

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
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
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 <u>PAKO, INC 401K PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2002</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2002</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/2002</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>PAKO, INC.</u> <u>7615 JENTHER DRIVE</u> <u>MENTOR, OH 44060</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-1123019</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>440-946-8030</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>336410</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-1123019</u>	2c Plan Sponsor's telephone number <u>440-946-8030</u>	2d Business code (see instructions) <u>336410</u>	
2b Employer Identification Number (EIN) <u>34-1123019</u>					
2c Plan Sponsor's telephone number <u>440-946-8030</u>					
2d Business code (see instructions) <u>336410</u>					

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.	10/14/2015	MARTHA J. STANKEWICZ
	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 ☒ 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	220
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)	212
a(2) Total number of active participants at the end of the plan year		6a(2)	212
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits.....		6c	12
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	224
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	224
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	186
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	4
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: 2G 2E 2J 2K 2F 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		b General Schedules	
(1) ☒ R (Retirement Plan Information)		(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) ☐ I (Financial Information – Small Plan)	
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) ☒ <u>1</u> 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
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan PAKO, INC 401K PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PAKO, INC.	D Employer Identification Number (EIN) 34-1123019	

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.
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1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE CO.

(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	335-80026	38	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	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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	
5	Current value of plan's interest under this contract in separate accounts at year end	5	1788436
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	1617190
c	Additions: (1) Contributions deposited during the year	7c(1)	57761
	(2) Dividends and credits	7c(2)	
	(3) Interest credited during the year	7c(3)	50846
	(4) Transferred from separate account	7c(4)	678847
	(5) Other (specify below)	7c(5)	
	▶		
	(6) Total additions	7c(6)	787454
d	Total of balance and additions (add lines 7b and 7c(6))	7d	2404644
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	565848
	(2) Administration charge made by carrier	7e(2)	6809
	(3) Transferred to separate account	7e(3)	42720
	(4) Other (specify below)	7e(4)	831
	▶		
	(5) Total deductions	7e(5)	616208
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1788436

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

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

A Name of plan <u>PAKO, INC 401K PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PAKO, INC.</u>	D Employer Identification Number (EIN) <u>34-1123019</u>

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
<u>MGO SECURITIES CORP</u> <u>24400 CHAGRIN BLVD</u> <u>SUITE 310</u> <u>BEACHWOOD, OH 44122</u>

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

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(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)

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	22765	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	44435	Yes ☒ No ☐	Yes ☒ No ☐	17740	Yes ☐ No ☒

(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 64 99	CUSTODIAN/RECORD KEEPER	28228	Yes ☒ No ☐	Yes ☒ No ☐	11382	Yes ☐ No ☒

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MOSKAL GROSS ORCHOSKY	15 16 17 37	17421
(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 FEE ADMINISTRATIVE SERVICE FEE	
(a) Enter service provider name as it appears on line 2 (b) Service Codes (see instructions) (c) Enter amount of indirect compensation		
NATIONWIDE	15 49 64 99	11382
(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 1301 EAST NINTH STREET SUITE 1400 CLEVELAND, OH 44114	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		
(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

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 <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>PAKO, INC 401K PROFIT SHARING PLAN</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PAKO, INC.</u>		D Employer Identification Number (EIN) <u>34-1123019</u>

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)	773	
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(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)	10099828	9869760
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1617190	1788436
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	11717791	11658196

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	15783	2008
k Total liabilities (add all amounts in lines 1g through 1j)	1k	15783	2008

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	11702008	11656188
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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)	223662	
(B) Participants	2a(1)(B)	669299	
(C) Others (including rollovers)	2a(1)(C)	37227	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		930188
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(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)		619992
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1550180

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1596000	
(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)		1596000
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1596000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-45820
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: WALTON & STEWART INC.

(2) EIN: 34-1662414

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:

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.).....

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.).....

	Yes	No	Amount
4a		X	
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.)		X	
4c			
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.).....		X	
4d			
e Was this plan covered by a fidelity bond?	X		500000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
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?.....		X	
4g			
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?.....		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
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.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
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.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>PAKO, INC 401K PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PAKO, INC.</u>	D Employer Identification Number (EIN) <u>34-1123019</u>

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): <u>31-4156830</u>	
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 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.
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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): _____

Financial Statements and Report of
Independent Certified Public Accountants

Pako, Inc. 401(k) Profit Sharing Plan

December 31, 2014 and 2013

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WALTON & STEWART, INC.

CERTIFIED PUBLIC ACCOUNTANTS

7660 Tyler Blvd.
Mentor, OH 44060

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of Pako, Inc.
401(k) Profit Sharing Plan

Report on the Financial Statements

We have audited the accompanying financial statements of Pako, Inc. 401(k) Profit Sharing Plan, which comprise the statements as of December 31, 2014 and 2013, and for the years then ended, as listed in the accompanying index, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

Basis for Qualified 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 trustee 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 trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2014 and 2013, and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

Qualified Opinion

In our opinion, except for the possible effects of the matter described in the Basis for Qualified Opinion paragraph, the financial statements referred to in the first paragraph present fairly, in all material respects, the net assets available for benefits of Pako, Inc. 401(k) Profit Sharing Plan as of December 31, 2014 and 2013, and the changes in net assets available for benefits for the year ended December 31, 2014 in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule listed in the accompanying index, together referred to as "Supplemental Information," is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, except for the effects on the Schedule of Assets Held for Investment Purposes-see Form 5500 Schedule H, Part IV, Line 4i of the matter described in the Basis for Qualified Opinion paragraph, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Mentor, Ohio
October 6, 2015

Watson & Stewart, Inc.

PAKO, INC.
401 (k) PROFIT SHARING PLAN
Statements of Net Assets Available for Benefits
December 31, 2014 and 2013

<u>ASSETS</u>	<u>2014</u>	<u>2013</u>
Investments at fair value:		
Participant directed mutual funds	\$ 11,658,196	11,717,018
Receivables:		
Employer contribution	<u>-</u>	<u>773</u>
	<u>-</u>	<u>773</u>
Total assets	11,658,196	11,717,791
 <u>LIABILITIES</u>		
Excess contributions/forfeitures payable	<u>2,008</u>	<u>15,783</u>
Total liabilities	<u>2,008</u>	<u>15,783</u>
Net assets available for benefits	\$ <u>11,656,188</u>	<u>11,702,008</u>

The accompanying notes are an integral part of these financial statements

PAKO, INC.
401 (k) PROFIT SHARING PLAN
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2014 and 2013

<u>ADDITIONS</u>	<u>2014</u>	<u>2013</u>
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 665,404	1,555,517
Interest income	50,846	51,529
Contributions:		
Employer contribution	223,662	205,181
Participant contributions	669,299	627,455
Participant rollovers	37,227	-
	<u>930,188</u>	<u>832,636</u>
Total additions	1,646,438	2,439,682
<u>DEDUCTIONS</u>		
Deductions from net assets attributed to:		
Benefits paid to participants	1,596,000	739,146
Administrative fees	96,258	91,913
	<u>1,692,258</u>	<u>831,059</u>
Total deductions	1,692,258	831,059
Net increase (decrease)	(45,820)	1,608,623
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>		
Beginning of year	<u>11,702,008</u>	<u>10,093,385</u>
End of year	<u>\$ 11,656,188</u>	<u>11,702,008</u>

The accompanying notes are an integral part of these financial statements

PAKO, INC.
401(k) PROFIT SHARING PLAN
Notes to Financial Statements
December 31, 2014 and 2013

NOTE A - DESCRIPTION OF PLAN

The following description of the Pako, Inc. ("Company") 401(k) Profit Sharing Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

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

Contributions

Each participant may contribute up to the maximum percentage of compensation and dollar amount permissible under Section 402(g) of the Internal Revenue Code not to exceed the limits of Code Sections 401(k), 404 and 415. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Company may contribute a matching percentage (to be determined each year) of the participant's contributions to the Plan. Additional amounts may be contributed at the option of the Company's board of directors. Contributions are subject to certain limitations.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) Plan earnings, and 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.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous services. As of January 1, 2002 a participant is 100% vested after six years of credited services.

Investment Options

Upon enrollment in the Plan, a participant may direct employee and employer contributions in any increment in a broad range of mutual funds, one money market fund, and one guaranteed income investment option. Participants may change their investment options daily.

PAKO, INC.
401(k) PROFIT SHARING PLAN
Notes to Financial Statements, Continued
December 31, 2014 and 2013

NOTE A - DESCRIPTION OF PLAN, CONTINUED

Loans to Participants

The plan does not allow any loans from the plan.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive either (1) a joint and survivor annuity, (2) lump-sum amount equal to the value of the participant's vested interest in his or her account, (3) installments over the participant's or beneficiaries assumed life expectancy, or (4) purchase a different form of annuity. 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.

Forfeited Accounts

Forfeited non vested accounts for the years ended December 31, 2014 and 2013 totaled \$1,929 and \$6,926 respectively. These accounts are used to reduce employer contributions. In 2014 and 2013 employer contributions were reduced by \$8,996 and \$2,466 respectively from forfeited non vested accounts.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note F for discussion of fair value measurements.

Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Purchases and sales of securities are recorded on a trade-date basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

PAKO, INC.
401(k) PROFIT SHARING PLAN
Notes to Financial Statements, Continued
December 31, 2014 and 2013

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Payment of Benefits

Benefits are recorded when paid.

Operating Expenses

All administrative fees for the Plan are paid by the Plan's funds. Audit fees are paid for by the Company.

Date of Management's Review

The Plan has evaluated subsequent events through October 6, 2015, the date the financial statements were available to be issued, and determined there are no items to disclose.

NOTE C - INVESTMENTS

All of the investments of the Plan are participant directed. The following presents investments that represent 5% or more of the Plan's net assets:

	<u>2014</u>	<u>2013</u>
American Funds Am Bal	\$ 646,054	756,523
American Funds Europacific Growth	620,286	644,533
Fidelity Advisor New Insights	1,331,095	1,369,952
Franklin Small Cap Growth	695,863	678,299
Pimco Total Return Fnd Cls	-	661,310
Boa-Fixed	1,788,436	1,617,190
Vic Established Value	614,136	-
American Funds Fd Am	<u>792,792</u>	<u>-</u>
	<u>\$ 6,488,662</u>	<u>5,727,807</u>

During 2014 and 2013, the plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

	<u>2014</u>	<u>2013</u>
Money market account	\$ (3,439)	(3,535)
Mutual funds	<u>668,843</u>	<u>1,559,052</u>
	<u>\$ 665,404</u>	<u>1,555,517</u>

PAKO, INC.
401(k) PROFIT SHARING PLAN
Notes to Financial Statements, Continued
December 31, 2014 and 2013

NOTE D - PLAN TERMINATION

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

NOTE E - TAX STATUS

The IRS has determined and informed the plan sponsor by a letter dated February 20, 2003 , 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.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2012.

NOTE F - FAIR VALUE MEASUREMENTS

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

Level 1 - Quoted market prices in active markets that the reporting entity has the ability to access at the date of the fair value measurement.

PAKO, INC.
401(k) PROFIT SHARING PLAN
Notes to Financial Statements, Continued
December 31, 2014 and 2013

NOTE F - FAIR VALUE MEASUREMENTS, CONTINUED

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

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

Money market account and mutual funds: Valued at the net asset value (NAV) of shares held by the plan at year end.

Guaranteed investment contract: The guaranteed investment contract with an insurance company is not actively traded and significant other observable inputs are not available. Thus the value of the guaranteed investment contract is determined by using the book value as determined and certified by Nationwide Life Insurance Company.

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

PAKO, INC.
401(k) PROFIT SHARING PLAN
Notes to Financial Statements, Continued
December 31, 2014 and 2013

NOTE F - FAIR VALUE MEASUREMENTS, CONTINUED

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

	<u>Total</u>	<u>Level 1</u>	<u>Level 3</u>
<u>December 31, 2014</u>			
Balanced funds	\$ 654,134	654,134	-
Money market account	395,852	395,852	-
Corporate bond funds	958,272	958,272	-
Value funds	1,803,799	1,803,799	-
Blended funds	252,483	252,483	-
Growth funds	5,203,093	5,203,093	-
US govt security funds	384,906	384,906	-
Other funds	150,920	150,920	-
Real estate funds	66,301	66,301	
Investment contract with insurance co.	<u>1,788,436</u>	<u>-</u>	<u>1,788,436</u>
Total	\$ <u>11,658,196</u>	<u>9,869,760</u>	<u>1,788,436</u>
	<u>Total</u>	<u>Level 1</u>	<u>Level 3</u>
<u>December 31, 2013</u>			
Balanced funds	\$ 756,523	756,523	-
Money market account	430,646	430,646	-
Corporate bond funds	1,077,853	1,077,853	-
Value funds	1,594,079	1,594,079	-
Blended funds	1,087,492	1,087,492	-
Growth funds	4,459,329	4,459,329	-
US govt security funds	395,462	395,462	-
Other funds	186,890	186,890	-
Real estate funds	111,554	111,554	
Investment contract with insurance co.	<u>1,617,190</u>	<u>-</u>	<u>1,617,190</u>
Total	\$ <u>11,717,018</u>	<u>10,099,828</u>	<u>1,617,190</u>

PAKO, INC.
401(k) PROFIT SHARING PLAN
Notes to Financial Statements, Continued
December 31, 2014 and 2013

NOTE F - FAIR VALUE MEASUREMENTS, CONTINUED

Fair Value Measurements Using Significant Unobservable Inputs (Level 3) for the guaranteed investment contract:

	<u>2014</u>	<u>2013</u>
Beginning balance	\$ 1,617,190	1,904,579
Amounts included in changes in net assets available for benefits:		
Interest income	50,846	51,529
Purchases	736,607	59,699
Sales	(608,567)	(390,622)
Settlements	<u>(7,640)</u>	<u>(7,995)</u>
Ending balance	\$ <u>1,788,436</u>	<u>1,617,190</u>

The Plan's policy is to recognize transfers into and out of Level 3 as of the date of the event or change in circumstances that caused the transfer. For the year ended December 31, 2014, there were no significant transfers into or out of Level 3.

NOTE G - PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Nationwide Life Insurance Company who is the trustee of the plan. Therefore, these transactions qualify as party-in-interest transactions. The fees paid to Nationwide Life Insurance Company for years ended December 31, 2014 and 2013 were \$28,228 and \$25,657 respectively. The fees paid to the third party administrator and investment advisor for the years ended December 31, 2014 and 2013 were \$68,030 and \$66,256 respectively.

NOTE H - 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.

PAKO, INC.
401(k) PROFIT SHARING PLAN
Notes to Financial Statements, Continued
December 31, 2014 and 2013

NOTE I - INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED)

At December 31, 2014 and 2013, the Plan's investments were held by the Trustee. The following is a summary of the Plan's financial information that is included in the financial statements based on information certified by the Trustee as complete and accurate in accordance with Section 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 fair value of investments at December 31, 2014 and 2013, as reported by the Trustee is summarized as follows:

	<u>2014</u>	<u>2013</u>
Assets:		
Money market account	\$ 395,852	430,646
Mutual funds	9,473,908	9,669,182
Fixed income account	<u>1,788,436</u>	<u>1,617,190</u>
Total certified amount	\$ <u>11,658,196</u>	<u>11,717,018</u>
Changes in net assets:		
Net appreciation of assets	\$ 619,992	1,515,133
Contributions	920,252	842,089
Withdrawals	<u>(1,599,066)</u>	<u>(743,768)</u>
Total certified increase (decrease)	(58,822)	1,613,454
Accrual to cash adjustments	<u>13,002</u>	<u>(4,831)</u>
Net increase (decrease) per financial statements	\$ <u>(45,820)</u>	<u>1,608,623</u>

The fair value of investments at December 31, 2014, as reported by the Trustee, is included in the supplemental schedule of assets held at end of year.

NOTE J - INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan has an investment contract with Nationwide Life Insurance Company. Nationwide maintains the contributions in a general account, which is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at book value since it is not considered fully benefit-responsive.

PAKO, INC.
401(k) PROFIT SHARING PLAN
Notes to Financial Statements, Continued
December 31, 2014 and 2013

NOTE J - INVESTMENT CONTRACT WITH INSURANCE COMPANY, CONTINUED

Nationwide is contractually obligated to pay the principal and specified interest rate that is guaranteed to the plan. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 0%. Such interest rates are reviewed on an annual basis for resetting. The interest rate for years ending December 31, 2014 and 2013 was 3.0%.

The contract has certain restrictions that impact the ability to collect the full contract value. Plan management believes that the occurrence of events that would cause the plan to transact at less than contract value is not probable. Nationwide may not terminate the contract at any amount less than contract value.

NOTE K - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of investments at fair value per the financial statements at December 31, 2014 and 2013 to Form 5500:

	<u>2014</u>	<u>2013</u>
Per 5500		
Value of interest in registered investment companies	\$ 9,869,760	10,099,828
Value of funds held in general account	<u>1,788,436</u>	<u>1,617,190</u>
Total per 5500	<u>11,658,196</u>	<u>11,717,018</u>
Per financial statements:		
Participant directed investments	\$ <u>11,658,196</u>	<u>11,717,018</u>

The following is a reconciliation of net appreciation (depreciation) in fair value of investments at December 31, 2014 and 2013 to Form 5500:

Appreciation per financial statements	\$ 665,404	1,555,517
Interest income per financial statements	50,846	51,529
Administrative fees per financial statements	<u>(96,258)</u>	<u>(91,913)</u>
Per 5500	<u>\$ 619,992</u>	<u>1,515,133</u>

PAKO, INC.
401(k) PROFIT SHARING PLAN
Notes to Financial Statements, Continued
December 31, 2014 and 2013

NOTE L - EXCESS CONTRIBUTIONS PAYABLE

At December 31, 2014 and 2013, payables of \$-0- and \$3,175, respectively are recorded for amounts refundable by the Plan to participants and the plan sponsor for contributions made in excess of amounts allowed by the Internal Revenue Service and for minor contributions made in excess of the amounts withheld.

At December 31, 2014 and 2013, payables of 2,008 and \$12,608, respectively are recorded for amounts refundable by the Plan to the plan sponsor for matching contributions made without the reduction of the forfeiture account.

PAKO, INC.
401 (k) PROFIT SHARING PLAN
Schedule of Assets Held for Investment Purposes -
see Form 5500 Schedule H, Part IV, Line 4i
EIN #34-1123019
Plan Number 001
For the Year Ended December 31, 2014

(A)	(B)	(C)	(E)
	Identity of Issuer, borrower, lessor or similar party.	Description of investment including maturity date, rate of interest, collateral, par or maturity date.	Current Value 12/31/2014
			\$
*	Nationwide Life Insurance Co.	Allber Eq Inc K	4,680
*	Nationwide Life Insurance Co.	Allnzgi Nfj Intl Val A	86,314
*	Nationwide Life Insurance Co.	Allnzgi Tech A	100,939
*	Nationwide Life Insurance Co.	Amfds Am Bal R5	8,080
*	Nationwide Life Insurance Co.	Amfds Am Bal R6	646,054
*	Nationwide Life Insurance Co.	Amfds Cap Inc Bldr R6	38,279
*	Nationwide Life Insurance Co.	Amfds Europacific Growth Fd R5	6,333
*	Nationwide Life Insurance Co.	Amfds Europacific Growth Fd R6	620,286
*	Nationwide Life Insurance Co.	Amfds Inc Fd Am R5	1,362
*	Nationwide Life Insurance Co.	Amfds Inc Fd Am R6	792,792
*	Nationwide Life Insurance Co.	Amfds New Wld R6	16,606
*	Nationwide Life Insurance Co.	Amfds Wshngtn Mut Inv R6	176,686
*	Nationwide Life Insurance Co.	Baron Ptnrs	8,339
*	Nationwide Life Insurance Co.	Blkrk Hlth Scnc Oppr Inv A	73,750
*	Nationwide Life Insurance Co.	Boa-fixed	1,788,436
*	Nationwide Life Insurance Co.	Dfa Globl Realest Sec	70,118
*	Nationwide Life Insurance Co.	Ev Flotng Rt A	149
*	Nationwide Life Insurance Co.	EV Govt Oblgtns A	79,175
*	Nationwide Life Insurance Co.	Fidadv New Insghts A	1,331,095
*	Nationwide Life Insurance Co.	Fidadv Strat Inc A	12,970
*	Nationwide Life Insurance Co.	Fnkln Smcap Gr A	695,863
*	Nationwide Life Insurance Co.	Fnkln Smmcap Gr A	395,959
*	Nationwide Life Insurance Co.	Fnkln tmp Gbl Bd A	111,253
*	Nationwide Life Insurance Co.	Fnkln Util Ser Adv	104,863
*	Nationwide Life Insurance Co.	Gdmnses Strat Inc A	56,196
*	Nationwide Life Insurance Co.	Invsco Divd Inc A	3,694
*	Nationwide Life Insurance Co.	Invsco Gr Inc A	554,143
*	Nationwide Life Insurance Co.	JPM SmCap Val A	545,884
*	Nationwide Life Insurance Co.	LeggM ClrBrdg SmCap Gr A	3,376
*	Nationwide Life Insurance Co.	Natixis Gateway A	84,478
*	Nationwide Life Insurance Co.	New Mny Mkt Inst	395,852
*	Nationwide Life Insurance Co.	Opp Gbl A	183,385
*	Nationwide Life Insurance Co.	Opp Gold Spec Mnrls A	63,010
*	Nationwide Life Insurance Co.	Opp Intl Bd A	19,027

PAKO, INC.
401 (k) PROFIT SHARING PLAN
Schedule of Assets Held for Investment Purposes -
see Form 5500 Schedule H, Part IV, Line 4i, Continued
EIN #34-1123019
Plan Number 001
For the Year Ended December 31, 2014

(A)	(B)	(C)	(E)
	Identity of Issuer, borrower, lessor or similar party.	Description of investment including maturity date, rate of interest, collateral, par or maturity date.	Current Value 12/31/2014
			(E)
*	Nationwide Life Insurance Co.	Opp Snr Flotng Rt A	150,771
*	Nationwide Life Insurance Co.	Opp Stlpth Mlp Inc A	70,890
*	Nationwide Life Insurance Co.	Pimco All Asst A	138,978
*	Nationwide Life Insurance Co.	Pimco Fdmntlndxplus Ar A	72,277
*	Nationwide Life Insurance Co.	Pimco Inc A	139,273
*	Nationwide Life Insurance Co.	Pimco Inc Inst	13,288
*	Nationwide Life Insurance Co.	Pimco Real Rtn A	59,643
*	Nationwide Life Insurance Co.	Pimco Ttl Rtn A	393,496
*	Nationwide Life Insurance Co.	Pionr Bd A	87,242
*	Nationwide Life Insurance Co.	Pionr Sel Mdcap Gr A	17,313
*	Nationwide Life Insurance Co.	Sntnl Govt Sec A	4,829
*	Nationwide Life Insurance Co.	Trowepr Smcap Val	5,329
*	Nationwide Life Insurance Co.	Vic Estblshd Val A	614,136
*	Nationwide Life Insurance Co.	Vic Fd For Inc A	300,902
*	Nationwide Life Insurance Co.	Vngrd Enrgy Inv	5,164
*	Nationwide Life Insurance Co.	Vngrd Eq Inc Inv	170,668
*	Nationwide Life Insurance Co.	Vngrd 500 Index Fd As	21,286
*	Nationwide Life Insurance Co.	Vngrd Extnd Mkt Indx Adml	8,328
*	Nationwide Life Insurance Co.	Vngrd Hlth Care Inv	10,632
*	Nationwide Life Insurance Co.	Vngrd Reit Indx Adml	10,275
*	Nationwide Life Insurance Co.	Vngrd Wlsly Inc Inv	13,490
*	Nationwide Life Insurance Co.	WFA Adj Rt Govt A	53,050
*	Nationwide Life Insurance Co.	WFA Disc Inv	63,774
*	Nationwide Life Insurance Co.	Wfa Sm Co Val A	2,765
*	Nationwide Life Insurance Co.	Wfa Smcap Val A	1,334
*	Nationwide Life Insurance Co.	WFA Spec MdCap Val Inv	80,777
*	Nationwide Life Insurance Co.	WR Ivy Hi Inc I	12,834
*	Nationwide Life Insurance Co.	WR Ivy RealEst Sec Y	56,026
			\$ 11,658,196

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
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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	PAKO, INC 401K PROFIT SHARING PLAN	1b Three-digit plan number (PN) ▶	001
		1c Effective date of plan	01/01/2002
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)	PAKO, INC.		
	7615 JENTHER DRIVE		
	MENTOR OH 44060		
	2b Employer Identification Number (EIN)	34-1123019	
	2c Plan Sponsor's telephone number	(440) 946-8030	
	2d Business code (see instructions)	336410	

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		10-14-15	Martha J. Stankewicz
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10-14-15	Martha J. Stankewicz
	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 (440) 946-8030
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 220
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) 212
a(2) Total number of active participants at the end of the plan year	6a(2) 212
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 12
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 224
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 224
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 186
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 4
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: 2G 2E 2J 2K 2F 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) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (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) ☒ <u>1</u> 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
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For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan PAKO, INC 401K PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 PAKO, INC.	D Employer Identification Number (EIN) 34-1123019	

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 CO.

(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	335-80026	38	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	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	1,788,436

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**

1,617,190

c Additions: (1) Contributions deposited during the year.....**7c(1)**

57,761

(2) Dividends and credits

7c(2)

(3) Interest credited during the year.....

7c(3)

50,846

(4) Transferred from separate account.....

7c(4)

678,847

(5) Other (specify below).....
▶**7c(5)**

(6) Total additions.....

7c(6)

787,454

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

2,404,644

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

565,848

(2) Administration charge made by carrier.....

7e(2)

6,809

(3) Transferred to separate account

7e(3)

42,720

(4) Other (specify below)

7e(4)

831

(5) Total deductions

7e(5)

616,208

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

1,788,436

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

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

A Name of plan	B Three-digit plan number (PN) ►	001
PAKO, INC 401K PROFIT SHARING PLAN		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
PAKO, INC.	34-1123019	

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 Suite 310 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

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(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)

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	22,765	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	44,435	Yes ☒ No ☐	Yes ☒ No ☐	17,740	Yes ☐ No ☒

(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 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	28,228	Yes ☒ No ☐	Yes ☒ No ☐	11,382	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
MOSKAL GROSS ORCHOSKY	15 16 17 37	17,421
(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 Fee Administrative Service Fee	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE	15 49 64 99	11,382
(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 1301 EAST NINTH STREET SUITE 1400 CLEVELAND OH 44114	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
(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 <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan PAKO, INC 401K PROFIT SHARING PLAN		B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 PAKO, INC.		D Employer Identification Number (EIN) 34-1123019

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)	773	
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)		
(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)	10,099,828	9,869,760
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1,617,190	1,788,436
(15) Other.....	1c(15)		

1d Employer-related investments:

	(a) Beginning of Year	(b) End of Year
(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	11,717,791 11,658,196

Liabilities

1g Benefit claims payable.....	1g	
1h Operating payables.....	1h	
1i Acquisition indebtedness.....	1i	
1j Other liabilities.....	1j	15,783 2,008
1k Total liabilities (add all amounts in lines 1g through 1j).....	1k	15,783 2,008

Net Assets

1l Net assets (subtract line 1k from line 1f).....	1l	11,702,008 11,656,188
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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 Contributions:**

	(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	223,662
(B) Participants.....	2a(1)(B)	669,299
(C) Others (including rollovers).....	2a(1)(C)	37,227
(2) Noncash contributions.....	2a(2)	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	930,188

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
(B) U.S. Government securities.....	2b(1)(B)	
(C) Corporate debt instruments.....	2b(1)(C)	
(D) Loans (other than to participants).....	2b(1)(D)	
(E) Participant loans.....	2b(1)(E)	
(F) Other.....	2b(1)(F)	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	0

(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)		619,992
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1,550,180

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1,596,000	
(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)		1,596,000
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1,596,000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-45,820
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: Walton & Stewart Inc.

(2) EIN: 34-1662414

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:

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.).....

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.)

	Yes	No	Amount
4a		X	
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.
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For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>PAKO, INC 401K PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PAKO, INC.</u>	D Employer Identification Number (EIN) <u>34-1123019</u>	

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.....
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): <u>31-4156830</u> 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.....

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....</td> <td style="width: 10%; text-align: center;">6a</td> <td style="width: 20%;"></td> </tr> <tr> <td>b Enter the amount contributed by the employer to the plan for this plan year.....</td> <td style="text-align: center;">6b</td> <td></td> </tr> <tr> <td>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)</td> <td style="text-align: center;">6c</td> <td></td> </tr> </table> If you completed line 6c, skip lines 8 and 9.	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	
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									
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">a</td> <td>Does the ESOP hold any preferred stock?.....</td> <td style="width: 10%; text-align: center;">☐ Yes ☐ No</td> </tr> <tr> <td style="width: 5%;">b</td> <td>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.).....</td> <td style="text-align: center;">☐ Yes ☐ No</td> </tr> </table>	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
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): _____		

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): _____

Application for Extension of Time To File Certain Employee Plan Returns

OMB No. 1545-0212

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

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions) PAKO, INC. Number, street, and room or suite no. (If a P.O. box, see instructions) 7615 JENTHER DRIVE City or town, state, and ZIP code MENTOR OH 44060	B Filer's identifying number (see instructions) Employer identification number (EIN) (9 digits XX-XXXXXXX) 34-1123019 Social security number (SSN) (9 digits XXX-XX-XXXX)					
C Plan name PAKO, INC 401K PROFIT SHARING PLAN	Plan number			Plan year ending –		
				MM	DD	YYYY
	0	0	1	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 ►

Financial Statements and Report of
Independent Certified Public Accountants

Pako, Inc. 401(k) Profit Sharing Plan

December 31, 2014 and 2013

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WALTON & STEWART, INC.

CERTIFIED PUBLIC ACCOUNTANTS

7660 Tyler Blvd.
Mentor, OH 44060

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of Pako, Inc.
401(k) Profit Sharing Plan

Report on the Financial Statements

We have audited the accompanying financial statements of Pako, Inc. 401(k) Profit Sharing Plan, which comprise the statements as of December 31, 2014 and 2013, and for the years then ended, as listed in the accompanying index, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

Basis for Qualified 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 trustee 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 trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2014 and 2013, and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

Qualified Opinion

In our opinion, except for the possible effects of the matter described in the Basis for Qualified Opinion paragraph, the financial statements referred to in the first paragraph present fairly, in all material respects, the net assets available for benefits of Pako, Inc. 401(k) Profit Sharing Plan as of December 31, 2014 and 2013, and the changes in net assets available for benefits for the year ended December 31, 2014 in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule listed in the accompanying index, together referred to as "Supplemental Information," is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, except for the effects on the Schedule of Assets Held for Investment Purposes-see Form 5500 Schedule H, Part IV, Line 4i of the matter described in the Basis for Qualified Opinion paragraph, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Mentor, Ohio
October 6, 2015

Watson & Stewart, Inc.

PAKO, INC.
401 (k) PROFIT SHARING PLAN
Statements of Net Assets Available for Benefits
December 31, 2014 and 2013

<u>ASSETS</u>	<u>2014</u>	<u>2013</u>
Investments at fair value:		
Participant directed mutual funds	\$ 11,658,196	11,717,018
Receivables:		
Employer contribution	<u>-</u>	<u>773</u>
	<u>-</u>	<u>773</u>
Total assets	11,658,196	11,717,791
 <u>LIABILITIES</u>		
Excess contributions/forfeitures payable	<u>2,008</u>	<u>15,783</u>
Total liabilities	<u>2,008</u>	<u>15,783</u>
Net assets available for benefits	\$ <u><u>11,656,188</u></u>	<u><u>11,702,008</u></u>

The accompanying notes are an integral part of these financial statements

PAKO, INC.
401 (k) PROFIT SHARING PLAN
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2014 and 2013

<u>ADDITIONS</u>	<u>2014</u>	<u>2013</u>
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 665,404	1,555,517
Interest income	50,846	51,529
Contributions:		
Employer contribution	223,662	205,181
Participant contributions	669,299	627,455
Participant rollovers	37,227	-
	<u>930,188</u>	<u>832,636</u>
Total additions	1,646,438	2,439,682
<u>DEDUCTIONS</u>		
Deductions from net assets attributed to:		
Benefits paid to participants	1,596,000	739,146
Administrative fees	96,258	91,913
	<u>1,692,258</u>	<u>831,059</u>
Total deductions	1,692,258	831,059
Net increase (decrease)	(45,820)	1,608,623
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>		
Beginning of year	<u>11,702,008</u>	<u>10,093,385</u>
End of year	<u>\$ 11,656,188</u>	<u>11,702,008</u>

The accompanying notes are an integral part of these financial statements

PAKO, INC.
401(k) PROFIT SHARING PLAN
Notes to Financial Statements
December 31, 2014 and 2013

NOTE A - DESCRIPTION OF PLAN

The following description of the Pako, Inc. ("Company") 401(k) Profit Sharing Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

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

Contributions

Each participant may contribute up to the maximum percentage of compensation and dollar amount permissible under Section 402(g) of the Internal Revenue Code not to exceed the limits of Code Sections 401(k), 404 and 415. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Company may contribute a matching percentage (to be determined each year) of the participant's contributions to the Plan. Additional amounts may be contributed at the option of the Company's board of directors. Contributions are subject to certain limitations.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) Plan earnings, and 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.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous services. As of January 1, 2002 a participant is 100% vested after six years of credited services.

Investment Options

Upon enrollment in the Plan, a participant may direct employee and employer contributions in any increment in a broad range of mutual funds, one money market fund, and one guaranteed income investment option. Participants may change their investment options daily.

PAKO, INC.
401(k) PROFIT SHARING PLAN
Notes to Financial Statements, Continued
December 31, 2014 and 2013

NOTE A - DESCRIPTION OF PLAN, CONTINUED

Loans to Participants

The plan does not allow any loans from the plan.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive either (1) a joint and survivor annuity, (2) lump-sum amount equal to the value of the participant's vested interest in his or her account, (3) installments over the participant's or beneficiaries assumed life expectancy, or (4) purchase a different form of annuity. 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.

Forfeited Accounts

Forfeited non vested accounts for the years ended December 31, 2014 and 2013 totaled \$1,929 and \$6,926 respectively. These accounts are used to reduce employer contributions. In 2014 and 2013 employer contributions were reduced by \$8,996 and \$2,466 respectively from forfeited non vested accounts.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note F for discussion of fair value measurements.

Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Purchases and sales of securities are recorded on a trade-date basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

PAKO, INC.
401(k) PROFIT SHARING PLAN
Notes to Financial Statements, Continued
December 31, 2014 and 2013

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Payment of Benefits

Benefits are recorded when paid.

Operating Expenses

All administrative fees for the Plan are paid by the Plan's funds. Audit fees are paid for by the Company.

Date of Management's Review

The Plan has evaluated subsequent events through October 6, 2015, the date the financial statements were available to be issued, and determined there are no items to disclose.

NOTE C - INVESTMENTS

All of the investments of the Plan are participant directed. The following presents investments that represent 5% or more of the Plan's net assets:

	<u>2014</u>	<u>2013</u>
American Funds Am Bal	\$ 646,054	756,523
American Funds Europacific Growth	620,286	644,533
Fidelity Advisor New Insights	1,331,095	1,369,952
Franklin Small Cap Growth	695,863	678,299
Pimco Total Return Fnd Cls	-	661,310
Boa-Fixed	1,788,436	1,617,190
Vic Established Value	614,136	-
American Funds Fd Am	<u>792,792</u>	<u>-</u>
	<u>\$ 6,488,662</u>	<u>5,727,807</u>

During 2014 and 2013, the plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

	<u>2014</u>	<u>2013</u>
Money market account	\$ (3,439)	(3,535)
Mutual funds	<u>668,843</u>	<u>1,559,052</u>
	<u>\$ 665,404</u>	<u>1,555,517</u>

PAKO, INC.
401(k) PROFIT SHARING PLAN
Notes to Financial Statements, Continued
December 31, 2014 and 2013

NOTE D - PLAN TERMINATION

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

NOTE E - TAX STATUS

The IRS has determined and informed the plan sponsor by a letter dated February 20, 2003 , 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.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2012.

NOTE F - FAIR VALUE MEASUREMENTS

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

Level 1 - Quoted market prices in active markets that the reporting entity has the ability to access at the date of the fair value measurement.

PAKO, INC.
401(k) PROFIT SHARING PLAN
Notes to Financial Statements, Continued
December 31, 2014 and 2013

NOTE F - FAIR VALUE MEASUREMENTS, CONTINUED

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

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

Money market account and mutual funds: Valued at the net asset value (NAV) of shares held by the plan at year end.

Guaranteed investment contract: The guaranteed investment contract with an insurance company is not actively traded and significant other observable inputs are not available. Thus the value of the guaranteed investment contract is determined by using the book value as determined and certified by Nationwide Life Insurance Company.

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

PAKO, INC.
401(k) PROFIT SHARING PLAN
Notes to Financial Statements, Continued
December 31, 2014 and 2013

NOTE F - FAIR VALUE MEASUREMENTS, CONTINUED

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

	<u>Total</u>	<u>Level 1</u>	<u>Level 3</u>
<u>December 31, 2014</u>			
Balanced funds	\$ 654,134	654,134	-
Money market account	395,852	395,852	-
Corporate bond funds	958,272	958,272	-
Value funds	1,803,799	1,803,799	-
Blended funds	252,483	252,483	-
Growth funds	5,203,093	5,203,093	-
US govt security funds	384,906	384,906	-
Other funds	150,920	150,920	-
Real estate funds	66,301	66,301	
Investment contract with insurance co.	<u>1,788,436</u>	<u>-</u>	<u>1,788,436</u>
Total	\$ <u>11,658,196</u>	<u>9,869,760</u>	<u>1,788,436</u>
	<u>Total</u>	<u>Level 1</u>	<u>Level 3</u>
<u>December 31, 2013</u>			
Balanced funds	\$ 756,523	756,523	-
Money market account	430,646	430,646	-
Corporate bond funds	1,077,853	1,077,853	-
Value funds	1,594,079	1,594,079	-
Blended funds	1,087,492	1,087,492	-
Growth funds	4,459,329	4,459,329	-
US govt security funds	395,462	395,462	-
Other funds	186,890	186,890	-
Real estate funds	111,554	111,554	
Investment contract with insurance co.	<u>1,617,190</u>	<u>-</u>	<u>1,617,190</u>
Total	\$ <u>11,717,018</u>	<u>10,099,828</u>	<u>1,617,190</u>

PAKO, INC.
401(k) PROFIT SHARING PLAN
Notes to Financial Statements, Continued
December 31, 2014 and 2013

NOTE F - FAIR VALUE MEASUREMENTS, CONTINUED

Fair Value Measurements Using Significant Unobservable Inputs (Level 3) for the guaranteed investment contract:

	<u>2014</u>	<u>2013</u>
Beginning balance	\$ 1,617,190	1,904,579
Amounts included in changes in net assets available for benefits:		
Interest income	50,846	51,529
Purchases	736,607	59,699
Sales	(608,567)	(390,622)
Settlements	<u>(7,640)</u>	<u>(7,995)</u>
Ending balance	\$ <u>1,788,436</u>	<u>1,617,190</u>

The Plan's policy is to recognize transfers into and out of Level 3 as of the date of the event or change in circumstances that caused the transfer. For the year ended December 31, 2014, there were no significant transfers into or out of Level 3.

NOTE G - PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Nationwide Life Insurance Company who is the trustee of the plan. Therefore, these transactions qualify as party-in-interest transactions. The fees paid to Nationwide Life Insurance Company for years ended December 31, 2014 and 2013 were \$28,228 and \$25,657 respectively. The fees paid to the third party administrator and investment advisor for the years ended December 31, 2014 and 2013 were \$68,030 and \$66,256 respectively.

NOTE H - 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.

PAKO, INC.
401(k) PROFIT SHARING PLAN
Notes to Financial Statements, Continued
December 31, 2014 and 2013

NOTE I - INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED)

At December 31, 2014 and 2013, the Plan's investments were held by the Trustee. The following is a summary of the Plan's financial information that is included in the financial statements based on information certified by the Trustee as complete and accurate in accordance with Section 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 fair value of investments at December 31, 2014 and 2013, as reported by the Trustee is summarized as follows:

	<u>2014</u>	<u>2013</u>
Assets:		
Money market account	\$ 395,852	430,646
Mutual funds	9,473,908	9,669,182
Fixed income account	<u>1,788,436</u>	<u>1,617,190</u>
Total certified amount	\$ <u>11,658,196</u>	<u>11,717,018</u>
Changes in net assets:		
Net appreciation of assets	\$ 619,992	1,515,133
Contributions	920,252	842,089
Withdrawals	<u>(1,599,066)</u>	<u>(743,768)</u>
Total certified increase (decrease)	(58,822)	1,613,454
Accrual to cash adjustments	<u>13,002</u>	<u>(4,831)</u>
Net increase (decrease) per financial statements	\$ <u>(45,820)</u>	<u>1,608,623</u>

The fair value of investments at December 31, 2014, as reported by the Trustee, is included in the supplemental schedule of assets held at end of year.

NOTE J - INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan has an investment contract with Nationwide Life Insurance Company. Nationwide maintains the contributions in a general account, which is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at book value since it is not considered fully benefit-responsive.

PAKO, INC.
401(k) PROFIT SHARING PLAN
Notes to Financial Statements, Continued
December 31, 2014 and 2013

NOTE J - INVESTMENT CONTRACT WITH INSURANCE COMPANY, CONTINUED

Nationwide is contractually obligated to pay the principal and specified interest rate that is guaranteed to the plan. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 0%. Such interest rates are reviewed on an annual basis for resetting. The interest rate for years ending December 31, 2014 and 2013 was 3.0%.

The contract has certain restrictions that impact the ability to collect the full contract value. Plan management believes that the occurrence of events that would cause the plan to transact at less than contract value is not probable. Nationwide may not terminate the contract at any amount less than contract value.

NOTE K - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of investments at fair value per the financial statements at December 31, 2014 and 2013 to Form 5500:

	<u>2014</u>	<u>2013</u>
Per 5500		
Value of interest in registered investment companies	\$ 9,869,760	10,099,828
Value of funds held in general account	<u>1,788,436</u>	<u>1,617,190</u>
Total per 5500	<u>11,658,196</u>	<u>11,717,018</u>
Per financial statements:		
Participant directed investments	\$ <u>11,658,196</u>	<u>11,717,018</u>

The following is a reconciliation of net appreciation (depreciation) in fair value of investments at December 31, 2014 and 2013 to Form 5500:

Appreciation per financial statements	\$ 665,404	1,555,517
Interest income per financial statements	50,846	51,529
Administrative fees per financial statements	<u>(96,258)</u>	<u>(91,913)</u>
Per 5500	<u>\$ 619,992</u>	<u>1,515,133</u>

PAKO, INC.
401(k) PROFIT SHARING PLAN
Notes to Financial Statements, Continued
December 31, 2014 and 2013

NOTE L - EXCESS CONTRIBUTIONS PAYABLE

At December 31, 2014 and 2013, payables of \$-0- and \$3,175, respectively are recorded for amounts refundable by the Plan to participants and the plan sponsor for contributions made in excess of amounts allowed by the Internal Revenue Service and for minor contributions made in excess of the amounts withheld.

At December 31, 2014 and 2013, payables of 2,008 and \$12,608, respectively are recorded for amounts refundable by the Plan to the plan sponsor for matching contributions made without the reduction of the forfeiture account.

PAKO, INC.
401 (k) PROFIT SHARING PLAN
Schedule of Assets Held for Investment Purposes -
see Form 5500 Schedule H, Part IV, Line 4i
EIN #34-1123019
Plan Number 001
For the Year Ended December 31, 2014

(A)	(B)	(C)	(E)
	Identity of Issuer, borrower, lessor or similar party.	Description of investment including maturity date, rate of interest, collateral, par or maturity date.	Current Value 12/31/2014
			\$
*	Nationwide Life Insurance Co.	Allber Eq Inc K	4,680
*	Nationwide Life Insurance Co.	Allnzgi Nfj Intl Val A	86,314
*	Nationwide Life Insurance Co.	Allnzgi Tech A	100,939
*	Nationwide Life Insurance Co.	Amfds Am Bal R5	8,080
*	Nationwide Life Insurance Co.	Amfds Am Bal R6	646,054
*	Nationwide Life Insurance Co.	Amfds Cap Inc Bldr R6	38,279
*	Nationwide Life Insurance Co.	Amfds Europacific Growth Fd R5	6,333
*	Nationwide Life Insurance Co.	Amfds Europacific Growth Fd R6	620,286
*	Nationwide Life Insurance Co.	Amfds Inc Fd Am R5	1,362
*	Nationwide Life Insurance Co.	Amfds Inc Fd Am R6	792,792
*	Nationwide Life Insurance Co.	Amfds New Wld R6	16,606
*	Nationwide Life Insurance Co.	Amfds Wshngtn Mut Inv R6	176,686
*	Nationwide Life Insurance Co.	Baron Ptnrs	8,339
*	Nationwide Life Insurance Co.	Blkrk Hlth Scnc Oppr Inv A	73,750
*	Nationwide Life Insurance Co.	Boa-fixed	1,788,436
*	Nationwide Life Insurance Co.	Dfa Globl Realest Sec	70,118
*	Nationwide Life Insurance Co.	Ev Flotng Rt A	149
*	Nationwide Life Insurance Co.	EV Govt Oblgtns A	79,175
*	Nationwide Life Insurance Co.	Fidadv New Insghts A	1,331,095
*	Nationwide Life Insurance Co.	Fidadv Strat Inc A	12,970
*	Nationwide Life Insurance Co.	Fnkln Smcap Gr A	695,863
*	Nationwide Life Insurance Co.	Fnkln Smmcap Gr A	395,959
*	Nationwide Life Insurance Co.	Fnkln tmp Gbl Bd A	111,253
*	Nationwide Life Insurance Co.	Fnkln Util Ser Adv	104,863
*	Nationwide Life Insurance Co.	Gdmnscls Strat Inc A	56,196
*	Nationwide Life Insurance Co.	Invsco Divd Inc A	3,694
*	Nationwide Life Insurance Co.	Invsco Gr Inc A	554,143
*	Nationwide Life Insurance Co.	JPM SmCap Val A	545,884
*	Nationwide Life Insurance Co.	LeggM ClrBrdg SmCap Gr A	3,376
*	Nationwide Life Insurance Co.	Natixis Gateway A	84,478
*	Nationwide Life Insurance Co.	New Mny Mkt Inst	395,852
*	Nationwide Life Insurance Co.	Opp Gbl A	183,385
*	Nationwide Life Insurance Co.	Opp Gold Spec Mnrls A	63,010
*	Nationwide Life Insurance Co.	Opp Intl Bd A	19,027

PAKO, INC.
401 (k) PROFIT SHARING PLAN
Schedule of Assets Held for Investment Purposes -
see Form 5500 Schedule H, Part IV, Line 4i, Continued
EIN #34-1123019
Plan Number 001
For the Year Ended December 31, 2014

(A)	(B)	(C)	(E)
	Identity of Issuer, borrower, lessor or similar party.	Description of investment including maturity date, rate of interest, collateral, par or maturity date.	Current Value 12/31/2014
*	Nationwide Life Insurance Co.	Opp Snr Flotng Rt A	150,771
*	Nationwide Life Insurance Co.	Opp Stlpth Mlp Inc A	70,890
*	Nationwide Life Insurance Co.	Pimco All Asst A	138,978
*	Nationwide Life Insurance Co.	Pimco Fdmntlndxplus Ar A	72,277
*	Nationwide Life Insurance Co.	Pimco Inc A	139,273
*	Nationwide Life Insurance Co.	Pimco Inc Inst	13,288
*	Nationwide Life Insurance Co.	Pimco Real Rtn A	59,643
*	Nationwide Life Insurance Co.	Pimco Ttl Rtn A	393,496
*	Nationwide Life Insurance Co.	Pionr Bd A	87,242
*	Nationwide Life Insurance Co.	Pionr Sel Mdcap Gr A	17,313
*	Nationwide Life Insurance Co.	Sntnl Govt Sec A	4,829
*	Nationwide Life Insurance Co.	Trowepr Smcap Val	5,329
*	Nationwide Life Insurance Co.	Vic Estblshd Val A	614,136
*	Nationwide Life Insurance Co.	Vic Fd For Inc A	300,902
*	Nationwide Life Insurance Co.	Vngrd Enrgy Inv	5,164
*	Nationwide Life Insurance Co.	Vngrd Eq Inc Inv	170,668
*	Nationwide Life Insurance Co.	Vngrd 500 Index Fd As	21,286
*	Nationwide Life Insurance Co.	Vngrd Extnd Mkt Indx Adml	8,328
*	Nationwide Life Insurance Co.	Vngrd Hlth Care Inv	10,632
*	Nationwide Life Insurance Co.	Vngrd Reit Indx Adml	10,275
*	Nationwide Life Insurance Co.	Vngrd Wlsly Inc Inv	13,490
*	Nationwide Life Insurance Co.	WFA Adj Rt Govt A	53,050
*	Nationwide Life Insurance Co.	WFA Disc Inv	63,774
*	Nationwide Life Insurance Co.	Wfa Sm Co Val A	2,765
*	Nationwide Life Insurance Co.	Wfa Smcap Val A	1,334
*	Nationwide Life Insurance Co.	WFA Spec MdCap Val Inv	80,777
*	Nationwide Life Insurance Co.	WR Ivy Hi Inc I	12,834
*	Nationwide Life Insurance Co.	WR Ivy RealEst Sec Y	56,026
			\$ <u>11,658,196</u>

Financial Statements and Report of
Independent Certified Public Accountants

Pako, Inc. 401(k) Profit Sharing Plan

December 31, 2014 and 2013

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WALTON & STEWART, INC.

CERTIFIED PUBLIC ACCOUNTANTS

7660 Tyler Blvd.
Mentor, OH 44060

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of Pako, Inc.
401(k) Profit Sharing Plan

Report on the Financial Statements

We have audited the accompanying financial statements of Pako, Inc. 401(k) Profit Sharing Plan, which comprise the statements as of December 31, 2014 and 2013, and for the years then ended, as listed in the accompanying index, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

Basis for Qualified 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 trustee 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 trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2014 and 2013, and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

Qualified Opinion

In our opinion, except for the possible effects of the matter described in the Basis for Qualified Opinion paragraph, the financial statements referred to in the first paragraph present fairly, in all material respects, the net assets available for benefits of Pako, Inc. 401(k) Profit Sharing Plan as of December 31, 2014 and 2013, and the changes in net assets available for benefits for the year ended December 31, 2014 in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule listed in the accompanying index, together referred to as "Supplemental Information," is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, except for the effects on the Schedule of Assets Held for Investment Purposes-see Form 5500 Schedule H, Part IV, Line 4i of the matter described in the Basis for Qualified Opinion paragraph, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Mentor, Ohio
October 6, 2015

Watson & Stewart, Inc.

PAKO, INC.
401 (k) PROFIT SHARING PLAN
Statements of Net Assets Available for Benefits
December 31, 2014 and 2013

<u>ASSETS</u>	<u>2014</u>	<u>2013</u>
Investments at fair value:		
Participant directed mutual funds	\$ 11,658,196	11,717,018
Receivables:		
Employer contribution	<u>-</u>	<u>773</u>
	<u>-</u>	<u>773</u>
Total assets	11,658,196	11,717,791
 <u>LIABILITIES</u>		
Excess contributions/forfeitures payable	<u>2,008</u>	<u>15,783</u>
Total liabilities	<u>2,008</u>	<u>15,783</u>
Net assets available for benefits	\$ <u><u>11,656,188</u></u>	<u><u>11,702,008</u></u>

The accompanying notes are an integral part of these financial statements

PAKO, INC.
401 (k) PROFIT SHARING PLAN
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2014 and 2013

<u>ADDITIONS</u>	<u>2014</u>	<u>2013</u>
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 665,404	1,555,517
Interest income	50,846	51,529
Contributions:		
Employer contribution	223,662	205,181
Participant contributions	669,299	627,455
Participant rollovers	37,227	-
	<u>930,188</u>	<u>832,636</u>
Total additions	1,646,438	2,439,682
<u>DEDUCTIONS</u>		
Deductions from net assets attributed to:		
Benefits paid to participants	1,596,000	739,146
Administrative fees	96,258	91,913
	<u>1,692,258</u>	<u>831,059</u>
Total deductions	1,692,258	831,059
Net increase (decrease)	(45,820)	1,608,623
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>		
Beginning of year	<u>11,702,008</u>	<u>10,093,385</u>
End of year	<u>\$ 11,656,188</u>	<u>11,702,008</u>

The accompanying notes are an integral part of these financial statements

PAKO, INC.
401(k) PROFIT SHARING PLAN
Notes to Financial Statements
December 31, 2014 and 2013

NOTE A - DESCRIPTION OF PLAN

The following description of the Pako, Inc. ("Company") 401(k) Profit Sharing Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

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

Contributions

Each participant may contribute up to the maximum percentage of compensation and dollar amount permissible under Section 402(g) of the Internal Revenue Code not to exceed the limits of Code Sections 401(k), 404 and 415. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Company may contribute a matching percentage (to be determined each year) of the participant's contributions to the Plan. Additional amounts may be contributed at the option of the Company's board of directors. Contributions are subject to certain limitations.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) Plan earnings, and 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.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous services. As of January 1, 2002 a participant is 100% vested after six years of credited services.

Investment Options

Upon enrollment in the Plan, a participant may direct employee and employer contributions in any increment in a broad range of mutual funds, one money market fund, and one guaranteed income investment option. Participants may change their investment options daily.

PAKO, INC.
401(k) PROFIT SHARING PLAN
Notes to Financial Statements, Continued
December 31, 2014 and 2013

NOTE A - DESCRIPTION OF PLAN, CONTINUED

Loans to Participants

The plan does not allow any loans from the plan.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive either (1) a joint and survivor annuity, (2) lump-sum amount equal to the value of the participant's vested interest in his or her account, (3) installments over the participant's or beneficiaries assumed life expectancy, or (4) purchase a different form of annuity. 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.

Forfeited Accounts

Forfeited non vested accounts for the years ended December 31, 2014 and 2013 totaled \$1,929 and \$6,926 respectively. These accounts are used to reduce employer contributions. In 2014 and 2013 employer contributions were reduced by \$8,996 and \$2,466 respectively from forfeited non vested accounts.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note F for discussion of fair value measurements.

Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Purchases and sales of securities are recorded on a trade-date basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

PAKO, INC.
401(k) PROFIT SHARING PLAN
Notes to Financial Statements, Continued
December 31, 2014 and 2013

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Payment of Benefits

Benefits are recorded when paid.

Operating Expenses

All administrative fees for the Plan are paid by the Plan's funds. Audit fees are paid for by the Company.

Date of Management's Review

The Plan has evaluated subsequent events through October 6, 2015, the date the financial statements were available to be issued, and determined there are no items to disclose.

NOTE C - INVESTMENTS

All of the investments of the Plan are participant directed. The following presents investments that represent 5% or more of the Plan's net assets:

	<u>2014</u>	<u>2013</u>
American Funds Am Bal	\$ 646,054	756,523
American Funds Europacific Growth	620,286	644,533
Fidelity Advisor New Insights	1,331,095	1,369,952
Franklin Small Cap Growth	695,863	678,299
Pimco Total Return Fnd Cls	-	661,310
Boa-Fixed	1,788,436	1,617,190
Vic Established Value	614,136	-
American Funds Fd Am	<u>792,792</u>	<u>-</u>
	<u>\$ 6,488,662</u>	<u>5,727,807</u>

During 2014 and 2013, the plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

	<u>2014</u>	<u>2013</u>
Money market account	\$ (3,439)	(3,535)
Mutual funds	<u>668,843</u>	<u>1,559,052</u>
	<u>\$ 665,404</u>	<u>1,555,517</u>

PAKO, INC.
401(k) PROFIT SHARING PLAN
Notes to Financial Statements, Continued
December 31, 2014 and 2013

NOTE D - PLAN TERMINATION

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

NOTE E - TAX STATUS

The IRS has determined and informed the plan sponsor by a letter dated February 20, 2003 , 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.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2012.

NOTE F - FAIR VALUE MEASUREMENTS

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

Level 1 - Quoted market prices in active markets that the reporting entity has the ability to access at the date of the fair value measurement.

PAKO, INC.
401(k) PROFIT SHARING PLAN
Notes to Financial Statements, Continued
December 31, 2014 and 2013

NOTE F - FAIR VALUE MEASUREMENTS, CONTINUED

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

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

Money market account and mutual funds: Valued at the net asset value (NAV) of shares held by the plan at year end.

Guaranteed investment contract: The guaranteed investment contract with an insurance company is not actively traded and significant other observable inputs are not available. Thus the value of the guaranteed investment contract is determined by using the book value as determined and certified by Nationwide Life Insurance Company.

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

PAKO, INC.
401(k) PROFIT SHARING PLAN
Notes to Financial Statements, Continued
December 31, 2014 and 2013

NOTE F - FAIR VALUE MEASUREMENTS, CONTINUED

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

	<u>Total</u>	<u>Level 1</u>	<u>Level 3</u>
<u>December 31, 2014</u>			
Balanced funds	\$ 654,134	654,134	-
Money market account	395,852	395,852	-
Corporate bond funds	958,272	958,272	-
Value funds	1,803,799	1,803,799	-
Blended funds	252,483	252,483	-
Growth funds	5,203,093	5,203,093	-
US govt security funds	384,906	384,906	-
Other funds	150,920	150,920	-
Real estate funds	66,301	66,301	
Investment contract with insurance co.	<u>1,788,436</u>	<u>-</u>	<u>1,788,436</u>
Total	\$ <u>11,658,196</u>	<u>9,869,760</u>	<u>1,788,436</u>
	<u>Total</u>	<u>Level 1</u>	<u>Level 3</u>
<u>December 31, 2013</u>			
Balanced funds	\$ 756,523	756,523	-
Money market account	430,646	430,646	-
Corporate bond funds	1,077,853	1,077,853	-
Value funds	1,594,079	1,594,079	-
Blended funds	1,087,492	1,087,492	-
Growth funds	4,459,329	4,459,329	-
US govt security funds	395,462	395,462	-
Other funds	186,890	186,890	-
Real estate funds	111,554	111,554	
Investment contract with insurance co.	<u>1,617,190</u>	<u>-</u>	<u>1,617,190</u>
Total	\$ <u>11,717,018</u>	<u>10,099,828</u>	<u>1,617,190</u>

PAKO, INC.
401(k) PROFIT SHARING PLAN
Notes to Financial Statements, Continued
December 31, 2014 and 2013

NOTE F - FAIR VALUE MEASUREMENTS, CONTINUED

Fair Value Measurements Using Significant Unobservable Inputs (Level 3) for the guaranteed investment contract:

	<u>2014</u>	<u>2013</u>
Beginning balance	\$ 1,617,190	1,904,579
Amounts included in changes in net assets available for benefits:		
Interest income	50,846	51,529
Purchases	736,607	59,699
Sales	(608,567)	(390,622)
Settlements	<u>(7,640)</u>	<u>(7,995)</u>
Ending balance	\$ <u>1,788,436</u>	<u>1,617,190</u>

The Plan's policy is to recognize transfers into and out of Level 3 as of the date of the event or change in circumstances that caused the transfer. For the year ended December 31, 2014, there were no significant transfers into or out of Level 3.

NOTE G - PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Nationwide Life Insurance Company who is the trustee of the plan. Therefore, these transactions qualify as party-in-interest transactions. The fees paid to Nationwide Life Insurance Company for years ended December 31, 2014 and 2013 were \$28,228 and \$25,657 respectively. The fees paid to the third party administrator and investment advisor for the years ended December 31, 2014 and 2013 were \$68,030 and \$66,256 respectively.

NOTE H - 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.

PAKO, INC.
401(k) PROFIT SHARING PLAN
Notes to Financial Statements, Continued
December 31, 2014 and 2013

NOTE I - INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED)

At December 31, 2014 and 2013, the Plan's investments were held by the Trustee. The following is a summary of the Plan's financial information that is included in the financial statements based on information certified by the Trustee as complete and accurate in accordance with Section 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 fair value of investments at December 31, 2014 and 2013, as reported by the Trustee is summarized as follows:

	<u>2014</u>	<u>2013</u>
Assets:		
Money market account	\$ 395,852	430,646
Mutual funds	9,473,908	9,669,182
Fixed income account	<u>1,788,436</u>	<u>1,617,190</u>
Total certified amount	\$ <u>11,658,196</u>	<u>11,717,018</u>
Changes in net assets:		
Net appreciation of assets	\$ 619,992	1,515,133
Contributions	920,252	842,089
Withdrawals	<u>(1,599,066)</u>	<u>(743,768)</u>
Total certified increase (decrease)	(58,822)	1,613,454
Accrual to cash adjustments	<u>13,002</u>	<u>(4,831)</u>
Net increase (decrease) per financial statements	\$ <u>(45,820)</u>	<u>1,608,623</u>

The fair value of investments at December 31, 2014, as reported by the Trustee, is included in the supplemental schedule of assets held at end of year.

NOTE J - INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan has an investment contract with Nationwide Life Insurance Company. Nationwide maintains the contributions in a general account, which is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at book value since it is not considered fully benefit-responsive.

PAKO, INC.
401(k) PROFIT SHARING PLAN
Notes to Financial Statements, Continued
December 31, 2014 and 2013

NOTE J - INVESTMENT CONTRACT WITH INSURANCE COMPANY, CONTINUED

Nationwide is contractually obligated to pay the principal and specified interest rate that is guaranteed to the plan. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 0%. Such interest rates are reviewed on an annual basis for resetting. The interest rate for years ending December 31, 2014 and 2013 was 3.0%.

The contract has certain restrictions that impact the ability to collect the full contract value. Plan management believes that the occurrence of events that would cause the plan to transact at less than contract value is not probable. Nationwide may not terminate the contract at any amount less than contract value.

NOTE K - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of investments at fair value per the financial statements at December 31, 2014 and 2013 to Form 5500:

	<u>2014</u>	<u>2013</u>
Per 5500		
Value of interest in registered investment companies	\$ 9,869,760	10,099,828
Value of funds held in general account	<u>1,788,436</u>	<u>1,617,190</u>
Total per 5500	<u>11,658,196</u>	<u>11,717,018</u>
Per financial statements:		
Participant directed investments	\$ <u>11,658,196</u>	<u>11,717,018</u>

The following is a reconciliation of net appreciation (depreciation) in fair value of investments at December 31, 2014 and 2013 to Form 5500:

Appreciation per financial statements	\$ 665,404	1,555,517
Interest income per financial statements	50,846	51,529
Administrative fees per financial statements	<u>(96,258)</u>	<u>(91,913)</u>
Per 5500	<u>\$ 619,992</u>	<u>1,515,133</u>

PAKO, INC.
401(k) PROFIT SHARING PLAN
Notes to Financial Statements, Continued
December 31, 2014 and 2013

NOTE L - EXCESS CONTRIBUTIONS PAYABLE

At December 31, 2014 and 2013, payables of \$-0- and \$3,175, respectively are recorded for amounts refundable by the Plan to participants and the plan sponsor for contributions made in excess of amounts allowed by the Internal Revenue Service and for minor contributions made in excess of the amounts withheld.

At December 31, 2014 and 2013, payables of 2,008 and \$12,608, respectively are recorded for amounts refundable by the Plan to the plan sponsor for matching contributions made without the reduction of the forfeiture account.

PAKO, INC.
401 (k) PROFIT SHARING PLAN
Schedule of Assets Held for Investment Purposes -
see Form 5500 Schedule H, Part IV, Line 4i
EIN #34-1123019
Plan Number 001
For the Year Ended December 31, 2014

(A)	(B) Identity of Issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity date.	(E) Current Value 12/31/2014
			\$
*	Nationwide Life Insurance Co.	Allber Eq Inc K	4,680
*	Nationwide Life Insurance Co.	Allnzgi Nfj Intl Val A	86,314
*	Nationwide Life Insurance Co.	Allnzgi Tech A	100,939
*	Nationwide Life Insurance Co.	Amfds Am Bal R5	8,080
*	Nationwide Life Insurance Co.	Amfds Am Bal R6	646,054
*	Nationwide Life Insurance Co.	Amfds Cap Inc Bldr R6	38,279
*	Nationwide Life Insurance Co.	Amfds Europacific Growth Fd R5	6,333
*	Nationwide Life Insurance Co.	Amfds Europacific Growth Fd R6	620,286
*	Nationwide Life Insurance Co.	Amfds Inc Fd Am R5	1,362
*	Nationwide Life Insurance Co.	Amfds Inc Fd Am R6	792,792
*	Nationwide Life Insurance Co.	Amfds New Wld R6	16,606
*	Nationwide Life Insurance Co.	Amfds Wshngtn Mut Inv R6	176,686
*	Nationwide Life Insurance Co.	Baron Ptnrs	8,339
*	Nationwide Life Insurance Co.	Blkrk Hlth Scnc Oppr Inv A	73,750
*	Nationwide Life Insurance Co.	Boa-fixed	1,788,436
*	Nationwide Life Insurance Co.	Dfa Globl Realest Sec	70,118
*	Nationwide Life Insurance Co.	Ev Flotng Rt A	149
*	Nationwide Life Insurance Co.	EV Govt Oblgtns A	79,175
*	Nationwide Life Insurance Co.	Fidadv New Insghts A	1,331,095
*	Nationwide Life Insurance Co.	Fidadv Strat Inc A	12,970
*	Nationwide Life Insurance Co.	Fnkln Smcap Gr A	695,863
*	Nationwide Life Insurance Co.	Fnkln Smmdcap Gr A	395,959
*	Nationwide Life Insurance Co.	Fnkln tmp Gbl Bd A	111,253
*	Nationwide Life Insurance Co.	Fnkln Util Ser Adv	104,863
*	Nationwide Life Insurance Co.	Gdmnses Strat Inc A	56,196
*	Nationwide Life Insurance Co.	Invsco Divd Inc A	3,694
*	Nationwide Life Insurance Co.	Invsco Gr Inc A	554,143
*	Nationwide Life Insurance Co.	JPM SmCap Val A	545,884
*	Nationwide Life Insurance Co.	LeggM ClrBrdg SmCap Gr A	3,376
*	Nationwide Life Insurance Co.	Natixis Gateway A	84,478
*	Nationwide Life Insurance Co.	New Mny Mkt Inst	395,852
*	Nationwide Life Insurance Co.	Opp Gbl A	183,385
*	Nationwide Life Insurance Co.	Opp Gold Spec Mnrls A	63,010
*	Nationwide Life Insurance Co.	Opp Intl Bd A	19,027

PAKO, INC.
401 (k) PROFIT SHARING PLAN
Schedule of Assets Held for Investment Purposes -
see Form 5500 Schedule H, Part IV, Line 4i, Continued
EIN #34-1123019
Plan Number 001
For the Year Ended December 31, 2014

(A)	(B)	(C)	(E)
	Identity of Issuer, borrower, lessor or similar party.	Description of investment including maturity date, rate of interest, collateral, par or maturity date.	Current Value 12/31/2014
*	Nationwide Life Insurance Co.	Opp Snr Flotng Rt A	150,771
*	Nationwide Life Insurance Co.	Opp Stlpth Mlp Inc A	70,890
*	Nationwide Life Insurance Co.	Pimco All Asst A	138,978
*	Nationwide Life Insurance Co.	Pimco Fdmntlndxplus Ar A	72,277
*	Nationwide Life Insurance Co.	Pimco Inc A	139,273
*	Nationwide Life Insurance Co.	Pimco Inc Inst	13,288
*	Nationwide Life Insurance Co.	Pimco Real Rtn A	59,643
*	Nationwide Life Insurance Co.	Pimco Ttl Rtn A	393,496
*	Nationwide Life Insurance Co.	Pionr Bd A	87,242
*	Nationwide Life Insurance Co.	Pionr Sel Mdcap Gr A	17,313
*	Nationwide Life Insurance Co.	Sntnl Govt Sec A	4,829
*	Nationwide Life Insurance Co.	Trowepr Smcap Val	5,329
*	Nationwide Life Insurance Co.	Vic Estblshd Val A	614,136
*	Nationwide Life Insurance Co.	Vic Fd For Inc A	300,902
*	Nationwide Life Insurance Co.	Vngrd Enrgy Inv	5,164
*	Nationwide Life Insurance Co.	Vngrd Eq Inc Inv	170,668
*	Nationwide Life Insurance Co.	Vngrd 500 Index Fd As	21,286
*	Nationwide Life Insurance Co.	Vngrd Extnd Mkt Indx Adml	8,328
*	Nationwide Life Insurance Co.	Vngrd Hlth Care Inv	10,632
*	Nationwide Life Insurance Co.	Vngrd Reit Indx Adml	10,275
*	Nationwide Life Insurance Co.	Vngrd Wlsly Inc Inv	13,490
*	Nationwide Life Insurance Co.	WFA Adj Rt Govt A	53,050
*	Nationwide Life Insurance Co.	WFA Disc Inv	63,774
*	Nationwide Life Insurance Co.	Wfa Sm Co Val A	2,765
*	Nationwide Life Insurance Co.	Wfa Smcap Val A	1,334
*	Nationwide Life Insurance Co.	WFA Spec MdCap Val Inv	80,777
*	Nationwide Life Insurance Co.	WR Ivy Hi Inc I	12,834
*	Nationwide Life Insurance Co.	WR Ivy RealEst Sec Y	56,026
			\$ <u>11,658,196</u>