.60
	JP Morgan Funds	Registererd Investments Company JP MORGAN MIDCAP VALUE R2 FUND	$0.00	$228,456.25
	MFS Investments Management	Registererd Investments Company MFS Internation Value R2 Fd	$0.00	$7,419.72
	Oppenheimer	Registererd Investments Company Oppen Developing Mkts R Fund	$0.00	$94,387.05
*	Principal Funds Inc.	Registered Investment Company Prin Equity Income R3 Fund	$0.00	$222,838.45
*	Principal Life Insurance Company	Insurance Company General PRIN FIXED INC GUAR OPTION	$0.00	$7,493.72
*	Principal Funds Inc.	Registererd Investments Company PRIN LgCap S7P 500 Idx R3 Fund	$0.00	$229,464.80
*	Principal Funds Inc.	Insurance Company General Prin MIdCap S & P 400idx Re Fund	$0.00	$51,164.60
*	Principal Funds Inc.	Registererd Investments Company PRIN Real Estate Sec R3 Fund	$0.00	$46,804.57
*	Principal Funds Inc.	Registererd Investments Company PRIN SMCAP S&p 600 IDX R3 FUND	$0.00	$93,444.21
*	Principal Funds Inc.	Registererd Investments Company PRIN SAM Balanced R3 Portfolil	$0.00	$75,481.43
*	Principal Funds Inc.	Registererd Investments Company PRIN SAM CONS GROWTH R3 PORT	$0.00	$16,683.54
*	Principal Funds Inc.	Registererd Investments Company PRIN SAM FLEXIBLE INC R3 PORT	$0.00	$1,355.08
*	Principal Funds Inc.	Registererd Investments Company PRIN SAM STRAT GROWTH R3 PORT	$0.00	$34,142.41
*	Principal Trust Company	Common/Collective Trust PRIN TRUST Income Fund R3	$0.00	$39.69
*	Principal Trust Company	Common/Collective Trust PRIN TRUST Tgt 2010 Fd R3	$0.00	$40,555.18
*	Principal Trust Company	Common/Collective Trust PRIN TRUST TGT 2015 FD R3	$0.00	$375,457.23
*	Principal Trust Company	Common/Collective Trust PRIN TRUST TGT 2020 FD R3	$0.00	$1,097,805.30
*	Principal Trust Company	Common/Collective Trust PRIN TRUST TGT 2025 FD R3	$0.00	$662,270.67
*	Principal Trust Company	Common/Collective Trust PRIN TRUST TGT 2030 FD R3	$0.00	$1,203,752.85
*	Principal Trust Company	Common/Collective Trust PRIN TRUST TGT 2035 FD R3	$0.00	$211,856.44
*	Principal Trust Company	Common/Collective Trust PRIN TRUST TGT 2040 FD R3	$0.00	$293,923.14
*	Principal Trust Company	Common/Collective Trust PRIN TRUST TGT 2045 FD R3	$0.00	$232,396.71
*	Principal Trust Company	Common/Collective Trust PRIN TRUST TGT 2050 FD R3	$0.00	$45,518.30
*	Principal Trust Company	Common/Collective Trust PRIN TRUST TGT 2055 FD R3	$0.00	$29,572.11
*	Principal Trust Company	Registererd Investments Company PRIN MIDCAP R3 FUND	$0.00	$252,444.72
*	Principal Funds PIMCO Funds	Registererd Investments Company PIMCO Real Return R Fund	$0.00	$20,196.98
*	Principal Funds Inc.	Common/Collective Trust PRIN TRUST TGT 2060 FD R3	$0.00	$348.18
	Franklin Templeton Investments	Registererd Investments Company Principal Income R3 Fund	$0.00	$30,870.51
		Registererd Investments Company Templeton Glbl Bond R Fd	$0.00	$163,492.68
	Thornburg	Registererd Investments Company Thornburg Intl Value R3 Fund	$0.00	$5,019.63
	Participant Loans	Interest Rates at 4.25%	$0.00	$198,756.24
				$7,532,998.52