Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
KOMYO AMERICA 401(K) RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2006

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

14141 YORBA AVE
CHINO, CA 91710-5776

2b Employer Identification Number (EIN)
68-0510136

2c Plan Sponsor's telephone number
909-664-9000

2d Business code (see instructions)
493100

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	GRAZYNA JAKSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2015	GRAZYNA JAKSON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

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

5	Total number of participants at the beginning of the plan year	**5**	456
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)**	440
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	429
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	22
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	451
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	452
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	384
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	22
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

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

A Name of plan
KOMYO AMERICA 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
KOMYO AMERICA CO., INC.

D Employer Identification Number (EIN)
68-0510136

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

1 Coverage Information:

(a) Name of insurance carrier

PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
42-0127290	61271	519965	452	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	

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	0
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	4043989

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6) Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

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

m ☐ Other (specify) ▶

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

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

A Name of plan
KOMYO AMERICA 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
KOMYO AMERICA CO., INC.

D Employer Identification Number (EIN)
68-0510136

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 37 50 64	CONTRACT ADMINISTRATOR	43753	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

WILLIAM E HAMM AND ASSOCIATES INC

59-3331424

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 99	INVESTMENT ADVISORY	0	Yes [X] No [ ]	Yes [ ] No [X]	32583	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
WILLIAM E HAMM AND ASSOCIATES INC	27 99	32583
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	INVESTMENT ADVISORY (PLAN)	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

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

A Name of plan
KOMYO AMERICA 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
KOMYO AMERICA CO., INC.

D Employer Identification Number (EIN)
68-0510136

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MONEY MARKET SEP ACCT-R6

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-024	P	59817

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN INTL EMERG MARKETS SA-R6

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-013	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN DIVERSIFIED INTL SA-R6

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-015	P	73756

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LGCAP S&P 500 INDEX SA-R6

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-016	P	59976

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP VALUE I SA-R6

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-043	P	60924

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMCAP S&P 600 INDEX SA-R6

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-028	P	58410

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP S&P 400 IDX SA-R6

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-023	P	47051

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN TOTAL MKT STOCK IDX SA-R6

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

c EIN-PN 42-0127290-033	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22858

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MIDCAP GROWTH III SA-R6

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

c EIN-PN 42-0127290-026	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMALLCAP GROWTH I SA-R6

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

c EIN-PN 42-0127290-070	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34130

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LARGECAP BLEND II SA-R6

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

c EIN-PN 42-0127290-065	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 83697

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LARGECAP GROWTH I SA-R6

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

c EIN-PN 42-0127290-066	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 124130

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2010 SEP ACCT-R6

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

c EIN-PN 42-0127290-075	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35992

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2020 SEP ACCT-R6

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

c EIN-PN 42-0127290-076	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 360215

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2030 SEP ACCT-R6

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

c EIN-PN 42-0127290-077	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 861073

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2040 SEP ACCT-R6

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

c EIN-PN 42-0127290-078	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 907131

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2050 SEP ACCT-R6

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

c EIN-PN 42-0127290-079	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 401494

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME STRAT INC SA-R6

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

c EIN-PN 42-0127290-080	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23940

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN REAL ESTATE SECS SA-R6

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

c EIN-PN 42-0127290-095	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 94921

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN SMALLCAP VALUE II SA-R6

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

c EIN-PN 42-0127290-096	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37932

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2015 SEP ACCT-R6

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

c EIN-PN 42-0127290-110	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43709

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2025 SEP ACCT-R6

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

c EIN-PN 42-0127290-111	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 130706

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2035 SEP ACCT-R6

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

c EIN-PN 42-0127290-112	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 238333

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2045 SEP ACCT-R6

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

c EIN-PN 42-0127290-113	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 171004

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2055 SEP ACCT-R6

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

c EIN-PN 42-0127290-114	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 68850

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN EQUITY INCOME SA-R6

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

c EIN-PN 42-0127290-120	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40950

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIFETIME 2060 SEP ACCT-R6

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

c EIN-PN 42-0127290-130	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2990

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

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

A Name of plan
KOMYO AMERICA 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
KOMYO AMERICA CO., INC.

D Employer Identification Number (EIN)
68-0510136

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)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
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)	272716	293749
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	3573216	4043989
(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)	90356	230286
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	3936288	4568024
	Liabilities			
g	Benefit claims payable	1g	0	
h	Operating payables	1h	0	
i	Acquisition indebtedness	1i	0	
j	Other liabilities	1j	0	
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3936288	4568024

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)	182093	
	(B) Participants	2a(1)(B)	470448	
	(C) Others (including rollovers)	2a(1)(C)	38873	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		691414
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	15247	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		15247
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1749	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1749
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(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)	0	
	(B) Other	2b(5)(B)	0	
	(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		220739
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		7301
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		936450
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	260961	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		260961
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	43753	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		43753
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		304714
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		631736
l Transfers of assets:			
(1) To this plan	2l(1)		0
(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: DEBRA L. WARNACUTT, CPA **(2)** EIN: 87-0811807

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. **(2)** ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	0
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	0

			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	0
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	0
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

Part V Trust Information (optional)

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

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

A Name of plan
KOMYO AMERICA 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
KOMYO AMERICA CO., INC.

D Employer Identification Number (EIN)
68-0510136

Part I Distributions

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

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

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

EIN(s): 42-0127290

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Audited Financial Statements

Komyo America 401(k) Retirement Savings Plan

Years Ended December 31, 2014 and 2013

Komyo America 401(k) Retirement Savings Plan

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DLW

Debra L. Warnacutt
CERTIFIED PUBLIC ACCOUNTANT

2390-C Las Posas Rd. #102
Camarillo, CA 93010
PH: (805) 388-4600
FAX: (805) 388-3644
debra@DLW-CPA.com
www.DLW-CPA.com

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of
Komyo America 401(k) Retirement Savings Plan

Report on the Financial Statements

I was engaged to audit the accompanying financial statements of Komyo America 401(k) Retirement Savings Plan ("the Plan"), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes in the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520-103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed me not to perform, and I did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by The Principal Life Insurance Company ("Principal"), the recordkeeper of the Plan, and Principal Trust Company ("Principal Trust"), the trustee of the Plan, except for comparing the information with the related information included in the financial statements. I have been informed by the plan administrator that Principal holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the recordkeeper and trustee as of and for the years

ended December 31, 2014 and 2013, that the information provided to the plan administrator by the recordkeeper and trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

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

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

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

Debra L. Wannacutt, CPA

Camarillo, CA
October 12, 2015

Komyo America 401(k) Retirement Savings Plan

Statements of Net Assets Available for Benefits

	December 31, 2014	2013
Assets		
Investments (Note 2)		
Investments in pooled separate accounts	$ 4,043,989	$ 3,573,216
Investments in registered investment companies	230,286	90,356
	4,274,275	3,663,572
Receivables		
Notes receivable from participants	293,749	272,716
Total assets	4,568,024	3,936,288
Liabilities		
Total liabilties	$ -	$ -
Net Assets Available for Benefits	$ 4,568,024	$ 3,936,288

See auditor's report and accompanying notes to the financial statements.

Komyo America 401(k) Retirement Savings Plan

Statement of Changes in Net Assets Available for Benefits

		Year Ended December 31, 2014
Additions:		
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$	228,039
Dividends		1,749
Interest income on notes receivable from participants		15,247
		245,035
Contributions:		
Participants		470,448
Employer		182,093
Rollover		38,873
		691,414
Total additions		**936,449**
Deductions:		
Deductions from net assets attributed to:		
Benefits paid to participants		(260,960)
Administrative expenses		(43,753)
Total deductions		**(304,713)**
Net increase		631,736
Net Assets Available for Benefits, beginning of year	**$**	**3,936,288**
Net Assets Available for Benefits, end of year	**$**	**4,568,024**

See auditor's report and accompanying notes to the financial statements.

1. Description of the Plan

The following plan description of the Komyo America Co., Inc. (the "Company") 401(k) Retirement Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan established on January 1, 2006 under the provisions of Section 401(k) of the Internal Revenue Code ("IRC"). The Plan covers all eligible employees of Komyo America Co., Inc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Employees of the Company who have completed six months of service are eligible to participate. Employees may enroll in the Plan on the first day of the month following the month in which they have satisfied the eligibility requirement. Employees who are covered by a collective bargaining agreement, non-resident aliens and highly-compensated employees are not eligible to participate in the Plan.

Plan Administration

The Plan is administered by the Investment Committee, which is appointed by the Board of Directors of the Company. An officer of the Company is the Plan trustee (the "Trustee").

Contributions

Each year, employees may contribute up to 100% of pretax annual compensation up to the statutory limit which was $17,500 for 2014 and 2013. Compensation is defined in the Plan Document as all compensation earned during the year excluding bonuses and commissions, reimbursements or other expense allowances, fringe benefits, moving expenses, deferred compensation and welfare benefits. Participants who have attained age 50 by the last day of the Plan year are eligible to make catch-up contributions of up to $5,500 for 2014 and 2013. In addition, participants may contribute amounts rolled over from other qualified plans. Participants may change their deferral percentage on the first day of each month.

The Company matches up to 50% of the first 4% of the participant's contribution, including catch-up contributions, up to the statutory limit. Annual profit sharing contributions may be made at the discretion of the Company. In order to receive a profit sharing contribution, an employee must be enrolled in the Plan as of the last day of the Plan year and must have completed at least 1,000 hours of service during the Plan year. No profit sharing contributions were made for the plan years ended December 31, 2014 and 2013, respectively.

1. Description of the Plan (Continued)

Contributions (Continued)

Upon enrollment in the Plan, participants may allocate contributions into any of twenty-eight investment options, which consist of one money market separate account, one bond fund, eleven target maturity separate accounts, two miscellaneous funds and thirteen miscellaneous separate accounts. Participants may change their deferral election on a monthly basis.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon, amounts rolled over from other qualified plans plus earnings thereon, and in Company-made qualified non-elective contributions plus actual earnings thereon.

Participants become 100% vested at death, disability, reaching normal retirement age of 65 years, or early retirement age of 55 years with 5 years of vested service.

Vesting in the Company's matching contribution and discretionary profit sharing contributions, plus actual earnings thereon, is based on years of continuous service in accordance with the below schedule. A year of service is defined as completion of 1,000 workhours in the Plan year.

Years of Vesting Service	Percentage
Less than 1	0%
1 year	20%
2 years	40%
3 years	60%
4 years	80%
5 years or more	100%

Participant Accounts

Individual accounts are maintained for each of the Plan's participants to reflect the participant's contributions and related employer contributions, as well as the participant's share of the Plan's income and related administrative expenses. Allocations of income and expenses are based on the proportion that each participant's account balance bears to the total of all participant account balances.

1. Description of the Plan (Continued)

Payment of Benefits

On termination of service due to death, permanent disability or achieving normal retirement age, a participant (or a participant's beneficiary in the event of death) will become 100% vested. Benefits are paid in a single lump-sum amount, equal to the value of the participant's account at the time of distribution. On termination of service for other reasons, a participant will receive a lump sum payment equal to the vested value of the participant's account at the time of distribution. Hardship distributions are allowed if the employee meets the eligibility criteria. Such hardship distributions may be paid from the participant's entire vested account balance except for qualified matching contributions.

Notes Receivable From Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms range from one to five years; however the term may be longer if used for the purchase of a primary residence. Participants may only have one loan outstanding at a time. The loans are secured by the balance of the participant's account and bear the market rate of interest as determined by the Plan Administrator. Principal and interest are paid ratably through payroll deductions.

Forfeited Accounts

Forfeitures represent that part of the participant's account that is not vested. Forfeited nonvested accounts totaled $12 and $0 at December 31, 2014 and 2013, respectively. During 2014 and 2013, respectively, $5,935 and $4,941 of Company matching contributions were transferred from participant accounts to the forfeiture account because the matching contributions were not vested on the dates the distributions were processed. As a result of the forfeiture additions, during 2014 and 2013, respectively, $5,791 and $3,899 of forfeited funds were used to reduce Company matching contributions. During 2014 and 2013, respectively, $140 and $1,059 of forfeited funds was used to pay administrative expenses of the Plan.

2. Summary of Significant Accounting Policies

Use of Estimates and Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting. The preparation of the financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

2. Summary of Significant Accounting Policies (Continued)

Notes Receivable From Participants

Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2014 and 2013, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

Investment Valuation and Income Recognition

The Plan's investments are stated 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. The Investment Committee determines the Plan's valuation policies. See Note 4 for discussion of fair value measurements.

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

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

The Plan incurs certain general investment expenses and administrative expenses on an on-going basis which may be paid by the Plan under the Plan Document. The Investment Committee reviews these expenses on an annual and quarterly basis and benchmarked against the methodology set forth in the Investment Policy Statement. These expenses are charged to participant accounts on a monthly basis. In addition, participants are charged for transactions they generate, such as loans and distributions. The Company pays certain general expenses which will not be reimbursed by the Plan.

3. Investments

The following presents investments that total 5% or more of the Plan's net assets available for benefits at December 31, 2014 and 2013.

	2014	2013
Principal LifeTime 2040 Separate Account	$ 907,131	$ 799,938
Principal LifeTime 2030 Separate Account	861,073	694,043
Principal LifeTime 2050 Separate Account	401,494	344,991
Principal LifeTime 2020 Separate Account	360,215	342,019
Principal LifeTime 2035 Separate Account	238,333	202,118
	$2,768,246	**$2,383,109**

During 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $228,039.

Effective February 28, 2013, changes were made to revenue sharing agreements for certain plan investments which resulted in an increase or decrease in the revenue retained by the investment providers and/or revenue sharing to the recordkeeper and an increase or decrease in the net and/or gross total investment expense. The following separate accounts increased revenue retained by the investment provider: the Principal MidCap Value I Separate Account Class R6 from 0.69% to 0.70%, the Principal SmallCap Growth I Separate Account Class R6 from 0.81% to 0.82%, the Principal LargeCap Blend II Separate Account Class R6 from 0.53% to 0.54%, the Principal LifeTime Strategic Income Separate Account Class R6 from 0.38% to 0.40%, the Principal Real Estate Securities Separate Account Class R6 from 0.76% to 0.77%, the Principal SmallCap Value II Separate Account Class R6 from 0.76% to 0.84%, and the Principal LifeTime 2055 Separate Account Class R6 from 0.54% to 0.56%. The following separate accounts decreased revenue retained by the investment provider: the Principal LifeTime 2010 Separate Account Class R6 from 0.44% to 0.42%, the Principal LifeTime 2020 Separate Account Class R6 from 0.47% to 0.46%, the Principal LifeTime 2040 Separate Account Class R6 from 0.50% to 0.49%, the Principal LifeTime 2050 Separate Account Class R6 from 0.51% to 0.50%, the Principal LifeTime 2035 Separate Account Class R6 from 0.51% to 0.50%, and the Principal LifeTime 2045 Separate Account Class R6 from 0.53% to 0.51%. The following separate accounts increased revenue sharing to the recordkeeper: the Principal LifeTime 2040 Separate Account Class R6 from 0.44% to 0.45%, and the Principal LifeTime 2050 Separate Account Class R6 from 0.44% to 0.45%,. The following separate accounts decreased revenue sharing to the recordkeeper: the Principal LifeTime 2020 Separate Account Class R6 from 0.43% to 0.42%, the Principal LifeTime Strategic Income Separate Account Class R6 from 0.40% to 0.39%, the Principal LifeTime 2015 Separate Account Class R6 from 0.42% to 0.41%, and the Principal LifeTime 2025 Separate Account Class R6 from 0.43% to 0.42%. The following separate accounts increased total net investment expense: the Principal MidCap Value I Separate Account Class R6 from 1.14% to 1.15%, the Principal SmallCap Growth I Separate Account

3. Investments (Continued)

Class R6 from 1.23% to 1.24%. the Principal LargeCap Blend II Separate Account Class R6 from 0.90% to 0.91%, the Principal LifeTime Strategic Income Separate Account Class R6 from 0.78% to 0.79%, the Principal Real Estate Securities Separate Account Class R6 from 1.15% to 1.16%, the Principal SmallCap Value II Separate Account Class R6 from 1.19% to 1.27%, and the Principal LifeTime 2055 Separate Account Class R6 from 0.99% to 1.01% . The following separate accounts decreased total net investment expense: the Principal LifeTime 2010 Separate Account Class R6 from 0.85% to 0.83%, the Principal LifeTime 2020 Separate Account Class R6 from 0.90% to 0.88%, the Principal LifeTime 2015 Separate Account Class R6 from 0.87% to 0.86%, the Principal LifeTime 2025 Separate Account Class R6 from 0.91% to 0.90%, the Principal LifeTime 2035 Separate Account Class R6 from 0.94% to 0.93%, and the Principal LifeTime 2045 Separate Account Class R6 from 0.97% to 0.95%. The following separate accounts increased total gross investment expense: the Principal MidCap Value I Separate Account Class R6 from 1.16% to 1.17%, the Principal SmallCap Growth I Separate Account Class R6 from 1.25% to 1.26%, the Principal LargeCap Blend II Separate Account Class R6 from 0.92% to 0.93%, the Principal LifeTime Strategic Income Separate Account Class R6 from 0.78% to 0.79%, the Principal Real Estate Securities Separate Account Class R6 from 1.15% to 1.16%, and the Principal SmallCap Value II Separate Account Class R6 from 1.27% to 1.29%. The following separate accounts decreased total gross investment expense: the Principal LifeTime 2010 Separate Account Class R6 from 0.85% to 0.83%, the Principal LifeTime 2020 Separate Account Class R6 from 0.90% to 0.88%, the Principal LifeTime 2015 Separate Account Class R6 from 0.87% to 0.86%, the Principal LifeTime 2025 Separate Account Class R6 from 0.91% to 0.90%, the Principal LifeTime 2035 Separate Account Class R6 from 0.94% to 0.93%, the Principal LifeTime 2045 Separate Account Class R6 from 0.97% to 0.95%, and the Principal LifeTime 2055 Separate Account Class R6 from 1.07% to 1.01%.

In June, 2013, the MidCap Blend Separate Account changed its name to the Principal MidCap Separate Account. Principal Financial Group made this change in order to better align the name of the Principal MidCap Blend Separate Account with competing investments which do not utilize the word "blend" in their name. The investment objectives and strategies of the separate account did not change.

Effective January 2, 2014, in accordance with demographics of plan participants, the Principal LifeTime 2060 Separate Account Class R6 was added to the list of investment funds. Also, on that date, the MidCap Growth III Separate Account was closed to new investment and replaced with the Eaton Vance Atlanta Capital SMID Cap A Fund. On that date, unless otherwise directed by plan participants, amounts held in the MidCap Growth III Separate Account were transferred into the Eaton Vance Atlanta Capital SMID Cap A Fund.

3. Investments (Continued)

Effective February 28, 2014, changes were made to revenue sharing agreements for certain plan investments which resulted in an increase or decrease in the revenue retained by the investment providers and/or revenue sharing to the recordkeeper and an increase or decrease in the net and/or gross total investment expense. The following separate accounts decreased revenue retained by the investment provider: the Principal MidCap Value I Separate Account Class R6 from 0.70% to 0.66%, the Principal SmallCap Growth I Separate Account Class R6 from 0.82% to 0.76%, the Principal LargeCap Blend II Separate Account Class R6 from 0.54% to 0.53%, the Principal LifeTime 2020 Separate Account Class R6 from 0.46% to 0.45%, the Principal LifeTime 2030 Separate Account Class R6 from 0.49% to 0.48%, the Principal LifeTime 2040 Separate Account Class R6 from 0.49% to 0.49%, the Principal LifeTime 2050 Separate Account Class R6 from 0.50% to 0.48%, the Principal LifeTime Strategic Income Separate Account Class R6 from 0.40% to 0.39%, the Principal SmallCap Value II Separate Account Class R6 from 0.84% to 0.83%, the Principal LifeTime 2015 Separate Account Class R6 from 0.45% to 0.44%, the Principal LifeTime 2025 Separate Account Class R6 from 0.48% to 0.47%, the Principal LifeTime 2035 Separate Account Class R6 from 0.50% to 0.48%, and the Principal LifeTime 2055 Separate Account Class R6 from 0.56% to 0.55%. The following separate accounts increased revenue retained by the investment provider: the Principal Real Estate Securities Separate Account Class R6 from 0.77% to 0.79% and the Principal LifeTime 2060 Separate Account Class R6 from 0.49% to 0.62%. The following separate accounts increased revenue sharing the recordkeeper: the Principal LifeTime 2040 Separate Account Class R6 from 0.45% to 0.46%, the Principal LifeTime 2050 Separate Account Class R6 from 0.45% to 0.46%, the Principal LifeTime Strategic Income Separate Account Class R6 from 0.39% to 0.40%, and the Principal LifeTime 2035 Separate Account Class R6 from 0.43% to 0.44%.

Effective April 25, 2014, the SmallCap Growth II Separate Account was merged into the Principal SmallCap Growth I Separate Account Class R6. The change was made in accordance with Principal Financial Group's evaluation and monitoring of its investment platform, performance and market demand.

Effective June 6, 2014, the LargeCap Value I Separate Account was merged into the Principal LargeCap Value III Separate Account Class R6. The change was made in accordance with Principal Financial Group's evaluation and monitoring of its investment platform, performance and market demand.

Effective December 15, 2014, the PIMCO Total Return Fund Class A and the Principal International Emerging Markets Separate Account Class R6 were closed to new investment. These funds were replaced with the JPMorgan Core Plus Bond Fund Class C and the American Funds New World Fund Class R3. On that date, unless otherwise directed by plan participants, amounts held in the PIMCO Total Return Fund Class A were transferred into the JPMorgan Core Plus Bond Fund Class C and amounts held in the Principal International Emerging Markets Separate Account Class R6 were transferred to the American Funds New World Fund Class R3.

3. Investments (Continued)

These changes were made in accordance with the investment objectives of the plan's investment committee.

A contractual limitation in the group annuity contract that provides access to the Separate Accounts may be implemented based on unstable or disorderly market conditions. This limitation may delay withdrawals from most Separate Accounts for up to 270 days.

4. Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount 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 measure the fair value of certain financial instruments could result in a different fair value at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels which are described as follows:

Level 1: Inputs consist of unadjusted quoted prices in active markets for identical assets or liabilities and have the highest priority.

Level 2: Inputs consist of quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability, and inputs that are derived principally from, or corroborated by, observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs are unobservable and have the lowest priority.

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. There were no Level 3 inputs in the Plan.

4. Fair Value Measurements (Continued)

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

Mutual Funds: Fair value is measured at the net asset value of shares held by the Plan at year end.

Pooled Separate Accounts: Fair value of units of participation in pooled separate accounts is measured based on the net asset value of underlying assets of the account at measurement date.

The following table set forth by level, within the fair value hierarchy, the Plan's fair value investments as of December 31, 2014.

	Investments at Fair Value as of December 31, 2014			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Bond fund	$ 92,137	$ -	$ -	$ 92,137
Growth funds	$ 138,149	$ -	$ -	$ 138,149
Pooled separate accounts:				
Target date portfolios	$ -	$ 3,245,437	$ -	$ 3,245,437
Blended portfolios	$ -	$ 345,748	$ -	$ 345,748
Growth portfolios	$ -	$ 158,260	$ -	$ 158,260
Value portfolios	$ -	$ 139,806	$ -	$ 139,806
Specialty portfolio	$ -	$ 94,921	$ -	$ 94,921
Money market portfolio	$ -	$ 59,817	$ -	$ 59,817
Total investments at fair value	$ 230,286	$ 4,043,989	$ -	$ 4,274,275

The following table set forth by level, within the fair value hierarchy, the Plan's fair value investments as of December 31, 2013.

	Investments at Fair Value as of December 31, 2013			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Bond fund	$ 90,356	$ -	$ -	$ 90,356
Pooled separate accounts:				
Target date portfolios	$ -	$ 2,756,126	$ -	$ 2,756,126
Blended portfolios	$ -	$ 381,359	$ -	$ 381,359
Value portfolios	$ -	$ 192,118	$ -	$ 192,118
Growth portfolios	$ -	$ 190,485	$ -	$ 190,485
Specialty portfolio	$ -	$ 53,128	$ -	$ 53,128
Total investments at fair value	$ 90,356	$ 3,573,216	$ -	$ 3,663,572

4. Fair Value Measurements (Continued)

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

5. Tax Status

The Plan has not requested or received a determination letter from the Internal Revenue Service ("IRS") indicating that the Plan, as designed, is in compliance with the Internal Revenue Code ("IRC"). The Plan adopted the Principal Financial Group Prototype for Savings Plan Document, which has been reviewed by the IRS. The IRS opined in a letter dated March 31, 2014 that the form of the Plan is acceptable under Section 401(a) of the IRC. Although the Plan has been amended since receiving the opinion letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax exempt.

The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

6. 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 would become 100% vested in their employer contributions.

7. Information Prepared and Certified by the Plan's Recordkeeper and Trustee

The following is a summary of the Plan's investment information as of December 31, 2014 and 2013, and for the years then ended, included in the Plan's financial statements, that was prepared by or derived from, information prepared by Principal, the recordkeeper of the Plan, and Principal Trust, the trustee of the Plan, and furnished to the Plan management. The Plan management has obtained certifications from the recordkeeper and trustee that such information is complete and accurate.

	2014	2013
Investments, at fair value:		
Pooled separate accounts	4,043,989	3,573,216
Mutual fund	230,286	90,356
Investment income:		
Dividends	1,749	1,726
Interest	15,247	12,314
Net appreciation in fair value of investments	228,039	575,091

8. 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.

9. Benefit Obligations

As of December 31, 2014 and 2013, respectively, approximately $373,809 and $174,172 of vested benefits, belonging to participants who have terminated employment with the Company, is a component of net assets available for benefits.

10. Related Party Transactions

Certain plan investments are units of participation in pooled separate accounts and shares of mutual funds offered through Princor Financial Services Corporation and managed by Principal Life Insurance Company. Investment funds are managed by Principal Global Investors, LLC and related subsidiaries of Principal Financial Group. Units of participation in certain pooled separate accounts are valued by State Street-Kansas City Insurance Services or Principal Life Insurance Company. Princor Financial Services Corporation acts as the broker dealer and registered investment advisor and Principal Trust Company acts as trustee for the PIMCO Total Return, Eaton Vance Atlanta Capital Small Mid Cap, American Funds New World and JP Morgan Core Plus Bond funds. Principal Life Insurance Company acts as recordkeeper for the pooled separate accounts. Principal Life Insurance Company; Principal Global Investors, LLC; Principal Trust Company and Principal Securities are members of the Principal Financial Group; therefore, these transactions qualify as party-in-interest transactions and are denoted as such on the supplemental Schedule of Assets (Held at End of Year).

11. Voluntary Correction

The loan held by one terminated participant was not distributed from the participant's account within the sixty day period required by the Plan Document and the loan agreement. This represents a technical violation of the Plan Document. The matter was ultimately corrected through a taxable distribution to the participant after eighty days. The plan administrator's standard practice is to notify the recordkeeper of terminations immediately following the participant's final paycheck rather than the actual termination date, so that plan contributions and loan payments withheld from the final paycheck are applied before the distribution is made. This has the effect of delaying notification of the termination to the recordkeeper. The recordkeeper's practice is to calculate the sixty day period based on the date it was notified of termination rather than the actual date of termination. In order to prevent recurrence of this matter, as of October 12, 2015, the plan administrator began notifying the recordkeeper of participant terminations on or about the termination date.

Quarterly administration fees assessed on five loans during the plan year ended December 31, 2014 were higher than allowed under the loan agreement. The recordkeeper advised that, due to a system coding issue, loan administration fees were assessed at the current rate rather than the rates in effect when the loans were originally issued. The recordkeeper refunded an aggregate amount of $8 to the participants on September 8, 2015.

The recordkeeper deducted $12 loan administration fees from two participants on March 27, 2014 even though both loans had been repaid on December 27, 2013. This occurred because the loan payoff transactions were recorded after the expense transactions on December 27, 2013. The recordkeeper is in the process of restoring the $12 fees to these two participants.

11. Voluntary Correction (Continued)

During the period April 1, 2013 to June 20, 2014, the recordkeeper failed to deduct the $40 distribution processing fee from six participants. Effective June 20, 2014, if a participant's account balance was less than $40, the recordkeeper retained the distributed amount as a processing fee. Prior to June 20, 2014, if a participant's account balance was less than $40, the entire account balance was distributed to the participant without deduction of the processing fee. This system-wide programming issue resulted from internal miscommunication and affected all plans serviced by the recordkeeper.

Quarterly participant account statements that were printed in Spanish reported that no plan fees had been deducted; however, the recordkeeper in fact deducted the fees. This was a system-wide issue that affected all plans serviced by the recordkeeper. The recordkeeper is in the process of determining the extent of the problem and advised that it will provide corrected statements with letters of explanation to the affected participants as soon as the corrections have been completed.

12. Subsequent Events

Effective January 1, 2015, the Plan was amended to allow highly compensated employees to participate.

Effective July 1, 2015, the Plan was amended to discontinue residential loans. The maximum loan term as of July 1, 2015 was five years.

Effective July 31, 2015, changes were made to the revenue sharing agreement for the J.P. Morgan Core Plus Bond Fund Class C which resulted in an increase in the revenue retained by the investment provider from 0.50% to 0.51%, increase in net total investment expense from 1.40% to 1.41% and increase in gross total investment expense from 1.45% to 1.49%. The Fund's adviser and/or its affiliates have contractually agreed to waive fees and/or reimburse expenses to the extent "Total Annual Fund Operating Expenses (excluding Acquired Fund Fees and Expenses, dividend and interest expenses related to short sales, interest, taxes, expenses related to litigation and potential litigation, and extraordinary expenses) exceed 1.40% of the average daily net assets of Class C. This waiver is in effect through June 30, 2016, at which time the adviser and/or its affiliates will determine whether to renew or revise it."

Subsequent events were evaluated through October 12, 2015, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

Komyo America 401(k) Retirement Savings Plan
Employer Identification Number: 68-0510136
Plan Number 001

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2014

(a)	(b) Identity of issue, borrower lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	Principal Life Insurance Company	Principal LifeTime 2040 Separate Account Class R6		907,131
*	Principal Life Insurance Company	Principal LifeTime 2030 Separate Account Class R6		861,073
*	Principal Life Insurance Company	Principal LifeTime 2050 Separate Account Class R6		401,494
*	Principal Life Insurance Company	Principal LifeTime 2020 Separate Account Class R6		360,215
*	Principal Life Insurance Company	Principal LifeTime 2035 Separate Account Class R6		238,333
*	Principal Life Insurance Company	Principal LifeTime 2045 Separate Account Class R6		171,004
*	Principal Life Insurance Company	Principal LifeTime 2025 Separate Account Class R6		130,706
*	Principal Life Insurance Company	Principal LargeCap Growth I Separate Account Class R6		124,130
*	Principal Life Insurance Company	Principal Real Estate Securities Separate Account Class R6		94,921
*	JP Morgan Investment Management C	JPMorgan Core Plus Bond Fund Class C		92,137
*	Capital Research & Management Co	American Funds New World Fund Class R3		91,345
*	Principal Life Insurance Company	Principal LargeCap Blend II Separate Account Class R6		83,697
*	Principal Life Insurance Company	Principal Diversified International Separate Account Class R6		73,756
*	Principal Life Insurance Company	Principal LifeTime 2055 Separate Account Class R6		68,850
*	Principal Life Insurance Company	Principal MidCap Value I Separate Account Class R6		60,924
*	Principal Life Insurance Company	Principal LargeCap S&P 500 Index Separate Account Class R6		59,976
*	Principal Life Insurance Company	Principal Money Market Separate Account Class R6		59,817
*	Principal Life Insurance Company	Principal SmallCap S&P 600 Index Separate Account Class R6		58,410
*	Principal Life Insurance Company	Principal MidCap S&P 400 Index Separate Account Class R6		47,051
*	Eaton Vance Management	Eaton Vance Atlanta Capital SMID Cap A		46,804
*	Principal Life Insurance Company	Principal LifeTime 2015 Separate Account Class R6		43,709
*	Principal Life Insurance Company	Principal Equity Income Separate Account Class R6		40,950
*	Principal Life Insurance Company	Principal SmallCap Value II Separate Account Class R6		37,932
*	Principal Life Insurance Company	Principal LifeTime 2010 Separate Account Class R6		35,992
*	Principal Life Insurance Company	Principal SmallCap Growth I Separate Account Class R6		34,130
*	Principal Life Insurance Company	Principal LifeTime Strategic Income Separate Account Class R6		23,940
*	Principal Life Insurance Company	Principal Total Market Stock Index Separate Account Class R6		22,858
*	Principal Life Insurance Company	Principal LifeTime 2060 Separate Account Class R6		2,990
*	Notes receivable from participants	5.25%-7.00%	-0-	293,749
				$ 4,568,024

See auditor's report and accompanying notes to the financial statements.

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SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

KOMYO AMERICA 401(K) RETIREMENT SAVINGS PLAN

EIN 68 0510136
PLAN NUMBER 001
PLAN YEAR 01/01/2014 TO 12/31/2014

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	The American Funds	Registered Investment Company AMERICAN FUNDS NEW WORLD R1 FD	$ 0.00	$ 91,344.36
	Eaton Vance	Registered Investment Company EATN VNCE ATL CP SMID CP A FD	$ 0.00	$ 46,804.34
	JP Morgan Funds	Registered Investment Company JP MORGAN CORE PLUS BOND C FD	$ 0.00	$ 92,136.94
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Diversified Intl SA-R6	$ 0.00	$ 73,756.33
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Equity Income SA-R6	$ 0.00	$ 40,949.88
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LargeCap Blend II SA-R6	$ 0.00	$ 83,697.24
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LargeCap Growth I SA-R6	$ 0.00	$ 124,130.12
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LgCap S&P 500 Index SA-R6	$ 0.00	$ 59,975.66
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTime Strat Inc SA-R6	$ 0.00	$ 23,940.23
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTime 2010 Sep Acct-R6	$ 0.00	$ 35,991.56
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTime 2015 Sep Acct-R6	$ 0.00	$ 43,709.40
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTime 2020 Sep Acct-R6	$ 0.00	$ 360,215.39
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTime 2025 Sep Acct-R6	$ 0.00	$ 130,705.78
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTime 2030 Sep Acct-R6	$ 0.00	$ 861,072.82
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTime 2035 Sep Acct-R6	$ 0.00	$ 238,333.00

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

KOMYO AMERICA 401(K) RETIREMENT SAVINGS PLAN

EIN 68 0510136
PLAN NUMBER 001
PLAN YEAR 01/01/2014 TO 12/31/2014

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTime 2040 Sep Acct-R6	$ 0.00	$ 907,131.00
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTime 2045 Sep Acct-R6	$ 0.00	$ 171,004.11
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTime 2050 Sep Acct-R6	$ 0.00	$ 401,494.42
*	Principal Life Insurance Company	Pooled Separate Accounts Prin LifeTime 2055 Sep Acct-R6	$ 0.00	$ 68,849.79
*	Principal Life Insurance Company	Pooled Separate Accounts Prin MidCap S&P 400 Idx SA-R6	$ 0.00	$ 47,050.86
*	Principal Life Insurance Company	Pooled Separate Accounts Prin MidCap Value I SA-R6	$ 0.00	$ 60,923.88
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Money Market Sep Acct-R6	$ 0.00	$ 59,816.81
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Real Estate Secs SA-R6	$ 0.00	$ 94,921.27
*	Principal Life Insurance Company	Pooled Separate Accounts Prin SmallCap Growth I SA-R6	$ 0.00	$ 34,129.53
*	Principal Life Insurance Company	Pooled Separate Accounts Prin SmallCap Value II SA-R6	$ 0.00	$ 37,932.20
*	Principal Life Insurance Company	Pooled Separate Accounts Prin SmCap S&P 600 Index SA-R6	$ 0.00	$ 58,410.01
*	Principal Life Insurance Company	Pooled Separate Accounts Prin Total Mkt Stock Idx SA-R6	$ 0.00	$ 22,857.99
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN LIFETIME 2060 SEP ACCT-R6	$ 0.00	$ 2,989.85
	Participant Loans	Range of Interest Rates Rates Range From 5.25% To 7.00%	$ 0.00	$ 293,749.00

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)