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
COVERT MANUFACTURING, INC. EMPLOYEES 401K PROFIT SHARING PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 10/01/1988

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

P.O. BOX 608
GALION, OH 44833

328 SOUTH EAST STREET
GALION, OH 44833

2b Employer Identification Number (EIN)
34-1059703

2c Plan Sponsor's telephone number
419-468-1761

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	TERI WILLIAMS
	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**	281
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)**	233
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	245
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	35
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	280
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	280
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	267
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	19
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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)** [ ] **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
COVERT MANUFACTURING, INC. EMPLOYEES 401K PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
34-1059703

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

NATIONWIDE 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
31-4156830	66869	335-80079	51	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

(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	1728113
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	1588134
c	Additions: (1) Contributions deposited during the year	7c(1)	89451		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	35963		
	(4) Transferred from separate account	7c(4)	90399		
	(5) Other (specify below)	7c(5)	17626		
	▶ LOAN REPAYMENT - PRINCIPAL				
	(6) Total additions			7c(6)	233439
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	1821573
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	74908		
	(2) Administration charge made by carrier	7e(2)	1533		
	(3) Transferred to separate account	7e(3)	10488		
	(4) Other (specify below)	7e(4)	6531		
	▶ LOAN WITHDRAWAL				
	(5) Total deductions			7e(5)	93460
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1728113

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
COVERT MANUFACTURING, INC. EMPLOYEES 401K PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
34-1059703

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

MGO SECURITIES CORP
24400 CHAGRIN BLVD
BEACHWOOD, OH 44122

(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)

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 26 49 59 60 63 64 99	CUSTODIAN/RECORD KEEPER	19212	Yes [X] No [ ]	Yes [X] No [ ]	6573	Yes [ ] No [X]

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

MOSKAL GROSS ORCHOSKY INC

24400 CHAGRIN BLVD
SUITE 310
BEACHWOOD, OH 44122

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16 17 37	TPA	14746	Yes [X] No [ ]	Yes [X] No [ ]	12328	Yes [ ] No [X]

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

MGO INVESTMENT ADVISORS

24400 CHAGRIN BLVD
SUITE 310
BEACHWOOD, OH 44122

(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?
26 27 28 31 38	INVESTMENT ADVISOR	13146	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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
NATIONWIDE	26 64 49	6574

(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.
MGO INVESTMENT ADVISORS 24400 CHAGRIN BLVD SUITE 310 BEACHWOOD, OH 44122	ADVISORY/ SERVICE PROVIDER

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MOSKAL GROSS ORCHOSKY	26 49 64	12328

(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.
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	ADVISORY/ SERVICE PROVIDER ADMINISTRATIVE 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.

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 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
COVERT MANUFACTURING, INC. EMPLOYEES 401K PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
34-1059703

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)	4501	2663
(2) Participant contributions	1b(2)	7413	7275
(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)	246599	328640
(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)	6087797	6360140
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1588133	1728113
(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	7934443	8426831
	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	7934443	8426831

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)	190253	
	(B) Participants	2a(1)(B)	591580	
	(C) Others (including rollovers)	2a(1)(C)	1690	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		783523
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)	9498	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		9498
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		397984
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1191005
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	650922	
(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)		650922
f Corrective distributions (see instructions)	2f		18434
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)	16115	
(3) Investment advisory and management fees	2i(3)	13146	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		29261
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		698617
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		492388
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: RIESTER LUMP & BURTON CPAS INC. **(2)** EIN: 34-1323620

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
COVERT MANUFACTURING, INC. EMPLOYEES 401K PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
34-1059703

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**

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): 31-4156830

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

COVERT MANUFACTURING, INC.
EMPLOYEES' 401(K) PROFIT SHARING PLAN AND TRUST

FINANCIAL STATEMENTS

DECEMBER 31, 2014

TABLE OF CONTENTS

INDEPENDENT AUDITORS' REPORT

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

NOTES TO FINANCIAL STATEMENTS

SUPPLEMENTAL SCHEDULES:

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

RIESTER, LUMP & BURTON CPA'S, INC.

John R. Lump, CPA
Bradley L. Hostetler, CPA
Helen K. Brown, CPA
Brian S. Nikolaus, CPA

1600 Lexington Avenue ▪ Mansfield, Ohio 44907
Telephone: 419-756-3400 ▪ Fax: 419-756-7198
www.rlbcpa.com

Thomas N. Riester, CPA
Retired

Robert A. Burton, CPA
1950-1998

INDEPENDENT AUDITORS' REPORT

October 12, 2015

To the Trustees
Covert Manufacturing, Inc.
Employees' 401(k) Profit Sharing Plan
P.O. Box 608
328 South East Street
Galion, Ohio 44833-0608

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the **Covert Manufacturing, Inc. Employees' 401(k) Profit Sharing Plan and Trust,** which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013 and the related statement of changes in net assets available for benefits for the for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan 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 audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing

procedures with respect to the information summarized in Note I, which was certified by Nationwide Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2014 and 2013, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of Assets Held for Investments as of or for the year ended December 31, 2014, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

Riester, Lump & Burton CPA's, Inc.

Riester, Lump & Burton CPAs, Inc.

Mansfield, Ohio

COVERT MANUFACTURING, INC.
EMPLOYEES' 401(K) PROFIT SHARING PLAN AND TRUST

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2014 AND 2013

	2014	2013
Assets		
Investments (at Fair Value):		
Investment in Mutual Funds	$ 6,360,140	$ 6,087,797
Investment in Unallocated Insurance Contracts	1,728,113	1,588,133
Total Investments	8,088,253	7,675,930
Receivables:		
Employer Contributions	2,663	4,501
Employee Contributions	7,275	7,413
Notes Receivable from Participants	328,640	246,599
Total Receivables	338,578	258,513
Total Assets	8,426,831	7,934,443
Liabilities	0	0
Net Assets Available for Benefits	**$ 8,426,831**	**$ 7,934,443**

The Accompanying Notes are an Integral Part of These Financial Statements.

COVERT MANUFACTURING, INC.
EMPLOYEES' 401(K) PROFIT SHARING PLAN AND TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2014

Additions to Net Assets Attributable to:		
Investment Income:		
Net Appreciation in Fair Value of Investments	$	397,984
Interest Income on Notes Receivable from Participants		9,498
Contributions:		
Participants		593,270
Employer		190,253
Total Contributions		783,523
Total Additions		1,191,005
Deductions From Net Assets Attributed to:		
Benefits Paid to Participants		650,922
Corrective Distributions		18,434
Administrative Expenses		29,261
Total Deductions		698,617
Net Increase		492,388
Net Assets Available for Benefits:		
Beginning of Year		7,934,443
End of Year	**$**	**8,426,831**

The Accompanying Notes are an Integral Part of These Financial Statements.

COVERT MANUFACTURING, INC.
EMPLOYEES' 401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2014

NOTE A. DESCRIPTION OF PLAN

The following description of the **Covert Manufacturing, Inc. ("Company") Employees' 401(K) Profit Sharing Plan and Trust ("Plan")** provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. **General.** The Plan is a defined contribution plan covering all full-time employees of the Company who have completed one year of service and are age nineteen or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

2. **Contributions.** Each year, participants may contribute a percentage of their pretax annual compensation, as defined in the Plan, not to exceed the limits of Code Section 401(k). Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan as described below. The Company contributes 50% of employee contributions up to 4% (2% employer contribution). The Company contribution is invested into the same investments as the participants' contributions. Contributions are subject to certain limitations. The company matching contributions are funded on a weekly basis.

3. **Participant Accounts.** Each participant's account is credited with the participant's contribution and allocations of Company contributions and Plan earnings. Participant accounts are charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

4. **Vesting.** Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company contributions portion of their accounts plus earnings thereon is based on years of service. A participant is 100 percent vested after five years of credited service.

NOTE A. DESCRIPTION OF PLAN (continued)

5. **Investment Options.** Participants may direct their contributions into various investments offered by the plan or the participant may elect to have their plan investment professionally managed. Participants may change their investment options once daily.

6. **Forfeited Accounts.** At December 31, 2014, forfeited nonvested accounts totaled $7,850. These amounts will be used to reduce employer contributions in future years.

7. **Notes Receivable from Participants.** Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000 or 50 percent of their account balance, whichever is less. Loan transactions are treated as a transfer to (from) the investment fund from (to) the Participant Loan fund. Loan terms may not exceed 5 years except in certain situations in which the Participant or Beneficiary uses the loan to acquire a dwelling unit, in which cases the term may be longer at the discretion of the Plan Committee. The loans are secured by that portion of the Participant's accounts which the Plan Committee determines to be necessary. The loans bear interest at a rate determined daily by the Plan Trustee. Loan repayments (principal and interest) are amortized in level payments not less frequently than monthly and are made through payroll deduction.

8. **Payment of Benefits.** On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or in installments over a period not to exceed the assumed life expectancy of the participant. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Participants may request an in-service distribution of their account balance to satisfy a financial hardship. Participants age 59 ½ or older may also request an in-service distribution.

9. **Plan Amendment.** Effective January 1, 2014, the plan was amended to change the employer contribution from an amount per hour worked for eligible employees to a match of an eligible participant's deferral. The match percentage is to be determined by the employer on an annual basis.

NOTE B. SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

NOTE B. SUMMARY OF ACCOUNTING POLICIES (continued)

Payment of Benefits

Benefits are recorded when paid.

Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value, except for the investment contract, which is valued at contract value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis.

Notes Receivable from Participants

Participant notes receivable are valued at their unpaid principal balance at the end of the year. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document. Interest income on the notes is recorded on the accrual basis.

NOTE C. PLAN TERMINATION

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

NOTE D. INVESTMENT CONTRACT WITH INSURANCE COMPANY

The investment in unallocated insurance contracts is a guaranteed return fixed annuity contract that provides an annual interest guarantee (2.10% in 2014 and 2.70% in 2013), based on the investment yield realized on Nationwide Life Insurance Company's General Account. The contract guarantees an interest rate for the guarantee period and a minimum rate for the following guarantee period. A market value adjustment may apply if fixed contract transfer payments are in excess of 20% of the annual book value installment limit.

NOTE E. PARTICIPANT CONTRIBUTIONS

Participant contributions for the years ended December 31, 2014 and 2013 include rollover contributions of $1,690 and $23,599, respectively.

NOTE F. PARTY IN INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering services to the Plan, the employer and certain others. At December 31, 2014 and 2013, $1,728,113 and $1,588,133, respectively, of the investments of the Plan are in unallocated insurance contracts from Nationwide Life Insurance Company, a subsidiary of Nationwide Investments. Nationwide Investments is the Plan custodian and, therefore, these investments qualify as party-in-interest investments. Also at December 31, 2014 and 2013, the Plan invested in Nationwide Money Market Funds ($210,134 and $234,922, respectively) and Nationwide Government Bond Fund D ($211,475 and $171,102, respectively), which are funds managed by Nationwide.

The balance of the loans to parties in interest was $103,737 at December 31, 2014 and $0 at December 31, 2013. These loans were made in accordance with the provisions in the plan for loans applicable to all participants as described in note A.

NOTE G. TAX STATUS

The Internal Revenue Service (IRS) determined and informed the Company by a letter dated September 13, 2010 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

The Plan's evaluation on December 31, 2014 revealed no tax positions that would have a material impact on the financial statements. The 2011 through 2014 tax years remain subject to examination by the IRS. The Plan does not believe that any reasonably possible changes will occur within the next twelve months that will have a material impact on the financial statements.

NOTE H. ADMINISTRATION COSTS

The employer sponsoring this Plan has chosen to absorb some of the administration costs associated with this Plan.

Participants are charged an account administrative fee. Participants electing to have their account professionally managed are charged a separate fee. These fees are shown as expenses on the statement of changes in net assets available for benefits.

NOTE I. CERTIFIED INFORMATION

The following information was certified as complete and accurate by Nationwide Life Insurance Company as of and for the years ended December 31, 2014 and 2013:

1. Investments
2. Net appreciation (depreciation) in fair value of investments
3. Participant contributions
4. Benefit payments to participants

NOTE J. INVESTMENTS

The fair market values of individual assets that represent 5 percent or more of the Plan's net assets as of December 31, 2014 and 2013 are as follows:

	2014	2013
Investments at Estimated Fair Value:		
American Funds American Balanced R5	$ 713,880	$ 595,238
Fidelity Advisor New Insights Fund A	678,012	729,581
Investment in Unallocated Insurance Contracts	1,728,109	1,588,133
Other	4,968,252	4,762,978
	$ 8,088,253	**$ 7,675,930**

During 2014, the Plan's investments (including investments bought, sold, and held during the year) appreciated in value by $397,984 as follows:

Investments at Estimated Fair Value:	
Mutual Funds	$ 362,021
Investment in Unallocated Insurance Contract	35,963
Total	**$ 397,984**

Of the above investments, investments totaling $8,080,403 and $7,667,038 are in participant directed accounts at December 31, 2014 and 2013, respectively.

NOTE K. NONPARTICIPANT-DIRECTED INVESTMENTS

Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments is as follows:

	2014	2013
Net Assets:		
Investment in Mutual Funds	$ 7,850	$ 8,892

	Year Ended December 31, 2014
Changes in Net Assets:	
Current Year Unallocated Forfeitures	$ 3,800
Loss on Investment	(49)
Transfers to Participant Directed Accounts	(4,793)
	$ (1,042)

NOTE L. FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits.

		Fair Value Measurements Using	
	Fair Value	Observable Inputs Level 2	Significant Unobservable Inputs Level 3
December 31, 2014			
Mutual Funds Held in Pooled Separate Accounts	$ 6,360,140	$ 6,360,140	$ 0
Fixed Account Contract with Insurance Company	1,728,113	0	1,728,113
Total	$ 8,088,253	$ 6,360,140	$ 1,728,113

NOTE L. FAIR VALUE MEASUREMENTS (continued)

		Fair Value Measurements Using	
	Fair Value	Observable Inputs Level 2	Significant Unobservable Inputs Level 3
December 31, 2013			
Mutual Funds Held in Pooled Separate Accounts	$ 6,087,797	$ 6,087,797	$ 0
Fixed Account Contract with Insurance Company	1,588,133	0	1,588,133
Total	**$ 7,675,930**	**$ 6,087,797**	**$ 1,588,133**

FASB ASC 820, Fair Value Measurements and Disclosures, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs were used to value Plan assets that had observable inputs other than Level 1 inputs, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 2 Fair Value Measurements

The mutual fund investments held in the pooled separate account are valued at their "unit value" (UV). The separate account is valued daily as the number of units held multiplied by the UV. The UV is first established when a new fund starts (typically the beginning UV is $1.00) and is then determined daily based on the net asset value of shares of the underlying fund, the fund's dividends and the contract's separate account charges. Since the UV is determined based on a combination of the fund NAV and the separate account charges, the level 2 classification is used.

NOTE L. FAIR VALUE MEASUREMENTS (continued)

Level 3 Fair Value Measurements

The fixed account contract with an insurance company is not actively traded and significant other observable inputs are not available. Thus, the fair value of the fixed account contract is determined by discounting the related cash flows based on current yields of similar instruments with comparable durations. The following table provides further details of the Level 3 fair value measurements.

December 31, 2014	**Fixed Account Contract**
Beginning Balance	$ 1,588,133
Total Gains or Losses (Realized and Unrealized) Included in Changes in Net Assets Available For Benefits	0
Purchases, Sales, Issuances, and Settlements, Net	139,980
Total Change in Market Value Adjustment Included on Statement of Net Assets Available For Benefits	0
Ending Balance	**$ 1,728,113**

December 31, 2013	**Fixed Account Contract**
Beginning Balance	$ 1,304,410
Total Gains or Losses (Realized and Unrealized) Included in Changes in Net Assets Available For Benefits	0
Purchases, Sales, Issuances, and Settlements, Net	283,723
Total Change in Market Value Adjustment Included on Statement of Net Assets Available For Benefits	0
Ending Balance	**$ 1,588,133**

NOTE L. FAIR VALUE MEASUREMENTS (continued)

Level 3 Fair Value Measurements (continued)

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2014 are reported in net appreciation in fair value of investments.

NOTE M. NET ASSETS AVAILABLE FOR BENEFITS

Net assets available for benefits at December 31, 2014 and 2013 include $467,758 and $375,254, respectively, allocated to the accounts of participants who terminated employment with Covert Manufacturing, Inc. prior to that date. The balances are payable to the former participants on demand.

NOTE N. RISKS AND UNCERTAINTIES

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

NOTE O. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 12, 2015, the date the financial statements were available to be issued.

COVERT MANUFACTURING, INC.
EMPLOYEES' 401(K) PROFIT SHARING PLAN AND TRUST
FEI # 34-1059703, PLAN 002

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

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
	AllianceBern Global Real Estate Investment Fund K	Mutual Fund	√	19,042
	Allianz GI NFJ International Value A	Mutual Fund	√	79,010
	Allianz GI Technology Fund A	Mutual Fund	√	84,042
	American Century Short Duration Inflation Protection Bond Fund A	Mutual Fund	√	106
	American Funds American Balanced R5	Mutual Fund	√	713,880
	American Funds American Balanced R3	Mutual Fund	√	3,534
	American Funds American Balanced R6	Mutual Fund	√	14,944
	American Funds Capital Income Builder Fund R6	Mutual Fund	√	26,746
	American Funds Capital World Bond Fund R3	Mutual Fund	√	155
	American Funds EuroPacific Growth Fund R5	Mutual Fund	√	77,854
	American Funds EuroPacific Growth Fund R3	Mutual Fund	√	213
	American Funds EuroPacific Growth Fund R6	Mutual Fund	√	245
	American Funds Growth Fund of America R3	Mutual Fund	√	54,291
	American Funds Income Fund of America R3	Mutual Fund	√	14

COVERT MANUFACTURING, INC.
EMPLOYEES' 401(K) PROFIT SHARING PLAN AND TRUST
FEI # 34-1059703, PLAN 002

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

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
	American Funds Income Fund of America R5	Mutual Fund	√	15,989
	American Funds Income Fund of America R6	Mutual Fund	√	185,442
	American Funds New World R6 Fund	Mutual Fund	√	19,967
	American Funds Washington Mutual Investors Fund R3	Mutual Fund	√	54,732
	American Funds Washington Mutual Investors Fund R6	Mutual Fund	√	141,122
	Blackrock Health Sciences Opportunity Fund A	Mutual Fund	√	70,861
*	Best of America Fixed Rate Account	Unallocated Insurance Contract	√	1,728,113
	Columbia Global Dividend Opportunity Fund A	Mutual Fund	√	73,541
	Columbia Seligman Global Technology Fund A	Mutual Fund	√	155
	DFA Emerging Markets Fund I	Mutual Fund	√	13,367
	DFA Global Real Estate Securities Fund	Mutual Fund	√	15,775
	Delaware Limited-Term Diversified Income Fund	Mutual Fund	√	181
	Diamond Hill Small Cap Fund A	Mutual Fund	√	64,136
	Eaton Vance Floating Rate Fund A	Mutual Fund	√	33,881

COVERT MANUFACTURING, INC.
EMPLOYEES' 401(K) PROFIT SHARING PLAN AND TRUST
FEI # 34-1059703, PLAN 002

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

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
	Eaton Vance Government Obligations Fund A	Mutual Fund	√	19,960
	Federated Strategic Income Fund A	Mutual Fund	√	60,574
	Fidelity Advisor New Insights Fund A	Mutual Fund	√	678,012
	Franklin Small Cap Growth Fund A	Mutual Fund	√	44,373
	Franklin Small-Mid Cap Growth Fund A	Mutual Fund	√	144,451
	Franklin Utilities Adv Fund	Mutual Fund	√	51,599
	Franklin Templeton Global Bond Adv Fund	Mutual Fund	√	148
	Franklin Templeton Global Bond Fund A	Mutual Fund	√	25,028
	Goldman Sachs Strategic Income Fund A	Mutual Fund	√	29,080
	Guggenheim Long Short Equity Fund H	Mutual Fund	√	23
	Invesco Equity and Income Fund A	Mutual Fund	√	649
	Invesco Growth and Income Fund A	Mutual Fund	√	85,989
	Invesco Small Cap Discovery Fund A	Mutual Fund	√	91
	Invesco Dividend Income Fund A	Mutual Fund	√	26,223
	Invesco Small Cap Growth Fund A	Mutual Fund	√	346,919
	Janus Adv Forty Fund S	Mutual Fund	√	2,368
	Janus Perkins Mid Cap Value Fund S	Mutual Fund	√	176
	JPMorgan Small Cap Value Fund A	Mutual Fund	√	44,572

COVERT MANUFACTURING, INC.
EMPLOYEES' 401(K) PROFIT SHARING PLAN AND TRUST
FEI # 34-1059703, PLAN 002

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

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
	Legg Mason ClearBridge Small Cap Growth Fund A	Mutual Fund	√	168
	MFS High Yield Opportunities Fund A	Mutual Fund	√	6,529
	Metro West Total Return Bond Fund I	Mutual Fund	√	189
	Natixis Gateway Fund A	Mutual Fund	√	76,093
	Neuberger Berman Genesis Trust	Mutual Fund	√	363,145
*	Nationwide Government Bond Fund D	Mutual Fund	√	211,475
*	Nationwide Money Market Fund IC	Mutual Fund	√	210,130
	Oppenheimer Developing Markets Fund A	Mutual Fund	√	14,652
	Oppenheimer International Bond Fund A	Mutual Fund	√	35,890
	Oppenheimer Global Fund A	Mutual Fund	√	358,092
	Oppenheimer Gold and Special Minerals Fund A	Mutual Fund	√	71,086
	Oppenheimer Senior Floating Rate Fund A	Mutual Fund	√	31,580
	Oppenheimer Steelpath MLP Income Fund A	Mutual Fund	√	15,949
	Parnassus Equity Investor Fund	Mutual Fund	√	1,430
	Pimco All Asset Fund A	Mutual Fund	√	99,891
	Pimco Commodity Real Return Strategy Fund A	Mutual Fund	√	16,632
	Pimco Fundamental Index Plus AR Fund	Mutual Fund	√	16,261

COVERT MANUFACTURING, INC.
EMPLOYEES' 401(K) PROFIT SHARING PLAN AND TRUST
FEI # 34-1059703, PLAN 002

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

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
	Pimco Income Fund A	Mutual Fund	√	40,307
	Pimco Investment Grade Corporate Bond Fund	Mutual Fund	√	193
	Pimco Low Duration Fund A	Mutual Fund	√	464
	Pimco Real Return Fund A	Mutual Fund	√	17,997
	Pimco Real Return Institutional Fund	Mutual Fund	√	110
	Pimco Total Return Fund A	Mutual Fund	√	147,647
	Pioneer Bond Fund A	Mutual Fund	√	54,759
	Pioneer Emerging Markets Fund A	Mutual Fund	√	13
	Pioneer Select Mid Cap Growth Fund A	Mutual Fund	√	13,756
	Prudential Financial Services Fund A	Mutual Fund	√	116
	Prudential Jennison Mid Cap Growth Fund A	Mutual Fund	√	154,311
	Prudential Jennison Natural Resources Fund A	Mutual Fund	√	29
	Royce Total Return Investment Fund	Mutual Fund	√	297
	T Rowe Price Mid Cap Value Fund R	Mutual Fund	√	299,098
	Vanguard Equity Income Investor Fund	Mutual Fund	√	38,397
	Victory Fund for Income Fund A	Mutual Fund	√	176,879
	WFA Adjustable Rate Government Fund	Mutual Fund	√	4,293
	WFA Discovery Investor Fund	Mutual Fund	√	66,629
	WFA Special Mid Cap Value Fund	Mutual Fund	√	79,469

COVERT MANUFACTURING, INC.
EMPLOYEES' 401(K) PROFIT SHARING PLAN AND TRUST
FEI # 34-1059703, PLAN 002

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

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
	Wilmington Trust Equity 500 Index Fund 46	Collective Investment Fund	√	333,199
	WR Ivy Real Estate Securities Fund	Mutual Fund	√	57,458
	WR Ivy High Income Fund	Mutual Fund	√	22,067
	Participant Loans	Interest Rate - 4.25%	0	328,640

* - Party in Interest

√ Historical cost not required on the schedule of assets held for investment purposes at end of year for participant directed investments.

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
- ☒ 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:
- ☒ Form 5558;
- ☐ automatic extension;
- ☐ the DFVC program;
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
COVERT MANUFACTURING, INC. EMPLOYEES 401K
PROFIT SHARING PLAN and TRUST

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 10/01/1988

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

P.O. BOX 608

GALION OH 44833
328 SOUTH EAST STREET

GALION OH 44833

2b Employer Identification Number (EIN) 34-1059703

2c Plan Sponsor's telephone number (419) 468-1761

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	Teri A. Williams Trustee	10/13/15	Teri Williams
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Teri Williams Trustee	10/13/15	Teri Williams
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	(419) 468-1761
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**	281
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)**	233
a(2) Total number of active participants at the end of the plan year	**6a(2)**	245
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	35
d Subtotal. Add lines **6a(2), 6b,** and **6c.**	**6d**	280
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e.**	**6f**	280
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	267
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	19
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2T

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	☒ Insurance	**(1)**	☒ Insurance
(2)	☐ Code section 412(e)(3) insurance contracts	**(2)**	☐ Code section 412(e)(3) insurance contracts
(3)	☒ Trust	**(3)**	☒ 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)** ☒ **H** (Financial Information)
- **(2)** ☐ **I** (Financial Information – Small Plan)
- **(3)** ☒ 1 **A** (Insurance Information)
- **(4)** ☒ **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

COVERT MANUFACTURING, INC. EMPLOYEES 401K PROFIT SHARING PLAN and

B Three-digit plan number (PN) ▶ 002

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

COVERT MANUFACTURING, INC.

D Employer Identification Number (EIN)

34-1059703

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

NATIONWIDE 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	Policy or contract year (g) To
31-4156830	66869	335-80079	51	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 (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code

(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 (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code

(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	1,728,113
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. Specify nature of costs ▶	6d	

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	1,588,134
c	Additions: (1) Contributions deposited during the year	7c(1)	89,451		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	35,963		
	(4) Transferred from separate account	7c(4)	90,399		
	(5) Other (specify below)	7c(5)	17,626		
	▶Loan Repayment - Principal				
	(6) Total additions			7c(6)	233,439
d	Total of balance and additions (add lines 7b and 7c(6))			7d	1,821,573
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	74,908		
	(2) Administration charge made by carrier	7e(2)	1,533		
	(3) Transferred to separate account	7e(3)	10,488		
	(4) Other (specify below)	7e(4)	6,531		
	▶Loan Withdrawal				
	(5) Total deductions			7e(5)	93,460
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7f	1,728,113

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

COVERT MANUFACTURING, INC. EMPLOYEES 401K PROFIT SHARING PLAN and

B Three-digit plan number (PN) ▶ 002

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

COVERT MANUFACTURING, INC.

D Employer Identification Number (EIN)

34-1059703

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

MGO Securities Corp

24400 Chagrin Blvd

Beachwood OH 44122

(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)

NATIONWIDE

ONE NATIONWIDE PLAZA

COLUMBUS OH 43215

(b) Service Code(s) 15 26 49 59 60 63 64 99

(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?
CUSTODIAN/RECORD KEEPER	19,212	Yes [X] No [ ]	Yes [X] No [ ]	6,573	Yes [ ] No [X]

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

MOSKAL GROSS ORCHOSKY INC

24400 Chagrin Blvd
Suite 310
Beachwood OH 44122

(b) Service Code(s) 15 16 17 37

(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?
TPA	14,746	Yes [X] No [ ]	Yes [X] No [ ]	12,328	Yes [ ] No [X]

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

MGO INVESTMENT ADVISORS

24400 Chagrin Blvd
Suite 310
Beachwood OH 44122

(b) Service Code(s) 26 27 28 31 38

(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?
Investment Advisor	13,146	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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
NATIONWIDE	26 64 49	6,574

(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.
MGO INVESTMENT ADVISORS 24400 Chagrin Blvd SUITE 310 Beachwood OH 44122	Advisory/ Service Provider

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MOSKAL GROSS ORCHOSKY	26 49 64	12,328

(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.
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS OH 43215	Advisory/ Service Provider Administrative 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.

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 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

COVERT MANUFACTURING, INC. EMPLOYEES 401K PROFIT SHARING PLAN and

B Three-digit plan number (PN) ▶ 002

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

COVERT MANUFACTURING, INC.

D Employer Identification Number (EIN)

34-1059703

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)	4,501	2,663
(2) Participant contributions	1b(2)	7,413	7,275
(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)	246,599	328,640
(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)	6,087,797	6,360,140
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1,588,133	1,728,113
(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)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	7,934,443	8,426,831
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	7,934,443	8,426,831

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)	190,253	
(B) Participants	2a(1)(B)	591,580	
(C) Others (including rollovers)	2a(1)(C)	1,690	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		783,523
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)	9,498	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		9,498
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		397,984
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1,191,005
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	650,922	
(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)		650,922
f Corrective distributions (see instructions)	2f		18,434
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)	16,115	
(3) Investment advisory and management fees	2i(3)	13,146	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		29,261
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		698,617
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		492,388
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: Riester Lump & Burton CPAs Inc. (2) EIN: 34-1323620

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		500,000
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

COVERT MANUFACTURING, INC. EMPLOYEES 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

and

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

COVERT MANUFACTURING, INC.

D Employer Identification Number (EIN)

34-1059703

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**

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): 31-4156830

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Form **5558**
(Rev. August 2012)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

▶ **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**
▶ **Information about Form 5558 and its instructions is at *www.irs.gov/form5558***

OMB No. 1545-0212

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions)
COVERT MANUFACTURING, INC.

Number, street, and room or suite no. (If a P.O. box, see instructions)
P.O. BOX 608

City or town, state, and ZIP code
GALION OH 44833

B **Filer's identifying number (see instructions)**
Employer identification number (EIN) (9 digits XX-XXXXXXX)
34-1059703

Social security number (SSN) (9 digits XXX-XX-XXXX)

C Plan name	Plan number	Plan year ending— MM	DD	YYYY
COVERT MANUFACTURING, INC. EMPLOYEES 401K PROFIT SHARING PLAN and	002	12	31	2014

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

1 ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part 1, C above.

2 I request an extension of time until 10 / 15 / 2015 to file Form 5500 series (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.

3 I request an extension of time until / / to file Form 8955-SSA (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application **is automatically approved** to the date shown on line 2 and/or line 3 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and **(b)** the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date.

Part III Extension of Time To File Form 5330 *(see instructions)*

4 I request an extension of time until / / to file Form 5330.
You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax . . . . . ▶ **a**

b Enter the payment amount attached . . . . . ▶ **b**

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . ▶ **c**

5 **State in detail why you need the extension:**
AN EXTENSION OF TIME IS REQUESTED BECAUSE CERTAIN INFORMATION IS NOT CURRENTLY AVAILABLE TO COMPLETE THE VALUATION NECESSARY FOR THE COMPLETION OF SUCH FORMS.

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ▶ **Date ▶**

COVERT MANUFACTURING, INC.
EMPLOYEES' 401(K) PROFIT SHARING PLAN AND TRUST

FINANCIAL STATEMENTS

DECEMBER 31, 2014

TABLE OF CONTENTS

INDEPENDENT AUDITORS' REPORT

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

NOTES TO FINANCIAL STATEMENTS

SUPPLEMENTAL SCHEDULES:

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

RIESTER, LUMP & BURTON CPA'S, INC.

John R. Lump, CPA
Bradley L. Hostetler, CPA
Helen K. Brown, CPA
Brian S. Nikolaus, CPA

1600 Lexington Avenue ▪ Mansfield, Ohio 44907
Telephone: 419-756-3400 ▪ Fax: 419-756-7198
www.rlbcpa.com

Thomas N. Riester, CPA
Retired

Robert A. Burton, CPA
1950-1998

INDEPENDENT AUDITORS' REPORT

October 12, 2015

To the Trustees
Covert Manufacturing, Inc.
Employees' 401(k) Profit Sharing Plan
P.O. Box 608
328 South East Street
Galion, Ohio 44833-0608

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the **Covert Manufacturing, Inc. Employees' 401(k) Profit Sharing Plan and Trust,** which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013 and the related statement of changes in net assets available for benefits for the for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan 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 audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing

procedures with respect to the information summarized in Note I, which was certified by Nationwide Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2014 and 2013, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of Assets Held for Investments as of or for the year ended December 31, 2014, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

Riester, Lump & Burton CPA's, Inc.

Riester, Lump & Burton CPAs, Inc.

Mansfield, Ohio

COVERT MANUFACTURING, INC.
EMPLOYEES' 401(K) PROFIT SHARING PLAN AND TRUST

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2014 AND 2013

	2014	2013
Assets		
Investments (at Fair Value):		
Investment in Mutual Funds	$ 6,360,140	$ 6,087,797
Investment in Unallocated Insurance Contracts	1,728,113	1,588,133
Total Investments	8,088,253	7,675,930
Receivables:		
Employer Contributions	2,663	4,501
Employee Contributions	7,275	7,413
Notes Receivable from Participants	328,640	246,599
Total Receivables	338,578	258,513
Total Assets	8,426,831	7,934,443
Liabilities	0	0
Net Assets Available for Benefits	**$ 8,426,831**	**$ 7,934,443**

The Accompanying Notes are an Integral Part of These Financial Statements.

COVERT MANUFACTURING, INC.
EMPLOYEES' 401(K) PROFIT SHARING PLAN AND TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2014

Additions to Net Assets Attributable to:		
Investment Income:		
Net Appreciation in Fair Value of Investments	$	397,984
Interest Income on Notes Receivable from Participants		9,498
Contributions:		
Participants		593,270
Employer		190,253
Total Contributions		783,523
Total Additions		1,191,005
Deductions From Net Assets Attributed to:		
Benefits Paid to Participants		650,922
Corrective Distributions		18,434
Administrative Expenses		29,261
Total Deductions		698,617
Net Increase		492,388
Net Assets Available for Benefits:		
Beginning of Year		7,934,443
End of Year	**$**	**8,426,831**

The Accompanying Notes are an Integral Part of These Financial Statements.

COVERT MANUFACTURING, INC.
EMPLOYEES' 401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2014

NOTE A. DESCRIPTION OF PLAN

The following description of the **Covert Manufacturing, Inc. ("Company") Employees' 401(K) Profit Sharing Plan and Trust ("Plan")** provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. **General.** The Plan is a defined contribution plan covering all full-time employees of the Company who have completed one year of service and are age nineteen or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

2. **Contributions.** Each year, participants may contribute a percentage of their pretax annual compensation, as defined in the Plan, not to exceed the limits of Code Section 401(k). Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan as described below. The Company contributes 50% of employee contributions up to 4% (2% employer contribution). The Company contribution is invested into the same investments as the participants' contributions. Contributions are subject to certain limitations. The company matching contributions are funded on a weekly basis.

3. **Participant Accounts.** Each participant's account is credited with the participant's contribution and allocations of Company contributions and Plan earnings. Participant accounts are charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

4. **Vesting.** Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company contributions portion of their accounts plus earnings thereon is based on years of service. A participant is 100 percent vested after five years of credited service.

NOTE A. DESCRIPTION OF PLAN (continued)

5. **Investment Options.** Participants may direct their contributions into various investments offered by the plan or the participant may elect to have their plan investment professionally managed. Participants may change their investment options once daily.

6. **Forfeited Accounts.** At December 31, 2014, forfeited nonvested accounts totaled $7,850. These amounts will be used to reduce employer contributions in future years.

7. **Notes Receivable from Participants.** Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000 or 50 percent of their account balance, whichever is less. Loan transactions are treated as a transfer to (from) the investment fund from (to) the Participant Loan fund. Loan terms may not exceed 5 years except in certain situations in which the Participant or Beneficiary uses the loan to acquire a dwelling unit, in which cases the term may be longer at the discretion of the Plan Committee. The loans are secured by that portion of the Participant's accounts which the Plan Committee determines to be necessary. The loans bear interest at a rate determined daily by the Plan Trustee. Loan repayments (principal and interest) are amortized in level payments not less frequently than monthly and are made through payroll deduction.

8. **Payment of Benefits.** On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or in installments over a period not to exceed the assumed life expectancy of the participant. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Participants may request an in-service distribution of their account balance to satisfy a financial hardship. Participants age 59 ½ or older may also request an in-service distribution.

9. **Plan Amendment.** Effective January 1, 2014, the plan was amended to change the employer contribution from an amount per hour worked for eligible employees to a match of an eligible participant's deferral. The match percentage is to be determined by the employer on an annual basis.

NOTE B. SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

NOTE B. SUMMARY OF ACCOUNTING POLICIES (continued)

Payment of Benefits

Benefits are recorded when paid.

Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value, except for the investment contract, which is valued at contract value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis.

Notes Receivable from Participants

Participant notes receivable are valued at their unpaid principal balance at the end of the year. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document. Interest income on the notes is recorded on the accrual basis.

NOTE C. PLAN TERMINATION

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

NOTE D. INVESTMENT CONTRACT WITH INSURANCE COMPANY

The investment in unallocated insurance contracts is a guaranteed return fixed annuity contract that provides an annual interest guarantee (2.10% in 2014 and 2.70% in 2013), based on the investment yield realized on Nationwide Life Insurance Company's General Account. The contract guarantees an interest rate for the guarantee period and a minimum rate for the following guarantee period. A market value adjustment may apply if fixed contract transfer payments are in excess of 20% of the annual book value installment limit.

NOTE E. PARTICIPANT CONTRIBUTIONS

Participant contributions for the years ended December 31, 2014 and 2013 include rollover contributions of $1,690 and $23,599, respectively.

NOTE F. PARTY IN INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering services to the Plan, the employer and certain others. At December 31, 2014 and 2013, $1,728,113 and $1,588,133, respectively, of the investments of the Plan are in unallocated insurance contracts from Nationwide Life Insurance Company, a subsidiary of Nationwide Investments. Nationwide Investments is the Plan custodian and, therefore, these investments qualify as party-in-interest investments. Also at December 31, 2014 and 2013, the Plan invested in Nationwide Money Market Funds ($210,134 and $234,922, respectively) and Nationwide Government Bond Fund D ($211,475 and $171,102, respectively), which are funds managed by Nationwide.

The balance of the loans to parties in interest was $103,737 at December 31, 2014 and $0 at December 31, 2013. These loans were made in accordance with the provisions in the plan for loans applicable to all participants as described in note A.

NOTE G. TAX STATUS

The Internal Revenue Service (IRS) determined and informed the Company by a letter dated September 13, 2010 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

The Plan's evaluation on December 31, 2014 revealed no tax positions that would have a material impact on the financial statements. The 2011 through 2014 tax years remain subject to examination by the IRS. The Plan does not believe that any reasonably possible changes will occur within the next twelve months that will have a material impact on the financial statements.

NOTE H. ADMINISTRATION COSTS

The employer sponsoring this Plan has chosen to absorb some of the administration costs associated with this Plan.

Participants are charged an account administrative fee. Participants electing to have their account professionally managed are charged a separate fee. These fees are shown as expenses on the statement of changes in net assets available for benefits.

NOTE I. CERTIFIED INFORMATION

The following information was certified as complete and accurate by Nationwide Life Insurance Company as of and for the years ended December 31, 2014 and 2013:

1. Investments
2. Net appreciation (depreciation) in fair value of investments
3. Participant contributions
4. Benefit payments to participants

NOTE J. INVESTMENTS

The fair market values of individual assets that represent 5 percent or more of the Plan's net assets as of December 31, 2014 and 2013 are as follows:

	2014	2013
Investments at Estimated Fair Value:		
American Funds American Balanced R5	$ 713,880	$ 595,238
Fidelity Advisor New Insights Fund A	678,012	729,581
Investment in Unallocated Insurance Contracts	1,728,109	1,588,133
Other	4,968,252	4,762,978
	$ 8,088,253	**$ 7,675,930**

During 2014, the Plan's investments (including investments bought, sold, and held during the year) appreciated in value by $397,984 as follows:

Investments at Estimated Fair Value:	
Mutual Funds	$ 362,021
Investment in Unallocated Insurance Contract	35,963
Total	**$ 397,984**

Of the above investments, investments totaling $8,080,403 and $7,667,038 are in participant directed accounts at December 31, 2014 and 2013, respectively.

NOTE K. NONPARTICIPANT-DIRECTED INVESTMENTS

Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments is as follows:

	2014	2013
Net Assets:		
Investment in Mutual Funds	$ 7,850	$ 8,892

	Year Ended December 31, 2014
Changes in Net Assets:	
Current Year Unallocated Forfeitures	$ 3,800
Loss on Investment	(49)
Transfers to Participant Directed Accounts	(4,793)
	$ (1,042)

NOTE L. FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits.

		Fair Value Measurements Using	
	Fair Value	Observable Inputs Level 2	Significant Unobservable Inputs Level 3
December 31, 2014			
Mutual Funds Held in Pooled Separate Accounts	$ 6,360,140	$ 6,360,140	$ 0
Fixed Account Contract with Insurance Company	1,728,113	0	1,728,113
Total	$ 8,088,253	$ 6,360,140	$ 1,728,113

NOTE L. FAIR VALUE MEASUREMENTS (continued)

		Fair Value Measurements Using	
	Fair Value	Observable Inputs Level 2	Significant Unobservable Inputs Level 3
December 31, 2013			
Mutual Funds Held in Pooled Separate Accounts	$ 6,087,797	$ 6,087,797	$ 0
Fixed Account Contract with Insurance Company	1,588,133	0	1,588,133
Total	**$ 7,675,930**	**$ 6,087,797**	**$ 1,588,133**

FASB ASC 820, Fair Value Measurements and Disclosures, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs were used to value Plan assets that had observable inputs other than Level 1 inputs, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 2 Fair Value Measurements

The mutual fund investments held in the pooled separate account are valued at their "unit value" (UV). The separate account is valued daily as the number of units held multiplied by the UV. The UV is first established when a new fund starts (typically the beginning UV is $1.00) and is then determined daily based on the net asset value of shares of the underlying fund, the fund's dividends and the contract's separate account charges. Since the UV is determined based on a combination of the fund NAV and the separate account charges, the level 2 classification is used.

NOTE L. FAIR VALUE MEASUREMENTS (continued)

Level 3 Fair Value Measurements

The fixed account contract with an insurance company is not actively traded and significant other observable inputs are not available. Thus, the fair value of the fixed account contract is determined by discounting the related cash flows based on current yields of similar instruments with comparable durations. The following table provides further details of the Level 3 fair value measurements.

December 31, 2014	**Fixed Account Contract**
Beginning Balance	$ 1,588,133
Total Gains or Losses (Realized and Unrealized) Included in Changes in Net Assets Available For Benefits	0
Purchases, Sales, Issuances, and Settlements, Net	139,980
Total Change in Market Value Adjustment Included on Statement of Net Assets Available For Benefits	0
Ending Balance	**$ 1,728,113**

December 31, 2013	**Fixed Account Contract**
Beginning Balance	$ 1,304,410
Total Gains or Losses (Realized and Unrealized) Included in Changes in Net Assets Available For Benefits	0
Purchases, Sales, Issuances, and Settlements, Net	283,723
Total Change in Market Value Adjustment Included on Statement of Net Assets Available For Benefits	0
Ending Balance	**$ 1,588,133**

NOTE L. FAIR VALUE MEASUREMENTS (continued)

Level 3 Fair Value Measurements (continued)

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2014 are reported in net appreciation in fair value of investments.

NOTE M. NET ASSETS AVAILABLE FOR BENEFITS

Net assets available for benefits at December 31, 2014 and 2013 include $467,758 and $375,254, respectively, allocated to the accounts of participants who terminated employment with Covert Manufacturing, Inc. prior to that date. The balances are payable to the former participants on demand.

NOTE N. RISKS AND UNCERTAINTIES

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

NOTE O. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 12, 2015, the date the financial statements were available to be issued.

COVERT MANUFACTURING, INC.
EMPLOYEES' 401(K) PROFIT SHARING PLAN AND TRUST
FEI # 34-1059703, PLAN 002

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

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
	AllianceBern Global Real Estate Investment Fund K	Mutual Fund	√	19,042
	Allianz GI NFJ International Value A	Mutual Fund	√	79,010
	Allianz GI Technology Fund A	Mutual Fund	√	84,042
	American Century Short Duration Inflation Protection Bond Fund A	Mutual Fund	√	106
	American Funds American Balanced R5	Mutual Fund	√	713,880
	American Funds American Balanced R3	Mutual Fund	√	3,534
	American Funds American Balanced R6	Mutual Fund	√	14,944
	American Funds Capital Income Builder Fund R6	Mutual Fund	√	26,746
	American Funds Capital World Bond Fund R3	Mutual Fund	√	155
	American Funds EuroPacific Growth Fund R5	Mutual Fund	√	77,854
	American Funds EuroPacific Growth Fund R3	Mutual Fund	√	213
	American Funds EuroPacific Growth Fund R6	Mutual Fund	√	245
	American Funds Growth Fund of America R3	Mutual Fund	√	54,291
	American Funds Income Fund of America R3	Mutual Fund	√	14

COVERT MANUFACTURING, INC.
EMPLOYEES' 401(K) PROFIT SHARING PLAN AND TRUST
FEI # 34-1059703, PLAN 002

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

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
	American Funds Income Fund of America R5	Mutual Fund	√	15,989
	American Funds Income Fund of America R6	Mutual Fund	√	185,442
	American Funds New World R6 Fund	Mutual Fund	√	19,967
	American Funds Washington Mutual Investors Fund R3	Mutual Fund	√	54,732
	American Funds Washington Mutual Investors Fund R6	Mutual Fund	√	141,122
	Blackrock Health Sciences Opportunity Fund A	Mutual Fund	√	70,861
*	Best of America Fixed Rate Account	Unallocated Insurance Contract	√	1,728,113
	Columbia Global Dividend Opportunity Fund A	Mutual Fund	√	73,541
	Columbia Seligman Global Technology Fund A	Mutual Fund	√	155
	DFA Emerging Markets Fund I	Mutual Fund	√	13,367
	DFA Global Real Estate Securities Fund	Mutual Fund	√	15,775
	Delaware Limited-Term Diversified Income Fund	Mutual Fund	√	181
	Diamond Hill Small Cap Fund A	Mutual Fund	√	64,136
	Eaton Vance Floating Rate Fund A	Mutual Fund	√	33,881

COVERT MANUFACTURING, INC.
EMPLOYEES' 401(K) PROFIT SHARING PLAN AND TRUST
FEI # 34-1059703, PLAN 002

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

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
	Eaton Vance Government Obligations Fund A	Mutual Fund	√	19,960
	Federated Strategic Income Fund A	Mutual Fund	√	60,574
	Fidelity Advisor New Insights Fund A	Mutual Fund	√	678,012
	Franklin Small Cap Growth Fund A	Mutual Fund	√	44,373
	Franklin Small-Mid Cap Growth Fund A	Mutual Fund	√	144,451
	Franklin Utilities Adv Fund	Mutual Fund	√	51,599
	Franklin Templeton Global Bond Adv Fund	Mutual Fund	√	148
	Franklin Templeton Global Bond Fund A	Mutual Fund	√	25,028
	Goldman Sachs Strategic Income Fund A	Mutual Fund	√	29,080
	Guggenheim Long Short Equity Fund H	Mutual Fund	√	23
	Invesco Equity and Income Fund A	Mutual Fund	√	649
	Invesco Growth and Income Fund A	Mutual Fund	√	85,989
	Invesco Small Cap Discovery Fund A	Mutual Fund	√	91
	Invesco Dividend Income Fund A	Mutual Fund	√	26,223
	Invesco Small Cap Growth Fund A	Mutual Fund	√	346,919
	Janus Adv Forty Fund S	Mutual Fund	√	2,368
	Janus Perkins Mid Cap Value Fund S	Mutual Fund	√	176
	JPMorgan Small Cap Value Fund A	Mutual Fund	√	44,572

COVERT MANUFACTURING, INC.
EMPLOYEES' 401(K) PROFIT SHARING PLAN AND TRUST
FEI # 34-1059703, PLAN 002

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

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
	Legg Mason ClearBridge Small Cap Growth Fund A	Mutual Fund	√	168
	MFS High Yield Opportunities Fund A	Mutual Fund	√	6,529
	Metro West Total Return Bond Fund I	Mutual Fund	√	189
	Natixis Gateway Fund A	Mutual Fund	√	76,093
	Neuberger Berman Genesis Trust	Mutual Fund	√	363,145
*	Nationwide Government Bond Fund D	Mutual Fund	√	211,475
*	Nationwide Money Market Fund IC	Mutual Fund	√	210,130
	Oppenheimer Developing Markets Fund A	Mutual Fund	√	14,652
	Oppenheimer International Bond Fund A	Mutual Fund	√	35,890
	Oppenheimer Global Fund A	Mutual Fund	√	358,092
	Oppenheimer Gold and Special Minerals Fund A	Mutual Fund	√	71,086
	Oppenheimer Senior Floating Rate Fund A	Mutual Fund	√	31,580
	Oppenheimer Steelpath MLP Income Fund A	Mutual Fund	√	15,949
	Parnassus Equity Investor Fund	Mutual Fund	√	1,430
	Pimco All Asset Fund A	Mutual Fund	√	99,891
	Pimco Commodity Real Return Strategy Fund A	Mutual Fund	√	16,632
	Pimco Fundamental Index Plus AR Fund	Mutual Fund	√	16,261

COVERT MANUFACTURING, INC.
EMPLOYEES' 401(K) PROFIT SHARING PLAN AND TRUST
FEI # 34-1059703, PLAN 002

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

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
	Pimco Income Fund A	Mutual Fund	√	40,307
	Pimco Investment Grade Corporate Bond Fund	Mutual Fund	√	193
	Pimco Low Duration Fund A	Mutual Fund	√	464
	Pimco Real Return Fund A	Mutual Fund	√	17,997
	Pimco Real Return Institutional Fund	Mutual Fund	√	110
	Pimco Total Return Fund A	Mutual Fund	√	147,647
	Pioneer Bond Fund A	Mutual Fund	√	54,759
	Pioneer Emerging Markets Fund A	Mutual Fund	√	13
	Pioneer Select Mid Cap Growth Fund A	Mutual Fund	√	13,756
	Prudential Financial Services Fund A	Mutual Fund	√	116
	Prudential Jennison Mid Cap Growth Fund A	Mutual Fund	√	154,311
	Prudential Jennison Natural Resources Fund A	Mutual Fund	√	29
	Royce Total Return Investment Fund	Mutual Fund	√	297
	T Rowe Price Mid Cap Value Fund R	Mutual Fund	√	299,098
	Vanguard Equity Income Investor Fund	Mutual Fund	√	38,397
	Victory Fund for Income Fund A	Mutual Fund	√	176,879
	WFA Adjustable Rate Government Fund	Mutual Fund	√	4,293
	WFA Discovery Investor Fund	Mutual Fund	√	66,629
	WFA Special Mid Cap Value Fund	Mutual Fund	√	79,469

COVERT MANUFACTURING, INC.
EMPLOYEES' 401(K) PROFIT SHARING PLAN AND TRUST
FEI # 34-1059703, PLAN 002

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

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
	Wilmington Trust Equity 500 Index Fund 46	Collective Investment Fund	√	333,199
	WR Ivy Real Estate Securities Fund	Mutual Fund	√	57,458
	WR Ivy High Income Fund	Mutual Fund	√	22,067
	Participant Loans	Interest Rate - 4.25%	0	328,640

* - Party in Interest

√ Historical cost not required on the schedule of assets held for investment purposes at end of year for participant directed investments.

COVERT MANUFACTURING, INC.
EMPLOYEES' 401(K) PROFIT SHARING PLAN AND TRUST

FINANCIAL STATEMENTS

DECEMBER 31, 2014

TABLE OF CONTENTS

INDEPENDENT AUDITORS' REPORT

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

NOTES TO FINANCIAL STATEMENTS

SUPPLEMENTAL SCHEDULES:

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

RIESTER, LUMP & BURTON CPA'S, INC.

John R. Lump, CPA
Bradley L. Hostetler, CPA
Helen K. Brown, CPA
Brian S. Nikolaus, CPA

1600 Lexington Avenue ▪ Mansfield, Ohio 44907
Telephone: 419-756-3400 ▪ Fax: 419-756-7198
www.rlbcpa.com

Thomas N. Riester, CPA
Retired

Robert A. Burton, CPA
1950-1998

INDEPENDENT AUDITORS' REPORT

October 12, 2015

To the Trustees
Covert Manufacturing, Inc.
Employees' 401(k) Profit Sharing Plan
P.O. Box 608
328 South East Street
Galion, Ohio 44833-0608

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the **Covert Manufacturing, Inc. Employees' 401(k) Profit Sharing Plan and Trust,** which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013 and the related statement of changes in net assets available for benefits for the for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan 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 audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing

procedures with respect to the information summarized in Note I, which was certified by Nationwide Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2014 and 2013, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of Assets Held for Investments as of or for the year ended December 31, 2014, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

Riester, Lump & Burton CPA's, Inc.

Riester, Lump & Burton CPAs, Inc.

Mansfield, Ohio

COVERT MANUFACTURING, INC.
EMPLOYEES' 401(K) PROFIT SHARING PLAN AND TRUST

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2014 AND 2013

	2014	2013
Assets		
Investments (at Fair Value):		
Investment in Mutual Funds	$ 6,360,140	$ 6,087,797
Investment in Unallocated Insurance Contracts	1,728,113	1,588,133
Total Investments	8,088,253	7,675,930
Receivables:		
Employer Contributions	2,663	4,501
Employee Contributions	7,275	7,413
Notes Receivable from Participants	328,640	246,599
Total Receivables	338,578	258,513
Total Assets	8,426,831	7,934,443
Liabilities	0	0
Net Assets Available for Benefits	**$ 8,426,831**	**$ 7,934,443**

The Accompanying Notes are an Integral Part of These Financial Statements.

COVERT MANUFACTURING, INC.
EMPLOYEES' 401(K) PROFIT SHARING PLAN AND TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2014

Additions to Net Assets Attributable to:		
Investment Income:		
Net Appreciation in Fair Value of Investments	$	397,984
Interest Income on Notes Receivable from Participants		9,498
Contributions:		
Participants		593,270
Employer		190,253
Total Contributions		783,523
Total Additions		1,191,005
Deductions From Net Assets Attributed to:		
Benefits Paid to Participants		650,922
Corrective Distributions		18,434
Administrative Expenses		29,261
Total Deductions		698,617
Net Increase		492,388
Net Assets Available for Benefits:		
Beginning of Year		7,934,443
End of Year	**$**	**8,426,831**

The Accompanying Notes are an Integral Part of These Financial Statements.

COVERT MANUFACTURING, INC.
EMPLOYEES' 401(K) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2014

NOTE A. DESCRIPTION OF PLAN

The following description of the **Covert Manufacturing, Inc. ("Company") Employees' 401(K) Profit Sharing Plan and Trust ("Plan")** provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. **General.** The Plan is a defined contribution plan covering all full-time employees of the Company who have completed one year of service and are age nineteen or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

2. **Contributions.** Each year, participants may contribute a percentage of their pretax annual compensation, as defined in the Plan, not to exceed the limits of Code Section 401(k). Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan as described below. The Company contributes 50% of employee contributions up to 4% (2% employer contribution). The Company contribution is invested into the same investments as the participants' contributions. Contributions are subject to certain limitations. The company matching contributions are funded on a weekly basis.

3. **Participant Accounts.** Each participant's account is credited with the participant's contribution and allocations of Company contributions and Plan earnings. Participant accounts are charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

4. **Vesting.** Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company contributions portion of their accounts plus earnings thereon is based on years of service. A participant is 100 percent vested after five years of credited service.

NOTE A. DESCRIPTION OF PLAN (continued)

5. **Investment Options.** Participants may direct their contributions into various investments offered by the plan or the participant may elect to have their plan investment professionally managed. Participants may change their investment options once daily.

6. **Forfeited Accounts.** At December 31, 2014, forfeited nonvested accounts totaled $7,850. These amounts will be used to reduce employer contributions in future years.

7. **Notes Receivable from Participants.** Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000 or 50 percent of their account balance, whichever is less. Loan transactions are treated as a transfer to (from) the investment fund from (to) the Participant Loan fund. Loan terms may not exceed 5 years except in certain situations in which the Participant or Beneficiary uses the loan to acquire a dwelling unit, in which cases the term may be longer at the discretion of the Plan Committee. The loans are secured by that portion of the Participant's accounts which the Plan Committee determines to be necessary. The loans bear interest at a rate determined daily by the Plan Trustee. Loan repayments (principal and interest) are amortized in level payments not less frequently than monthly and are made through payroll deduction.

8. **Payment of Benefits.** On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or in installments over a period not to exceed the assumed life expectancy of the participant. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Participants may request an in-service distribution of their account balance to satisfy a financial hardship. Participants age 59 ½ or older may also request an in-service distribution.

9. **Plan Amendment.** Effective January 1, 2014, the plan was amended to change the employer contribution from an amount per hour worked for eligible employees to a match of an eligible participant's deferral. The match percentage is to be determined by the employer on an annual basis.

NOTE B. SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

NOTE B. SUMMARY OF ACCOUNTING POLICIES (continued)

Payment of Benefits

Benefits are recorded when paid.

Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value, except for the investment contract, which is valued at contract value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis.

Notes Receivable from Participants

Participant notes receivable are valued at their unpaid principal balance at the end of the year. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document. Interest income on the notes is recorded on the accrual basis.

NOTE C. PLAN TERMINATION

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

NOTE D. INVESTMENT CONTRACT WITH INSURANCE COMPANY

The investment in unallocated insurance contracts is a guaranteed return fixed annuity contract that provides an annual interest guarantee (2.10% in 2014 and 2.70% in 2013), based on the investment yield realized on Nationwide Life Insurance Company's General Account. The contract guarantees an interest rate for the guarantee period and a minimum rate for the following guarantee period. A market value adjustment may apply if fixed contract transfer payments are in excess of 20% of the annual book value installment limit.

NOTE E. PARTICIPANT CONTRIBUTIONS

Participant contributions for the years ended December 31, 2014 and 2013 include rollover contributions of $1,690 and $23,599, respectively.

NOTE F. PARTY IN INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering services to the Plan, the employer and certain others. At December 31, 2014 and 2013, $1,728,113 and $1,588,133, respectively, of the investments of the Plan are in unallocated insurance contracts from Nationwide Life Insurance Company, a subsidiary of Nationwide Investments. Nationwide Investments is the Plan custodian and, therefore, these investments qualify as party-in-interest investments. Also at December 31, 2014 and 2013, the Plan invested in Nationwide Money Market Funds ($210,134 and $234,922, respectively) and Nationwide Government Bond Fund D ($211,475 and $171,102, respectively), which are funds managed by Nationwide.

The balance of the loans to parties in interest was $103,737 at December 31, 2014 and $0 at December 31, 2013. These loans were made in accordance with the provisions in the plan for loans applicable to all participants as described in note A.

NOTE G. TAX STATUS

The Internal Revenue Service (IRS) determined and informed the Company by a letter dated September 13, 2010 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

The Plan's evaluation on December 31, 2014 revealed no tax positions that would have a material impact on the financial statements. The 2011 through 2014 tax years remain subject to examination by the IRS. The Plan does not believe that any reasonably possible changes will occur within the next twelve months that will have a material impact on the financial statements.

NOTE H. ADMINISTRATION COSTS

The employer sponsoring this Plan has chosen to absorb some of the administration costs associated with this Plan.

Participants are charged an account administrative fee. Participants electing to have their account professionally managed are charged a separate fee. These fees are shown as expenses on the statement of changes in net assets available for benefits.

NOTE I. CERTIFIED INFORMATION

The following information was certified as complete and accurate by Nationwide Life Insurance Company as of and for the years ended December 31, 2014 and 2013:

1. Investments
2. Net appreciation (depreciation) in fair value of investments
3. Participant contributions
4. Benefit payments to participants

NOTE J. INVESTMENTS

The fair market values of individual assets that represent 5 percent or more of the Plan's net assets as of December 31, 2014 and 2013 are as follows:

	2014	2013
Investments at Estimated Fair Value:		
American Funds American Balanced R5	$ 713,880	$ 595,238
Fidelity Advisor New Insights Fund A	678,012	729,581
Investment in Unallocated Insurance Contracts	1,728,109	1,588,133
Other	4,968,252	4,762,978
	$ 8,088,253	**$ 7,675,930**

During 2014, the Plan's investments (including investments bought, sold, and held during the year) appreciated in value by $397,984 as follows:

Investments at Estimated Fair Value:	
Mutual Funds	$ 362,021
Investment in Unallocated Insurance Contract	35,963
Total	**$ 397,984**

Of the above investments, investments totaling $8,080,403 and $7,667,038 are in participant directed accounts at December 31, 2014 and 2013, respectively.

NOTE K. NONPARTICIPANT-DIRECTED INVESTMENTS

Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments is as follows:

	2014	2013
Net Assets:		
Investment in Mutual Funds	$ 7,850	$ 8,892

	Year Ended December 31, 2014
Changes in Net Assets:	
Current Year Unallocated Forfeitures	$ 3,800
Loss on Investment	(49)
Transfers to Participant Directed Accounts	(4,793)
	$ (1,042)

NOTE L. FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits.

		Fair Value Measurements Using	
	Fair Value	Observable Inputs Level 2	Significant Unobservable Inputs Level 3
December 31, 2014			
Mutual Funds Held in Pooled Separate Accounts	$ 6,360,140	$ 6,360,140	$ 0
Fixed Account Contract with Insurance Company	1,728,113	0	1,728,113
Total	$ 8,088,253	$ 6,360,140	$ 1,728,113

NOTE L. FAIR VALUE MEASUREMENTS (continued)

		Fair Value Measurements Using	
	Fair Value	Observable Inputs Level 2	Significant Unobservable Inputs Level 3
December 31, 2013			
Mutual Funds Held in Pooled Separate Accounts	$ 6,087,797	$ 6,087,797	$ 0
Fixed Account Contract with Insurance Company	1,588,133	0	1,588,133
Total	**$ 7,675,930**	**$ 6,087,797**	**$ 1,588,133**

FASB ASC 820, Fair Value Measurements and Disclosures, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs were used to value Plan assets that had observable inputs other than Level 1 inputs, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 2 Fair Value Measurements

The mutual fund investments held in the pooled separate account are valued at their "unit value" (UV). The separate account is valued daily as the number of units held multiplied by the UV. The UV is first established when a new fund starts (typically the beginning UV is $1.00) and is then determined daily based on the net asset value of shares of the underlying fund, the fund's dividends and the contract's separate account charges. Since the UV is determined based on a combination of the fund NAV and the separate account charges, the level 2 classification is used.

NOTE L. FAIR VALUE MEASUREMENTS (continued)

Level 3 Fair Value Measurements

The fixed account contract with an insurance company is not actively traded and significant other observable inputs are not available. Thus, the fair value of the fixed account contract is determined by discounting the related cash flows based on current yields of similar instruments with comparable durations. The following table provides further details of the Level 3 fair value measurements.

December 31, 2014	**Fixed Account Contract**
Beginning Balance	$ 1,588,133
Total Gains or Losses (Realized and Unrealized) Included in Changes in Net Assets Available For Benefits	0
Purchases, Sales, Issuances, and Settlements, Net	139,980
Total Change in Market Value Adjustment Included on Statement of Net Assets Available For Benefits	0
Ending Balance	**$ 1,728,113**

December 31, 2013	**Fixed Account Contract**
Beginning Balance	$ 1,304,410
Total Gains or Losses (Realized and Unrealized) Included in Changes in Net Assets Available For Benefits	0
Purchases, Sales, Issuances, and Settlements, Net	283,723
Total Change in Market Value Adjustment Included on Statement of Net Assets Available For Benefits	0
Ending Balance	**$ 1,588,133**

NOTE L. FAIR VALUE MEASUREMENTS (continued)

Level 3 Fair Value Measurements (continued)

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2014 are reported in net appreciation in fair value of investments.

NOTE M. NET ASSETS AVAILABLE FOR BENEFITS

Net assets available for benefits at December 31, 2014 and 2013 include $467,758 and $375,254, respectively, allocated to the accounts of participants who terminated employment with Covert Manufacturing, Inc. prior to that date. The balances are payable to the former participants on demand.

NOTE N. RISKS AND UNCERTAINTIES

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

NOTE O. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 12, 2015, the date the financial statements were available to be issued.

COVERT MANUFACTURING, INC.
EMPLOYEES' 401(K) PROFIT SHARING PLAN AND TRUST
FEI # 34-1059703, PLAN 002

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

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
	AllianceBern Global Real Estate Investment Fund K	Mutual Fund	√	19,042
	Allianz GI NFJ International Value A	Mutual Fund	√	79,010
	Allianz GI Technology Fund A	Mutual Fund	√	84,042
	American Century Short Duration Inflation Protection Bond Fund A	Mutual Fund	√	106
	American Funds American Balanced R5	Mutual Fund	√	713,880
	American Funds American Balanced R3	Mutual Fund	√	3,534
	American Funds American Balanced R6	Mutual Fund	√	14,944
	American Funds Capital Income Builder Fund R6	Mutual Fund	√	26,746
	American Funds Capital World Bond Fund R3	Mutual Fund	√	155
	American Funds EuroPacific Growth Fund R5	Mutual Fund	√	77,854
	American Funds EuroPacific Growth Fund R3	Mutual Fund	√	213
	American Funds EuroPacific Growth Fund R6	Mutual Fund	√	245
	American Funds Growth Fund of America R3	Mutual Fund	√	54,291
	American Funds Income Fund of America R3	Mutual Fund	√	14

COVERT MANUFACTURING, INC.
EMPLOYEES' 401(K) PROFIT SHARING PLAN AND TRUST
FEI # 34-1059703, PLAN 002

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

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
	American Funds Income Fund of America R5	Mutual Fund	√	15,989
	American Funds Income Fund of America R6	Mutual Fund	√	185,442
	American Funds New World R6 Fund	Mutual Fund	√	19,967
	American Funds Washington Mutual Investors Fund R3	Mutual Fund	√	54,732
	American Funds Washington Mutual Investors Fund R6	Mutual Fund	√	141,122
	Blackrock Health Sciences Opportunity Fund A	Mutual Fund	√	70,861
*	Best of America Fixed Rate Account	Unallocated Insurance Contract	√	1,728,113
	Columbia Global Dividend Opportunity Fund A	Mutual Fund	√	73,541
	Columbia Seligman Global Technology Fund A	Mutual Fund	√	155
	DFA Emerging Markets Fund I	Mutual Fund	√	13,367
	DFA Global Real Estate Securities Fund	Mutual Fund	√	15,775
	Delaware Limited-Term Diversified Income Fund	Mutual Fund	√	181
	Diamond Hill Small Cap Fund A	Mutual Fund	√	64,136
	Eaton Vance Floating Rate Fund A	Mutual Fund	√	33,881

COVERT MANUFACTURING, INC.
EMPLOYEES' 401(K) PROFIT SHARING PLAN AND TRUST
FEI # 34-1059703, PLAN 002

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

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
	Eaton Vance Government Obligations Fund A	Mutual Fund	√	19,960
	Federated Strategic Income Fund A	Mutual Fund	√	60,574
	Fidelity Advisor New Insights Fund A	Mutual Fund	√	678,012
	Franklin Small Cap Growth Fund A	Mutual Fund	√	44,373
	Franklin Small-Mid Cap Growth Fund A	Mutual Fund	√	144,451
	Franklin Utilities Adv Fund	Mutual Fund	√	51,599
	Franklin Templeton Global Bond Adv Fund	Mutual Fund	√	148
	Franklin Templeton Global Bond Fund A	Mutual Fund	√	25,028
	Goldman Sachs Strategic Income Fund A	Mutual Fund	√	29,080
	Guggenheim Long Short Equity Fund H	Mutual Fund	√	23
	Invesco Equity and Income Fund A	Mutual Fund	√	649
	Invesco Growth and Income Fund A	Mutual Fund	√	85,989
	Invesco Small Cap Discovery Fund A	Mutual Fund	√	91
	Invesco Dividend Income Fund A	Mutual Fund	√	26,223
	Invesco Small Cap Growth Fund A	Mutual Fund	√	346,919
	Janus Adv Forty Fund S	Mutual Fund	√	2,368
	Janus Perkins Mid Cap Value Fund S	Mutual Fund	√	176
	JPMorgan Small Cap Value Fund A	Mutual Fund	√	44,572

COVERT MANUFACTURING, INC.
EMPLOYEES' 401(K) PROFIT SHARING PLAN AND TRUST
FEI # 34-1059703, PLAN 002

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

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
	Legg Mason ClearBridge Small Cap Growth Fund A	Mutual Fund	√	168
	MFS High Yield Opportunities Fund A	Mutual Fund	√	6,529
	Metro West Total Return Bond Fund I	Mutual Fund	√	189
	Natixis Gateway Fund A	Mutual Fund	√	76,093
	Neuberger Berman Genesis Trust	Mutual Fund	√	363,145
*	Nationwide Government Bond Fund D	Mutual Fund	√	211,475
*	Nationwide Money Market Fund IC	Mutual Fund	√	210,130
	Oppenheimer Developing Markets Fund A	Mutual Fund	√	14,652
	Oppenheimer International Bond Fund A	Mutual Fund	√	35,890
	Oppenheimer Global Fund A	Mutual Fund	√	358,092
	Oppenheimer Gold and Special Minerals Fund A	Mutual Fund	√	71,086
	Oppenheimer Senior Floating Rate Fund A	Mutual Fund	√	31,580
	Oppenheimer Steelpath MLP Income Fund A	Mutual Fund	√	15,949
	Parnassus Equity Investor Fund	Mutual Fund	√	1,430
	Pimco All Asset Fund A	Mutual Fund	√	99,891
	Pimco Commodity Real Return Strategy Fund A	Mutual Fund	√	16,632
	Pimco Fundamental Index Plus AR Fund	Mutual Fund	√	16,261

COVERT MANUFACTURING, INC.
EMPLOYEES' 401(K) PROFIT SHARING PLAN AND TRUST
FEI # 34-1059703, PLAN 002

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

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
	Pimco Income Fund A	Mutual Fund	√	40,307
	Pimco Investment Grade Corporate Bond Fund	Mutual Fund	√	193
	Pimco Low Duration Fund A	Mutual Fund	√	464
	Pimco Real Return Fund A	Mutual Fund	√	17,997
	Pimco Real Return Institutional Fund	Mutual Fund	√	110
	Pimco Total Return Fund A	Mutual Fund	√	147,647
	Pioneer Bond Fund A	Mutual Fund	√	54,759
	Pioneer Emerging Markets Fund A	Mutual Fund	√	13
	Pioneer Select Mid Cap Growth Fund A	Mutual Fund	√	13,756
	Prudential Financial Services Fund A	Mutual Fund	√	116
	Prudential Jennison Mid Cap Growth Fund A	Mutual Fund	√	154,311
	Prudential Jennison Natural Resources Fund A	Mutual Fund	√	29
	Royce Total Return Investment Fund	Mutual Fund	√	297
	T Rowe Price Mid Cap Value Fund R	Mutual Fund	√	299,098
	Vanguard Equity Income Investor Fund	Mutual Fund	√	38,397
	Victory Fund for Income Fund A	Mutual Fund	√	176,879
	WFA Adjustable Rate Government Fund	Mutual Fund	√	4,293
	WFA Discovery Investor Fund	Mutual Fund	√	66,629
	WFA Special Mid Cap Value Fund	Mutual Fund	√	79,469

COVERT MANUFACTURING, INC.
EMPLOYEES' 401(K) PROFIT SHARING PLAN AND TRUST
FEI # 34-1059703, PLAN 002

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

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
	Wilmington Trust Equity 500 Index Fund 46	Collective Investment Fund	√	333,199
	WR Ivy Real Estate Securities Fund	Mutual Fund	√	57,458
	WR Ivy High Income Fund	Mutual Fund	√	22,067
	Participant Loans	Interest Rate - 4.25%	0	328,640

* - Party in Interest

√ Historical cost not required on the schedule of assets held for investment purposes at end of year for participant directed investments.