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:
- [X] 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
- [ ] 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. . . . . ▶ [X]

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
SHEET METAL WORKERS NATIONAL SUPPLEMENTAL SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 007

1c Effective date of plan 10/01/1999

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
BD TTEES SHEET METAL WORKERS NATIONAL SUPPLEMENTAL SAVINGS PLAN

8403 ARLINGTON BLVD., SUITE 300
FAIRFAX, VA 22031

2b Employer Identification Number (EIN)
31-1674110

2c Plan Sponsor's telephone number
703-739-7000

2d Business code (see instructions)
238100

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.		
	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)

CALIBRE CPA GROUP PLLC

7501 WISCONSIN AVENUE, SUITE 1200
BETHESDA, MD 20814

Preparer's telephone number (optional)
202-331-9880

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**	6372
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)**	
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	6578
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	6578
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	6578
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	6578
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	206

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

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **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
SHEET METAL WORKERS NATIONAL SUPPLEMENTAL SAVINGS PLAN

B Three-digit plan number (PN) ▶ 007

C Plan sponsor's name as shown on line 2a of Form 5500
BD TTEES SHEET METAL WORKERS NATIONAL SUPPLEMENTAL SAVINGS PLAN

D Employer Identification Number (EIN)
31-1674110

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

NEW YORK 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
13-5582869	66915	GA28124	6578	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
0	0

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

(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

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(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**	6502891
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	6134249
c	Additions: (1) Contributions deposited during the year	**7c(1)**	2320985		
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**	146495		
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	2467480
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	8601729
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**	2084487		
	(2) Administration charge made by carrier	**7e(2)**	14351		
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	2098838
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	6502891

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

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

A Name of plan
SHEET METAL WORKERS NATIONAL SUPPLEMENTAL SAVINGS PLAN

B Three-digit plan number (PN) ▶ 007

C Plan sponsor's name as shown on line 2a of Form 5500
BD TTEES SHEET METAL WORKERS NATIONAL SUPPLEMENTAL SAVINGS PLAN

D Employer Identification Number (EIN)
31-1674110

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

NEW YORK LIFE INVESTMENT MANAGEMENT

52-2206685

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

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

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

SHEET METAL WORKERS NATIONAL PENSIO

8403 ARLINGTON BLVD. SUITE 300
FAIRFAX, DC 22031

52-6112463

(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?
10	AFFILIATE	103176	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MORGAN STANLEY SMITH BARNEY LLC

1585 BROADWAY
NEW YORK, NY 10019

26-4310632

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	37869	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SELVIN AND HART

1625 MASSACHUSETTS AVE. N. W.
WASHINGTON, DC 20036

52-1708613

(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?
29	NONE	30848	Yes [ ] No [X]	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)

CALIBRE CPA GROUP PLLC

7501 WISCONSIN AVE, SUITE 1200 WEST
BETHESDA, MD 20814

47-0900880

(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?
10	NONE	30110	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SASMI

23-7315003

(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	AFFILIATE	25192	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MORROW & CO

470 WEST AVENUE
STAMFORD, CT 06902

48-1142979

(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?
10	NONE	13900	Yes [ ] No [ ]	Yes [ ] No [ ]	0	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)

SPENCER FANE BRITT & BROWNE LLP

1000 WALNUT STREET, SUITE 1400
KANSAS CITY, MO 64106-2140

44-0561981

(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?
29	NONE	12173	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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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 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
SHEET METAL WORKERS NATIONAL SUPPLEMENTAL SAVINGS PLAN

B Three-digit plan number (PN) ▶ 007

C Plan sponsor's name as shown on line 2a of Form 5500
BD TTEES SHEET METAL WORKERS NATIONAL SUPPLEMENTAL SAVINGS PLAN

D Employer Identification Number (EIN)
31-1674110

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	172503	123049
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	174926	170327
(2) Participant contributions	1b(2)	120695	117629
(3) Other	1b(3)	140686	91730
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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	66336038	72288613
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	6134241	6502883
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	73079089	79294231
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	52192	39941
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	52192	39941
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	73026897	79254290

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)	2392315	
(B) Participants	2a(1)(B)	1988607	
(C) Others (including rollovers)	2a(1)(C)	11270	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4392192
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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		4352592
c Other income	2c		4256947
d Total income. Add all **income** amounts in column (b) and enter total	2d		13001731
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6486798	
(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)		6486798
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	87030	
(2) Contract administrator fees	2i(2)	128368	
(3) Investment advisory and management fees	2i(3)	28304	
(4) Other	2i(4)	43838	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		287540
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		6774338
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		6227393
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) [X] 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 [X] No

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

(1) Name: CALIBRE CPA GROUP PLLC **(2)** EIN: 47-0900880

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		197840
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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

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

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

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

Part V Trust Information (optional)

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

SHEET METAL WORKERS' NATIONAL SUPPLEMENTAL SAVINGS PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2014

CALIBRE CPA GROUP
Bethesda, MD

SHEET METAL WORKERS' NATIONAL SUPPLEMENTAL SAVINGS PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

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CALIBRE
CPA GROUP
Bethesda, MD

REPORT OF INDEPENDENT AUDITORS

The Board of Trustees of the
Sheet Metal Workers' National Supplemental
Savings Plan

We have audited the accompanying financial statements of the Sheet Metal Workers' National Supplemental Savings Plan (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

The Plan's 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 our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the information regarding the Plan's net assets available for benefits as of December 31, 2014 and 2013 and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were made for the purpose of forming an opinion on the financial statements taken as a whole. The supplemental schedules on pages 14 and 15 are presented for the purpose of additional analysis and are not a required part of the basic financial statements, but the supplementary information is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The schedules are the responsibility of the Plan's management and were derived from and relate directly to the underlying accounting and other records used to prepare the financial statements. The supplemental schedules have been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Calibre CPA Group, PLLC

Bethesda, MD
September 22, 2015

Sheet Metal Workers' National Supplemental Savings Plan

Statements of Net Assets Available for Benefits

December 31, 2014 and 2013

	2014	2013
Assets		
Investments		
Mutual funds - at quoted market price		
Participant-directed investments	$ 60,457,834	$ 54,338,894
Nonparticipant-directed investments (operating account)	282,938	305,982
	60,740,772	54,644,876
Other investments - at estimated fair value		
Group annuity contract	6,502,883	6,134,241
Common collective trust funds	11,547,841	11,691,162
	18,050,724	17,825,403
Total investments	78,791,496	72,470,279
Other assets		
Cash	123,049	172,503
Contributions receivable - employer	170,327	174,926
Contributions receivable - participant	117,629	120,695
Due from Sheet Metal Workers' National Pension Fund	89,445	137,257
Prepaid insurance	2,285	3,429
Total other assets	502,735	608,810
Total assets	79,294,231	73,079,089
Liabilities and Net Assets		
Liabilities		
Accounts payable	12,314	11,533
Due to Sheet Metal Workers' National Pension Fund	11,435	40,274
Due to Stabilization Agreement of the Sheet Metal Industry	16,192	385
Total liabilities	39,941	52,192
Net assets available for benefits	$ 79,254,290	$ 73,026,897

See accompanying notes to financial statements.

Sheet Metal Workers' National Supplemental Savings Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2014 and 2013

	2014	2013
Additions		
Investment income		
Net appreciation in fair value of investments	$ 1,334,790	$ 9,940,278
Interest and dividends	3,017,802	2,492,136
Net investment income	4,352,592	12,432,414
Contributions		
Employer	2,392,315	2,335,019
Participant	1,988,607	2,028,568
Rollover	11,270	125,503
Net contributions	4,392,192	4,489,090
Merger proceeds	4,256,947	-
Total	13,001,731	16,921,504
Deductions		
Distributions	6,486,798	4,343,203
Administrative expense	128,368	75,073
Audit fees	44,010	27,050
Insurance	14,595	15,526
Investment fees	28,304	29,810
Legal fees	43,020	20,254
Postage and shipping expenses	352	24,680
Trustee meeting expense and other	4,943	4,270
Miscellaneous	23,948	1,213
Total	6,774,338	4,541,079
Net increase	6,227,393	12,380,425
Net assets available for benefits		
Beginning of year	73,026,897	60,646,472
End of year	$ 79,254,290	$ 73,026,897

See accompanying notes to financial statements.

SHEET METAL WORKERS' NATIONAL SUPPLEMENTAL SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

NOTE 1. DESCRIPTION OF THE PLAN

The following description of the Sheet Metal Workers' National Supplemental Savings Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General - The Plan was established effective October 1, 1999, and covers employees of participating employers who meet the eligibility requirements. The Plan is a multiemployer profit sharing plan, with a deferred arrangement commonly referred to as a 401(k) plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). An employee shall become a participant on the date of hire or the date the employer becomes a contributing employer, whichever is later.

Participant Contributions - Eligible participants may elect to make a pretax contribution to the Plan by contributing an amount per hour worked or a set dollar amount of earnings. Participant contributions receivable is based on amounts withheld from participants by employers prior to year-end but received by the Plan after year-end.

Operating Account - Pursuant to the plan document, contributions are made by the participants in an amount sufficient to pay the general operating expenses of the Plan. These contributions are not allocated to any participant's account, but are deposited into a general account of the Plan and are used to pay such expenses. There were no contributions made for the years ended December 31, 2014 and 2013. At December 31, 2014 and 2013, $282,938 and $305,982, respectively, of non-participant directed monies are included in net assets available for benefits.

Profit Sharing Contributions - A contributing employer may determine that it will contribute an amount to its employees' profit sharing accounts, as set forth in the applicable participation agreement or collective bargaining agreement. Profit sharing contributions, if any, shall be invested in accordance with the direction of the participant.

Employer Matching - A contributing employer may determine that it will contribute an amount to its employees' matching contribution accounts as set forth in the applicable participation agreement or collective bargaining agreement. Matching contributions will be invested in accordance with the direction of the participant.

Employer contributions receivable is based on contributions made by the employer for hours worked prior to year-end but received by the Plan after year-end.

NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

The plan participants have a 100% vested (non-forfeitable) interest in contributions made on their behalf at all times.

Investment Options - Contributions to the Plan are invested as directed by the participant. Participants must evaluate their own investment goals and objectives and choose the investment options best suited to achieve those goals and objectives. Investment performance by the investments selected by the participants may cause their vested balances to exceed or be less than the amounts contributed to the Plan.

Distributions - Distributions are made as provided for under the Plan agreement and include termination of employment, permanent disability, retirement or death.

Loans to Participants - The Plan does not provide loans to participants.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation - The accompanying financial statements have been prepared using the accrual basis of accounting.

Investments - Investments are carried at fair value, which generally represents quoted market value as of the last business day of the year.

Benefits - Benefits are recorded when paid.

Estimates - The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results may differ from those estimates.

NOTE 3. TAX STATUS

The Plan obtained its latest determination letter on August 16, 2012, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable sections of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, there is no requirement to request an updated determination letter after a plan amendment if the operations of the Plan are consistent with those disclosed in the original application for exemption. The Plan administrator and the Plan's legal counsel believe that the operation of the Plan is consistent with the operations disclosed in the original application for exemption.

NOTE 3. TAX STATUS (CONTINUED)

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service and Department of Labor. Plan management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Plan management believes that the Plan's income tax returns for the years 2011 through 2013 remain subject to examination, based on the normal statutory periods subject to audit, notwithstanding any events or circumstances that may exist which could expand the open period.

NOTE 4. RELATED PARTIES

For the years ended December 31, 2014 and 2013, the Plan was charged $103,176 and $62,790, respectively, by the Sheet Metal Workers' National Pension Fund (SMWNPF) for reimbursement of the Plan's allocated share of administrative expenses initially paid by SMWNPF. As of December 31, 2014 and 2013, the Plan owed SMWNPF $11,435 and $40,274, respectively. In addition, the SMWNPF owed $89,445 and $137,257 for contributions allocated to the Plan at December 31, 2014 and 2013, respectively.

In 2013, the Plan entered into an agreement with the National Stabilization Agreement of the Sheet Metal Industry Trust Fund (SASMI), a related organization with some common trustees, for reimbursement of the Plan's allocated share of administrative expenses initially paid by SASMI. The reimbursement for the Plan's expenses paid by SASMI for the years ended December 31, 2014 and 2013 were $25,192 and $12,283, respectively. As of December 31, 2014 and 2013, the Plan owed SASMI $16,192 and $385, respectively.

NOTE 5. INVESTMENTS

The following summary presents fair value (as determined by quoted market prices) or estimated fair value for each of the investment categories. Individual securities representing 5% or more of the Plan's net assets available for benefits are identified separately.

NOTE 5. INVESTMENTS (CONTINUED)

	December 31, 2014	December 31, 2013
Investments at fair value as determined by quoted market prices		
MainStay Retirement 2010 Fd A	$ 4,126,194	$ 4,024,057
MainStay Retirement 2020 Fd A	10,651,228	10,227,492
MainStay Retirement 2030 Fd A	11,089,203	10,532,031
MainStay Retirement 2040 Fd A	7,144,316	6,424,885
MainStay Large Cap Growth Fund A	4,785,206	4,248,952
MainStay S&P 500 Index Fund I	4,027,438	3,227,912
Dreyfus Strategic Value Fund A	4,736,975	3,538,694
Other mutual funds	14,180,212	12,420,853
Investments at estimated fair value		
NYL Guaranteed Interest Account	6,502,883	6,134,241
SSgA Mid Cap Index SL Series H	4,544,429	4,474,595
SSgA Russell 2000 Index SL H	7,003,412	7,216,567
Total	$ 78,791,496	$ 72,470,279

During the years ended December 31, 2014 and 2013, the Plan's investments, including investments bought, sold, as well as held during the year, appreciated in value by $1,334,790 and $9,940,278, respectively.

NOTE 6. FAIR VALUE MEASUREMENTS

The Plan complies with the Statement of Financial Accounting Standards Codification topic *Fair Value Measurements*. This defines fair value and establishes 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 inputs) and the lowest priority to unobservable inputs (Level 3 inputs). If the inputs used to measure the financial instruments fall within different levels of hierarchy, the categorization is based on the lowest level input that is significant to the fair value measurement of the instruments. Investments recorded in the statements of net assets available for benefits are categorized based on the inputs to valuation techniques as follows:

Level 1 - These are investments where values are based on unadjusted quoted prices for identical assets in an active market that the Plan has the ability to access.

NOTE 6. FAIR VALUE MEASUREMENTS (CONTINUED)

Level 2 - These are investments where values are based on quoted prices in markets that are not active or model inputs that are observable either directly or indirectly for substantially the full-term of the investments.

Level 3 - These are investments where values are based on prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement. These inputs reflect assumptions of management about assumptions market participants would use in pricing the investments. These investments include non-readily marketable securities that do not have an active market.

The Plan has adopted measurement provisions relating to investments in certain entities that have calculated net asset values (or its equivalent). As a practical expedient, the accounting guidance permits an investor to estimate the fair value of an investment within the scope of the guidance using the net asset value. As permitted under the fair value measurement guidance, the investment is classified as Level 2 if the Plan can redeem its investment at net asset value per share in the near term.

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

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

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

Guaranteed investment contract - the Plan participates in a contract with New York Life via an investment in the New York Life Guaranteed Interest Account. The account is credited with earnings at a fixed interest rate on the underlying investments and is charged for plan withdrawals. Because the group annuity contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the common collective trust. Contract value, as reported to the Plan by New York Life, represents contributions made under the contract, plus earnings, less plan withdrawals, and administrative expenses. There were no reserves against contract value for credit risk of the contract issuer or otherwise.

NOTE 6. FAIR VALUE MEASUREMENTS (CONTINUED)

The fair value of the investment contract at December 31, 2014 and 2013 was $6,502,883 and $6,134,241, respectively. The average yield and crediting interest rates were 2.30% and 2.55% for 2014. The average yield and crediting interest rates were 2.25% and 2.50% for 2013.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination), (2) termination of the contract or breach of a provision of the contract by the Plan, or (3) the failure of the trust to qualify for exemption from Federal income taxes or any required prohibited transaction exemption under the Employee Retirement Income Security Act of 1974 (ERISA). The Plan administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with participants, is probable.

The contract permits New York Life to terminate the contract with appropriate notice to the Plan. This termination would cause the contract to settle at an amount different from contract value. At December 31, 2014 and 2013, the contract value which approximates fair value for the investment was $6,502,883 and $6,134,241, respectively.

The investment objective of the Guaranteed Interest Account is to provide a stable crediting rate consistent with preservation of principal. The account will attempt to achieve this objective by investing in a broadly diversified fixed income portfolio within New York Life Insurance Company's general account. Fixed income investments in the general account are managed by New York Life Investments' Fixed Income Investors Group. The New York Life general account is invested primarily in a conservative array of securities and cash-equivalent investments in accordance with the investment restrictions of New York Insurance Law. The primary objective of the general account is to ensure that New York life can meet its obligations to policyholders. There are no unfunded commitments related to the contract.

Financial assets and liabilities measured at fair value on a recurring basis as of December 31, 2014 and 2013 are summarized in the following table by the type of inputs applicable to the fair value measurements.

NOTE 6. FAIR VALUE MEASUREMENTS (CONTINUED)

	2014			
Description	Investments Fair Value	Quoted Price Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds:				
Equity focused funds	$ 17,958,470	$ 17,958,470	$ -	$ -
Fixed-income focused funds	3,523,337	3,523,337	-	-
Blended fund	3,301,231	3,301,231	-	-
Lifestyle funds	35,957,734	35,957,734	-	-
Group annuity contract	6,502,883	-	-	6,502,883
Common collective trust funds	11,547,841	-	11,547,841	-
Total investments	$ 78,791,496	$ 60,740,772	$ 11,547,841	$ 6,502,883

	2013			
Description	Investments Fair Value	Quoted Price Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds:				
Equity focused funds	$ 15,275,593	$ 15,275,593	$ -	$ -
Fixed-income focused funds	2,904,434	2,904,434	-	-
Blended fund	2,524,118	2,524,118	-	-
Lifestyle funds	33,940,731	33,940,731	-	-
Group annuity contract	6,134,241	-	-	6,134,241
Common collective trust funds	11,691,162	-	11,691,162	-
Total investments	$ 72,470,279	$ 54,644,876	$ 11,691,162	$ 6,134,241

NOTE 6. FAIR VALUE MEASUREMENTS (CONTINUED)

Changes in Fair Value Measurements:

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. The Plan evaluates the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits.

The table below sets forth a summary of changes in the fair value of the Plan's investments valued using Level 3 inputs for year ended December 31, 2014 and 2013, respectively.

Beginning balance as of January 1, 2014	$ 6,134,241
Purchases, sales, issuances, net	368,642
Balance as of December 31, 2014	$ 6,502,883
Beginning balance as of January 1, 2013	$ 5,918,382
Purchases, sales, issuances, net	215,859
Balance as of December 31, 2013	$ 6,134,241

There are no net gains and losses attributable to the Level 3 investments at December 31, 2014 and 2013, respectively.

The following summarizes the investments measured at fair value based on NAV per share as of December 31, 2014 and 2013, respectively:

	Fair Value		Unfunded	Redemption	Redemption Notice
	2014	2013	Commitments	Frequency	Period
Common collective trusts	$ 11,547,841	$ 11,691,162	N/A	Daily	1 Day

NOTE 7. MERGER

Effective July 3, 2014, the Sheet Metal Workers International Association Local 29 401(k) Plan merged with the Plan. As a result, the net assets of the Sheet Metal Workers International Association Local 29 401(k) Plan totaling $4,256,947 were transferred to the Plan.

NOTE 8. PLAN TERMINATION

Although it has not expressed any intent to do so, the Board of Trustees has the right to terminate the Plan subject to the provisions of ERISA. In the event that the Board of Trustees terminates the Plan, participants will receive their account in the Plan as it exists on the date the Plan is terminating.

NOTE 9. SUBSEQUENT EVENTS

Subsequent events have been evaluated through September 22, 2015, which is the date the financial statements were available to be issued. This review and evaluation revealed no new material event or transaction which would require an additional adjustment to or disclosure in the accompanying financial statements.

REQUIRED SUPPLEMENTAL SCHEDULES

SHEET METAL WORKERS' NATIONAL SUPPLEMENTAL SAVINGS PLAN

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2014

FORM 5500, SCHEDULE H, LINE 4i

E.I.N. 31-1674110
Plan No. 007

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES (MUTUAL FUNDS)			
	American EuroPacific Growth R3	Mutual Funds	**	$ 2,435,033
	Blackrock Global Alloc Fund A	Mutual Funds	**	3,301,231
	Dreyfus Strategic Value Fund A	Mutual Funds	**	4,736,975
	JP Morgan Govt Bond Fund A	Mutual Funds	**	535,480
	Lazard Emerging Markets Inst	Mutual Funds	**	639,011
	MainStay High Yield Corp Bd A	Mutual Funds	**	1,178,781
	Mainstay Large Cap Growth Fd A	Mutual Funds	**	4,785,206
	MainStay Retirement 2010 Fd A	Mutual Funds	**	4,126,194
	MainStay Retirement 2020 Fd A	Mutual Funds	**	10,651,228
	MainStay Retirement 2030 Fd A	Mutual Funds	**	11,089,203
	MainStay Retirement 2040 Fd A	Mutual Funds	**	7,144,316
	MainStay Retirement 2050 Fd A	Mutual Funds	**	2,946,793
	MainStay S&P 500 Index Fund 1	Mutual Funds	**	4,027,438
	Nuveen Real Estate Sec A	Mutual Funds	**	1,334,807
	Oppenheimer Intl Bond Fund (A)	Mutual Funds	**	208,947
	Western Asset Core Bond Prt Fl	Mutual Funds	**	1,600,129
				60,740,772
	VALUE OF INTEREST IN GROUP ANNUITY CONTRACT			
	NYL Guaranteed Interest Account Nonparticipant-directed amount of $282,938	Group Annuity Contract	**	6,502,883
	VALUE OF INTEREST IN COMMON COLLECTIVE TRUST FUNDS			
	SSgA Midcap Index SL Series H	Collective Funds	**	4,544,429
	SSgA Russell 2000 Index SL H	Collective Funds	**	7,003,412
				11,547,841
	Total Assets Held for Investment Purposes			$ 78,791,496

** The column (d) cost information is not required to be disclosed when reporting investments of an individual account plan that a participant or beneficiary directed with respect to assets allocated to his or her respective accounts.

Sheet Metal Workers' National Supplemental Savings Plan

Schedule of Delinquent Participant Contributions

December 31, 2014

E.I.N. 31-1674110
Form 5500, Schedule H, Line 4a — Plan No. 007

Participants contributions transferred late to Plan		Total that constitute nonexempt prohibited transactions			Total fully corrected under VFCP and PTE 2002-51
Check here if late participant loan repayments are included	Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP		
$ 197,840	$ -	$ 197,840	$ -		N/A

SHEET METAL WORKERS' NATIONAL SUPPLEMENTAL SAVINGS PLAN

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2014

FORM 5500, SCHEDULE H, LINE 4i

E.I.N. 31-1674110
Plan No. 007

(a)	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES (MUTUAL FUNDS)			
	American EuroPacific Growth R3	Mutual Funds	**	$ 2,435,033
	Blackrock Global Alloc Fund A	Mutual Funds	**	3,301,231
	Dreyfus Strategic Value Fund A	Mutual Funds	**	4,736,975
	JP Morgan Govt Bond Fund A	Mutual Funds	**	535,480
	Lazard Emerging Markets Inst	Mutual Funds	**	639,011
	MainStay High Yield Corp Bd A	Mutual Funds	**	1,178,781
	Mainstay Large Cap Growth Fd A	Mutual Funds	**	4,785,206
	MainStay Retirement 2010 Fd A	Mutual Funds	**	4,126,194
	MainStay Retirement 2020 Fd A	Mutual Funds	**	10,651,228
	MainStay Retirement 2030 Fd A	Mutual Funds	**	11,089,203
	MainStay Retirement 2040 Fd A	Mutual Funds	**	7,144,316
	MainStay Retirement 2050 Fd A	Mutual Funds	**	2,946,793
	MainStay S&P 500 Index Fund 1	Mutual Funds	**	4,027,438
	Nuveen Real Estate Sec A	Mutual Funds	**	1,334,807
	Oppenheimer Intl Bond Fund (A)	Mutual Funds	**	208,947
	Western Asset Core Bond Prt Fl	Mutual Funds	**	1,600,129
				60,740,772
	VALUE OF INTEREST IN GROUP ANNUITY CONTRACT			
	NYL Guaranteed Interest Account Nonparticipant-directed amount of $282,938	Group Annuity Contract	**	6,502,883
	VALUE OF INTEREST IN COMMON COLLECTIVE TRUST FUNDS			
	SSgA Midcap Index SL Series H	Collective Funds	**	4,544,429
	SSgA Russell 2000 Index SL H	Collective Funds	**	7,003,412
				11,547,841
	Total Assets Held for Investment Purposes			$ 78,791,496

** The column (d) cost information is not required to be disclosed when reporting investments of an individual account plan that a participant or beneficiary directed with respect to assets allocated to his or her respective accounts.

Sheet Metal Workers' National Supplemental Savings Plan

Schedule of Delinquent Participant Contributions

December 31, 2014

E.I.N. 31-1674110
Form 5500, Schedule H, Line 4a — Plan No. 007

Participants contributions transferred late to Plan		Total that constitute nonexempt prohibited transactions			Total fully corrected under VFCP and PTE 2002-51
Check here if late participant loan repayments are included	Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP		
$ 197,840	$ -	$ 197,840	$ -		N/A

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:
- [X] a multiemployer plan;
- [ ] a single-employer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the forms instr.); or
- [ ] a DFE (specify) _____

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

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

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
SHEET METAL WORKERS NATIONAL SUPPLEMENTAL SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 007

1c Effective date of plan 10/01/1999

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

BD TTEES SHEET METAL WORKERS NATIONAL SUPPLEMENTAL

8403 ARLINGTON BLVD., SUITE 300

FAIRFAX VA 22031

2b Employer Identification Number (EIN) 31-1674110

2c Plan Sponsor's telephone number 703-739-7000

2d Business code (see instructions) 238100

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	K Colombo	10/13/15	Kenneth Colombo
	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)

CALIBRE CPA GROUP PLLC
7501 WISCONSIN AVENUE, SUITE 1200 WEST
BETHESDA MD 20814

Preparer's telephone number (optional) 202-331-9880

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: **a** Sponsor's name	**4b** EIN **4c** PN

5 Total number of participants at the beginning of the plan year	**5**	6,372
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)**	
a(2) Total number of active participants at the end of the plan year	**6a(2)**	6,578
b Retired or separated participants receiving benefits	**6b**	
c Other retired or separated participants entitled to future benefits	**6c**	
d Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	6,578
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	
f Total. Add lines **6d** and **6e**	**6f**	6,578
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	6,578
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	206

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

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) [ ] 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	**b General Schedules**
(1) [ ] **R** (Retirement Plan Information)	(1) [X] **H** (Financial Information)
(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) [ ] **I** (Financial Information - Small Plan) (3) [X] 1 **A** (Insurance Information) (4) [X] **C** (Service Provider Information)
(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5) [ ] **D** (DFE/Participating Plan Information) (6) [ ] **G** (Financial Transaction Schedules)