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
ELECTEK RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 03/31/1974

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

2750 MOORE AVENUE
FULLERTON, CA 92833

2b Employer Identification Number (EIN)
27-3733987

2c Plan Sponsor's telephone number
714-870-0217

2d Business code (see instructions)
238210

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	EILEEN ALLEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

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

5	Total number of participants at the beginning of the plan year	**5**	392
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	212
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	241
b	Retired or separated participants receiving benefits	**6b**	2
c	Other retired or separated participants entitled to future benefits	**6c**	168
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	411
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	412
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	376
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	16
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 2R 2S 2T 3D 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[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)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE 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
ELECTEK RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
27-3733987

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

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

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

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

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

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

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

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

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

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

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

MORGAN STANLEY

26-4310632

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17	CONSULTANT	22867	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65 71	RECORDKEEPER	11118	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

STRATEGIC ADVISORS, INC.

04-2654524

(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	ADVISOR	5449	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

(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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
COL DIVIDEND INC Z - COLUMBIA MGT 04-3156901	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
COL/ACORN INTL Z - COLUMBIA MGT IN 04-3156901	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
LOOMIS SM CP GRTH IS - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266	0.15%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
MAINSTAY LG CAP GR I - NYLIM SERVI 52-2206685	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
NORTHERN SM CAP VAL - THE NORTHERN 36-1561860	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PIMCO TOT RETURN ADM - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266	0.28%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
RS PARTNERS A - BOSTON FINANCIAL D P.O. BOX 8480 BOSTON, MA 02266	0.55%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name: WEISS ACCOUNTANCY CORP	**b** EIN: 95-3269459	
c Position: AUDITOR		
d Address: 16217 KITTRIDGE ST VAN NUYS, CA 91406	**e** Telephone:	

Explanation: NEW AUDITOR IS SQUAR MILNER PETERSON MIRANDA & WILLIAMSON, LLP

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

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

A Name of plan
ELECTEK RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
27-3733987

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	0	0
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)	3730117	3140937
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	303844	287620
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	581585	650490
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	22161859	23071648
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	26777405	27150695
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	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	26777405	27150695

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)	447839	
(B) Participants	2a(1)(B)	1319509	
(C) Others (including rollovers)	2a(1)(C)	156455	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1923803
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	334	
(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)	32905	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		33239
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	55	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1687871	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1687926
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	2703	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2766	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-63
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	-32179	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-32179

		(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)		0
(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)		-163963
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		3448763
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3034335	
(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)		3034335
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	5449	
(4) Other	2i(4)	35689	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		41138
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3075473
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		373290
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) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: SQUAR MILNER LLC (2) EIN: 33-0835986

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

Part V Trust Information (optional)

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

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
ELECTEK RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
27-3733987

Part I Distributions

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

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

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

EIN(s): 04-6568107

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):



Certified Public Accountants
and Financial Advisors

Electek Retirement Plan

Financial Statements and
Supplemental Schedule
December 31, 2014 and 2013

INDEX TO FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

Independent Auditors' Report 1

Statements of Net Assets Available for Benefits
as of December 31, 2014 and 2013 3

Statement of Changes in Net Assets Available for Benefits
for the year ended December 31, 2014 4

Notes to Financial Statements 5

Supplemental Schedule*

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
at December 31, 2014 14

* Note: Schedules other than that listed above have been omitted because the information is otherwise disclosed, not applicable or not required by 29 CFR 2520.103-10 of the Department of Labor Rules and Regulations for Reporting under the Employee Retirement Income Security Act of 1974.

squarmilner
Certified Public Accountants
and Financial Advisors

Squar Milner LLP

INDEPENDENT AUDITORS' REPORT

To Plan Administrator and Participants
Electek Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Electek Retirement 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 to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustee as of and for the year ended December 31, 2014 and 2013, and for the year ended December 31, 2014, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Matters of Emphasis

As explained in Note 10 to the financial statements, the Plan applied an incorrect vesting schedule to certain affected participants. The Plan Sponsor will make a qualified nonelective contribution for the affected employees, which compensates for the incorrect forfeited amounts. Our opinion is not modified with respect to this matter.

Other Matter

The supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2014 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee under the Employee Retirement Income Security Act of 1974 ("ERISA") and is presented for the purpose of additional analysis and is not a required part of the financial statements. This supplemental schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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

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

SQUAR MILNER LLP



Newport Beach, California
October 14, 2015

ELECTEK RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2014 and 2013

	2014	2013
ASSETS		
Investments, at fair value:		
Pooled separate accounts	$ 26,500,206	$ 26,195,820
Total investments, at fair value	26,500,206	26,195,820
Notes Receivable from Participants	650,490	581,585
Contributions Receivable		
Participant	17,265	34,276
Employer	539,428	447,839
Total receivables	1,207,183	1,063,700
Excess Contributions Refundable	(939)	–
NET ASSETS AVAILABLE FOR BENEFITS	$ 27,706,450	$ 27,259,520

The accompanying notes are an integral part of these financial statements.

ELECTEK RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2014

Additions to Net Assets Attributed to:	
Investment income	
Interest and dividends	$ 1,687,927
Interest income on notes receivable from participants	33,238
Contributions	
Participants	1,301,559
Employer	539,428
Rollovers	156,455
Total contributions	1,997,442
Total additions	3,718,607
Deductions From Net Assets Attributed to:	
Net depreciation in fair value of investments	196,204
Benefits paid to participants	3,034,335
Administrative expenses	41,138
	3,271,677
Increase in Net Assets Available for Plan Benefits	446,930
Net Assets Available for Benefits – beginning	27,259,520
Net Assets Available for Benefits – ending	$ 27,706,450

1. DESCRIPTION OF PLAN

The following description of the Electek Retirement 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 401k profit sharing plan covering all nonunion employees who have completed six months of service with Electek (the "Company" or "Plan Sponsor").

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). It is intended to qualify as a 401k and profit sharing plan under Section 401 of the Internal Revenue Code of 1986.

Contributions

Participants can elect to contribute up to 60% of their annual compensation, limited to a maximum of $17,500 in 2014 and 2013. Participants who are projected to be age 55 or older as of the last day of the Plan year are eligible to defer an additional $5,500 in 2014 and 2013. The Plan provides for employer matching of 100% of participant contributions up to a maximum of 3% of each participant's annual compensation. The Plan also provides for additional employer contributions at the Company's discretion.

Participant Accounts

Each participant's account is credited with the participant's contributions and the allocation of employer's contributions and Plan earnings. Allocations of employer contributions are based on participants' compensation, which includes salary, bonuses, overtime and commissions. Participant accounts are charged with an allocation of admin expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

1. DESCRIPTION OF PLAN (continued)

Vesting

Participants are immediately vested in their voluntary contributions and rollover contributions from other plans, and earnings thereon. The vesting percentages for both the Company's additional employer contribution and matching contribution are as follows:

Year	Additional Employer Contribution Vesting %	Employer Matching Contribution Vesting %
Less than 2	–	–
2	20	20
3	30	40
4	40	60
5	60	80
6	80	100
7	100	100

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. Interest rates are determined by the Plan Sponsor. Loans must be repaid within five years (unless the loan is related to the purchase of a principal residence, and then a ten year repayment period applies). The loans are secured by the balance in the participant's account, and collections of principal and interest are made through payroll deductions. As of December 31, 2014, the interest rate on borrowings was between 5.25% and 8.00%, with various maturity dates up through June 2024.

Payment of Benefits

Participants are entitled to receive lump sum distributions of their vested interest upon termination of service, retirement, disability or death.

Participants may withdraw their pretax contributions, except for Roth contributions, to satisfy any of the following immediate and financial needs: (1) medical expenses; (2) the purchase of principal residence; (3) prevent eviction from, or foreclosure on, principal residence; (4) postsecondary education expenses; (5) funeral expenses; or (6) expenses arising as a result of natural catastrophe.

Forfeited Accounts

Forfeited balances representing terminated participant's nonvested account balances are used to reduce a portion of the Company's future contributions. As of December 31, 2014, forfeited nonvested accounts totaled $90,189. During the year ended December 31, 2014, employer contributions were reduced by $110,820 from forfeited nonvested accounts.

1. DESCRIPTION OF PLAN (continued)

Plan Costs

The Company absorbs a significant amount of the Plan's administrative costs, which include trustee fees, maintenance fees, audit fees, and other costs associated with the annual tax return filing.

Investment Options

Upon enrollment in the Plan, each participant may direct their account balance in any of twenty five Fidelity funds or seven non-Fidelity funds offered by the Plan Trustee (Fidelity Management Trust Company). In addition, participants may participate in a self-directed brokerage arrangement (BrokerageLink) under the Plan. Individual participants select their own investment options and direct the Plan Asset Trustee with respect to allocation of contributions to their account and transfers of their account balance between funds.

Plan Termination

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors, trustee and insurance company. See Note 7 for discussion of fair value.

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Use of Estimates

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans that have become uncollectible are reclassified as distributions based upon the terms of the Plan document.

Payment of Benefits

Benefits are recorded when paid. There were no amounts allocated to accounts of persons who have elected to withdraw from the Plan as of December 31, 2014.

Significant New Accounting Pronouncements

In July 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2015-12, Plan Accounting: Defined Benefit Pension Plans, Topic 960; Defined Contribution Plans, Topic 962; and Health and Welfare Benefit Plans, Topic 965: Part (I) Fully Benefit-Responsive Investment Contracts, Part (II) Plan Investment Disclosures, Part (III) Measurement Date Practical Expedient. Following is a summary of the revised guidance contained in ASU 2015-12:

Part 1 amendments designate contract value as the only required measure for fully benefit-responsive investment contracts; Part II amendments eliminate the requirement that plans disclose: (a) individual investments that represent 5 percent or more of net assets available for benefits; and (b) the net appreciation or depreciation for investments by general type requirements for both participant-directed investments and nonparticipant-directed investments. Part III amendments provide a practical expedient to permit plans to measure investments and investment-related accounts (e.g., a liability for a pending trade with a broker) as of a month-end date that is closest to the plan's fiscal year-end, when the fiscal period does not coincide with month-end.

The amendments are effective for all plan years beginning after December 15, 2015. Earlier application of any or all of the three parts is permitted. The amendments in Part I and Part II should be applied retrospectively for all financial statements presented, and the amendments in Part III should be applied prospectively. This ASU should not change the Plan's total net assets available for benefits; however, it may affect the presentation of the financial statements and the information contained in the disclosures. Plan Sponsor management is currently reviewing the full impact of these amendments on the Plan's financial statement presentation, which will be effective for the Plan's financial statements for the Plan year ended December 31, 2016.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Subsequent Events

The Plan has evaluated subsequent events through October 14, 2015, which the financial statements were available to be issued.

3. PARTICIPANTS NOTES RECEIVABLE

At December 31, 2014 and 2013, sixty-seven participants had loans outstanding totaling $650,490 and $581,585, respectively. All loans outstanding as of December 31, 2014 and 2013 bear interest at fixed rates ranging from 5.25% to 8.00% per annum, and have various maturity dates through 2024.

4. INFORMATION CERTIFIED BY THE TRUSTEE

Information regarding the investments at fair value and investment income, as shown in the accompanying financial statements and supplemental schedule, has been certified to the Plan Administrator as complete and accurate by the Plan's Trustee as of and for the year ended December 31, 2014 and as of December 31, 2013.

Section 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA states, in part, that any statement of information prepared and certified by the Plan's Trustee need not be audited or reported on by an independent public accountant. Pursuant to that regulation, the Plan Administrator has instructed the Plan's independent public accountants, Squar Milner LLP, not to perform any auditing procedures with respect to the 2014 and 2013 information certified by the Plan's Trustee.

5. INVESTMENTS

The following table presents separately those assets that represent 5% or more of the Plan's net assets available for benefits as of December 31, 2014 and 2013, as derived from information certified by the Trustee:

	2014	2013
Money Market Funds	$ 3,106,993	$ 3,712,862
Balanced	2,485,295	2,221,250
Intermediate Bond	1,507,120	1,483,941
Low-Priced Stock	1,486,742	1,552,858
Columbia Dividend Income Z	2,671,284	2,547,455
MainStay Large Cap Growth I	5,502,701	5,344,472

6. CORRECTIVE DISTRIBUTIONS

Corrective distributions, required in the event that an employee contribution exceeds the maximum annual deferral limit, are recorded as excess contributions refundable. During the year ended December 31, 2014, the total contributions of one participant exceeded the maximum deferral limit of $17,500. This contribution was in excess of the annual deferral limit by a total of $939. Management made corrective distributions to this participant in March 2015.

7. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Mutual Funds

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

Money Market Fund

The money market fund is carried at fair value (which approximates cost), and is classified as a Level 1 investment.

Level 2 – Inputs to the valuation methodology include

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

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

Level 3 – Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk. The Plan had no Level 3 or 2 investments at December 31, 2014 and 2013.

7. FAIR VALUE MEASUREMENTS (continued)

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of:

December 31, 2014

	Level 1	Level 2	Level 3	Total
Money market funds	$ 3,140,936	$ –	$ –	$ 3,140,936
Mutual funds				
Blended investment	7,224,021	–	–	7,224,021
Small cap	1,378,224	–	–	1,378,224
Bond investments	2,089,298	–	–	2,089,298
International	1,258,592	–	–	1,258,592
Mid cap	1,775,040	–	–	1,775,040
Large cap	9,336,404	–	–	9,336,404
Other investments	297,691	–	–	297,691
Total mutual funds	23,359,270	–	–	23,359,270
Total investments at fair value	$ 26,500,206	$ –	$ –	$ 26,500,206

December 31, 2013

	Level 1	Level 2	Level 3	Total
Money market funds	$ 3,712,862	$ –	$ –	$ 3,712,862
Mutual funds				
Blended investment	6,794,025	–	–	6,794,025
Small cap	1,727,910	–	–	1,727,910
Bond investments	2,020,971	–	–	2,020,971
International	1,510,027	–	–	1,510,027
Mid cap	1,595,452	–	–	1,595,452
Large cap	8,503,516	–	–	8,503,516
Other investments	331,057	–	–	331,057
Total mutual funds	22,482,958	–	–	22,482,958
Total investments at fair value	$ 26,195,820	$ –	$ –	$ 26,195,820

7. FAIR VALUE MEASUREMENTS (continued)

Changes in Fair Value Levels

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

The Plan evaluates the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2014, there were no transfers in or out of Level 3.

8. RECONCILIATION OF FINANCIAL STATEMENT TO FORM 5500

The following is a reconciliation of the financial statements to Schedule H of Form 5500:

	2014	2013
Net assets available for benefits presented in the financial statements	$ 27,706,450	$ 27,259,520
Less contributions receivable not recorded on Schedule H		
Participant	(17,265)	(34,276)
Employer	(539,428)	(447,839)
	(556,693)	(482,115)
Add excess contributions refundable	939	–
Net assets available for plan benefits presented in Schedule H	$ 27,150,696	$ 26,777,405
Net increase in net assets available for benefits presented in the financial statements	$ 446,930	
Excess contributions refundable	939	
Prior year contributions receivable recorded on Schedule H		
Participant	34,276	
Employer	447,839	
Current year contributions receivable not recorded on Schedule H		
Employee	(17,265)	
Employer	(539,428)	
Net increase in net assets available for benefits presented in Schedule H	$ 373,291	

9. TAX STATUS OF THE PLAN

The Internal Revenue Service has informed the Sponsor by a letter, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the Plan Administrator 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.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would be sustained upon examination. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2011.

10. NONEXEMPT TRANSACTION

Subsequent to the year ended December 31, 2013, the Plan Administrator became aware that they had inadvertently applied incorrect vesting schedules to certain employees which resulted in excess amounts of employer contributions being incorrectly forfeited. The Plan Sponsor will utilize the Self-Correction Program to refund to affected participants forfeited amounts plus earnings thereon that should have been vested in accordance with the plan document. Applicable excise tax payments will be made by the Plan Administrator during the future years, and not from assets of the Plan. The Plan Administrator will make a qualified nonelective contribution (the "QNEC") for the affected employees, which compensates for the incorrectly forfeited amounts for all years affected, and earnings will be determined based on the period when the Plan Administrator is ready to apply the Self-Correction Program. The QNEC is 100% vested and is subject to the same distribution restrictions as elective deferrals. The Plan will file for relief under the Employee Plans Compliance Resolution System's Voluntary Correction Program and expects no additional corrections payable to the Plan. As of the date of the financial statement were available to be issued, the Plan Sponsor was unable to reasonably estimate the amount of the QNEC and accordingly, no amounts were accrued in the accompanying financial statements as of December 31, 2014.

SUPPLEMENTAL SCHEDULE

ELECTEK RETIREMENT PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2014
Employer I.D. 27-0788480
Plan Number 001

(a)	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Columbia	Columbia Dividend Income Z	**	$ 2,671,284
	Columbia	Columbia Acorn International Z	**	531,815
*	Fidelity Investments	Money market funds	**	3,106,993
*	Fidelity Investments	Balanced	**	2,485,295
*	Fidelity Investments	Intermediate Bond	**	1,507,120
*	Fidelity Investments	Low-Priced Stock	**	1,486,742
*	Fidelity Investments	Spartan 500 Index Advantage Class	**	1,162,419
*	Fidelity Investments	Freedom Income	**	185,255
*	Fidelity Investments	Freedom 2005	**	2,859
*	Fidelity Investments	Freedom 2010	**	166,090
*	Fidelity Investments	Freedom 2015	**	623,297
*	Fidelity Investments	Freedom 2020	**	630,572
*	Fidelity Investments	Freedom 2025	**	587,301
*	Fidelity Investments	Freedom 2030	**	823,805
*	Fidelity Investments	Freedom 2035	**	533,656
*	Fidelity Investments	Freedom 2040	**	532,619
*	Fidelity Investments	Freedom 2045	**	217,176
*	Fidelity Investments	Freedom 2050	**	117,858
*	Fidelity Investments	Freedom 2055	**	268,441
*	Fidelity Investments	International Discovery	**	525,643
*	Fidelity Investments	Small Cap Independent	**	86,001
*	Fidelity Investments	Spartan Extended Market Index Advantage Class	**	288,298
*	Fidelity Investments	Spartan Global Ex Advantage Class	**	201,133
*	Fidelity Investments	Spartan US Bond Index Advantage Class	**	71,279
*	Fidelity Investments	Strategic Real Return	**	49,797
*	Fidelity Investments	Brokerage Link	**	331,635
	Loomis	Loomis Small Cap Growth	**	202,326
	MainStay	MainStay Large Cap Growth I	**	5,502,701
	Northern	Small Cap Value	**	215,656
	Pimco	Pimco Total Return Achill	**	510,899
	RS	RS Partners Fund	**	874,241
				26,500,206
*	Participant Loans	Various maturity dates with interest rates from 5.25% to 8.00%		650,490
				$ 27,150,696

* Denotes investment with party-in-interest

** Cost information may be omitted with respect to participant directed investments



Certified Public Accountants
and Financial Advisors

Electek Retirement Plan

Financial Statements and
Supplemental Schedule
December 31, 2014 and 2013

INDEX TO FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

Independent Auditors' Report 1

Statements of Net Assets Available for Benefits
as of December 31, 2014 and 2013 3

Statement of Changes in Net Assets Available for Benefits
for the year ended December 31, 2014 4

Notes to Financial Statements 5

Supplemental Schedule*

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
at December 31, 2014 14

* Note: Schedules other than that listed above have been omitted because the information is otherwise disclosed, not applicable or not required by 29 CFR 2520.103-10 of the Department of Labor Rules and Regulations for Reporting under the Employee Retirement Income Security Act of 1974.

squarmilner
Certified Public Accountants
and Financial Advisors

Squar Milner LLP

INDEPENDENT AUDITORS' REPORT

To Plan Administrator and Participants
Electek Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Electek Retirement 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 to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustee as of and for the year ended December 31, 2014 and 2013, and for the year ended December 31, 2014, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Matters of Emphasis

As explained in Note 10 to the financial statements, the Plan applied an incorrect vesting schedule to certain affected participants. The Plan Sponsor will make a qualified nonelective contribution for the affected employees, which compensates for the incorrect forfeited amounts. Our opinion is not modified with respect to this matter.

Other Matter

The supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2014 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee under the Employee Retirement Income Security Act of 1974 ("ERISA") and is presented for the purpose of additional analysis and is not a required part of the financial statements. This supplemental schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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

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

SQUAR MILNER LLP



Newport Beach, California
October 14, 2015

ELECTEK RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2014 and 2013

	2014	2013
ASSETS		
Investments, at fair value:		
Pooled separate accounts	$ 26,500,206	$ 26,195,820
Total investments, at fair value	26,500,206	26,195,820
Notes Receivable from Participants	650,490	581,585
Contributions Receivable		
Participant	17,265	34,276
Employer	539,428	447,839
Total receivables	1,207,183	1,063,700
Excess Contributions Refundable	(939)	–
NET ASSETS AVAILABLE FOR BENEFITS	$ 27,706,450	$ 27,259,520

The accompanying notes are an integral part of these financial statements.

ELECTEK RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2014

Additions to Net Assets Attributed to:	
Investment income	
Interest and dividends	$ 1,687,927
Interest income on notes receivable from participants	33,238
Contributions	
Participants	1,301,559
Employer	539,428
Rollovers	156,455
Total contributions	1,997,442
Total additions	3,718,607
Deductions From Net Assets Attributed to:	
Net depreciation in fair value of investments	196,204
Benefits paid to participants	3,034,335
Administrative expenses	41,138
	3,271,677
Increase in Net Assets Available for Plan Benefits	446,930
Net Assets Available for Benefits – beginning	27,259,520
Net Assets Available for Benefits – ending	$ 27,706,450

1. DESCRIPTION OF PLAN

The following description of the Electek Retirement 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 401k profit sharing plan covering all nonunion employees who have completed six months of service with Electek (the "Company" or "Plan Sponsor").

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). It is intended to qualify as a 401k and profit sharing plan under Section 401 of the Internal Revenue Code of 1986.

Contributions

Participants can elect to contribute up to 60% of their annual compensation, limited to a maximum of $17,500 in 2014 and 2013. Participants who are projected to be age 55 or older as of the last day of the Plan year are eligible to defer an additional $5,500 in 2014 and 2013. The Plan provides for employer matching of 100% of participant contributions up to a maximum of 3% of each participant's annual compensation. The Plan also provides for additional employer contributions at the Company's discretion.

Participant Accounts

Each participant's account is credited with the participant's contributions and the allocation of employer's contributions and Plan earnings. Allocations of employer contributions are based on participants' compensation, which includes salary, bonuses, overtime and commissions. Participant accounts are charged with an allocation of admin expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

1. DESCRIPTION OF PLAN (continued)

Vesting

Participants are immediately vested in their voluntary contributions and rollover contributions from other plans, and earnings thereon. The vesting percentages for both the Company's additional employer contribution and matching contribution are as follows:

Year	Additional Employer Contribution Vesting %	Employer Matching Contribution Vesting %
Less than 2	–	–
2	20	20
3	30	40
4	40	60
5	60	80
6	80	100
7	100	100

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. Interest rates are determined by the Plan Sponsor. Loans must be repaid within five years (unless the loan is related to the purchase of a principal residence, and then a ten year repayment period applies). The loans are secured by the balance in the participant's account, and collections of principal and interest are made through payroll deductions. As of December 31, 2014, the interest rate on borrowings was between 5.25% and 8.00%, with various maturity dates up through June 2024.

Payment of Benefits

Participants are entitled to receive lump sum distributions of their vested interest upon termination of service, retirement, disability or death.

Participants may withdraw their pretax contributions, except for Roth contributions, to satisfy any of the following immediate and financial needs: (1) medical expenses; (2) the purchase of principal residence; (3) prevent eviction from, or foreclosure on, principal residence; (4) postsecondary education expenses; (5) funeral expenses; or (6) expenses arising as a result of natural catastrophe.

Forfeited Accounts

Forfeited balances representing terminated participant's nonvested account balances are used to reduce a portion of the Company's future contributions. As of December 31, 2014, forfeited nonvested accounts totaled $90,189. During the year ended December 31, 2014, employer contributions were reduced by $110,820 from forfeited nonvested accounts.

1. DESCRIPTION OF PLAN (continued)

Plan Costs

The Company absorbs a significant amount of the Plan's administrative costs, which include trustee fees, maintenance fees, audit fees, and other costs associated with the annual tax return filing.

Investment Options

Upon enrollment in the Plan, each participant may direct their account balance in any of twenty five Fidelity funds or seven non-Fidelity funds offered by the Plan Trustee (Fidelity Management Trust Company). In addition, participants may participate in a self-directed brokerage arrangement (BrokerageLink) under the Plan. Individual participants select their own investment options and direct the Plan Asset Trustee with respect to allocation of contributions to their account and transfers of their account balance between funds.

Plan Termination

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors, trustee and insurance company. See Note 7 for discussion of fair value.

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Use of Estimates

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans that have become uncollectible are reclassified as distributions based upon the terms of the Plan document.

Payment of Benefits

Benefits are recorded when paid. There were no amounts allocated to accounts of persons who have elected to withdraw from the Plan as of December 31, 2014.

Significant New Accounting Pronouncements

In July 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2015-12, Plan Accounting: Defined Benefit Pension Plans, Topic 960; Defined Contribution Plans, Topic 962; and Health and Welfare Benefit Plans, Topic 965: Part (I) Fully Benefit-Responsive Investment Contracts, Part (II) Plan Investment Disclosures, Part (III) Measurement Date Practical Expedient. Following is a summary of the revised guidance contained in ASU 2015-12:

Part 1 amendments designate contract value as the only required measure for fully benefit-responsive investment contracts; Part II amendments eliminate the requirement that plans disclose: (a) individual investments that represent 5 percent or more of net assets available for benefits; and (b) the net appreciation or depreciation for investments by general type requirements for both participant-directed investments and nonparticipant-directed investments. Part III amendments provide a practical expedient to permit plans to measure investments and investment-related accounts (e.g., a liability for a pending trade with a broker) as of a month-end date that is closest to the plan's fiscal year-end, when the fiscal period does not coincide with month-end.

The amendments are effective for all plan years beginning after December 15, 2015. Earlier application of any or all of the three parts is permitted. The amendments in Part I and Part II should be applied retrospectively for all financial statements presented, and the amendments in Part III should be applied prospectively. This ASU should not change the Plan's total net assets available for benefits; however, it may affect the presentation of the financial statements and the information contained in the disclosures. Plan Sponsor management is currently reviewing the full impact of these amendments on the Plan's financial statement presentation, which will be effective for the Plan's financial statements for the Plan year ended December 31, 2016.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Subsequent Events

The Plan has evaluated subsequent events through October 14, 2015, which the financial statements were available to be issued.

3. PARTICIPANTS NOTES RECEIVABLE

At December 31, 2014 and 2013, sixty-seven participants had loans outstanding totaling $650,490 and $581,585, respectively. All loans outstanding as of December 31, 2014 and 2013 bear interest at fixed rates ranging from 5.25% to 8.00% per annum, and have various maturity dates through 2024.

4. INFORMATION CERTIFIED BY THE TRUSTEE

Information regarding the investments at fair value and investment income, as shown in the accompanying financial statements and supplemental schedule, has been certified to the Plan Administrator as complete and accurate by the Plan's Trustee as of and for the year ended December 31, 2014 and as of December 31, 2013.

Section 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA states, in part, that any statement of information prepared and certified by the Plan's Trustee need not be audited or reported on by an independent public accountant. Pursuant to that regulation, the Plan Administrator has instructed the Plan's independent public accountants, Squar Milner LLP, not to perform any auditing procedures with respect to the 2014 and 2013 information certified by the Plan's Trustee.

5. INVESTMENTS

The following table presents separately those assets that represent 5% or more of the Plan's net assets available for benefits as of December 31, 2014 and 2013, as derived from information certified by the Trustee:

	2014	2013
Money Market Funds	$ 3,106,993	$ 3,712,862
Balanced	2,485,295	2,221,250
Intermediate Bond	1,507,120	1,483,941
Low-Priced Stock	1,486,742	1,552,858
Columbia Dividend Income Z	2,671,284	2,547,455
MainStay Large Cap Growth I	5,502,701	5,344,472

6. CORRECTIVE DISTRIBUTIONS

Corrective distributions, required in the event that an employee contribution exceeds the maximum annual deferral limit, are recorded as excess contributions refundable. During the year ended December 31, 2014, the total contributions of one participant exceeded the maximum deferral limit of $17,500. This contribution was in excess of the annual deferral limit by a total of $939. Management made corrective distributions to this participant in March 2015.

7. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Mutual Funds

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

Money Market Fund

The money market fund is carried at fair value (which approximates cost), and is classified as a Level 1 investment.

Level 2 – Inputs to the valuation methodology include

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

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

Level 3 – Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk. The Plan had no Level 3 or 2 investments at December 31, 2014 and 2013.

7. FAIR VALUE MEASUREMENTS (continued)

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of:

December 31, 2014

	Level 1	Level 2	Level 3	Total
Money market funds	$ 3,140,936	$ –	$ –	$ 3,140,936
Mutual funds				
Blended investment	7,224,021	–	–	7,224,021
Small cap	1,378,224	–	–	1,378,224
Bond investments	2,089,298	–	–	2,089,298
International	1,258,592	–	–	1,258,592
Mid cap	1,775,040	–	–	1,775,040
Large cap	9,336,404	–	–	9,336,404
Other investments	297,691	–	–	297,691
Total mutual funds	23,359,270	–	–	23,359,270
Total investments at fair value	$ 26,500,206	$ –	$ –	$ 26,500,206

December 31, 2013

	Level 1	Level 2	Level 3	Total
Money market funds	$ 3,712,862	$ –	$ –	$ 3,712,862
Mutual funds				
Blended investment	6,794,025	–	–	6,794,025
Small cap	1,727,910	–	–	1,727,910
Bond investments	2,020,971	–	–	2,020,971
International	1,510,027	–	–	1,510,027
Mid cap	1,595,452	–	–	1,595,452
Large cap	8,503,516	–	–	8,503,516
Other investments	331,057	–	–	331,057
Total mutual funds	22,482,958	–	–	22,482,958
Total investments at fair value	$ 26,195,820	$ –	$ –	$ 26,195,820

7. FAIR VALUE MEASUREMENTS (continued)

Changes in Fair Value Levels

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

The Plan evaluates the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2014, there were no transfers in or out of Level 3.

8. RECONCILIATION OF FINANCIAL STATEMENT TO FORM 5500

The following is a reconciliation of the financial statements to Schedule H of Form 5500:

	2014	2013
Net assets available for benefits presented in the financial statements	$ 27,706,450	$ 27,259,520
Less contributions receivable not recorded on Schedule H		
Participant	(17,265)	(34,276)
Employer	(539,428)	(447,839)
	(556,693)	(482,115)
Add excess contributions refundable	939	–
Net assets available for plan benefits presented in Schedule H	$ 27,150,696	$ 26,777,405
Net increase in net assets available for benefits presented in the financial statements	$ 446,930	
Excess contributions refundable	939	
Prior year contributions receivable recorded on Schedule H		
Participant	34,276	
Employer	447,839	
Current year contributions receivable not recorded on Schedule H		
Employee	(17,265)	
Employer	(539,428)	
Net increase in net assets available for benefits presented in Schedule H	$ 373,291	

9. TAX STATUS OF THE PLAN

The Internal Revenue Service has informed the Sponsor by a letter, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the Plan Administrator 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.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would be sustained upon examination. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2011.

10. NONEXEMPT TRANSACTION

Subsequent to the year ended December 31, 2013, the Plan Administrator became aware that they had inadvertently applied incorrect vesting schedules to certain employees which resulted in excess amounts of employer contributions being incorrectly forfeited. The Plan Sponsor will utilize the Self-Correction Program to refund to affected participants forfeited amounts plus earnings thereon that should have been vested in accordance with the plan document. Applicable excise tax payments will be made by the Plan Administrator during the future years, and not from assets of the Plan. The Plan Administrator will make a qualified nonelective contribution (the "QNEC") for the affected employees, which compensates for the incorrectly forfeited amounts for all years affected, and earnings will be determined based on the period when the Plan Administrator is ready to apply the Self-Correction Program. The QNEC is 100% vested and is subject to the same distribution restrictions as elective deferrals. The Plan will file for relief under the Employee Plans Compliance Resolution System's Voluntary Correction Program and expects no additional corrections payable to the Plan. As of the date of the financial statement were available to be issued, the Plan Sponsor was unable to reasonably estimate the amount of the QNEC and accordingly, no amounts were accrued in the accompanying financial statements as of December 31, 2014.

SUPPLEMENTAL SCHEDULE

ELECTEK RETIREMENT PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2014
Employer I.D. 27-0788480
Plan Number 001

(a)	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Columbia	Columbia Dividend Income Z	**	$ 2,671,284
	Columbia	Columbia Acorn International Z	**	531,815
*	Fidelity Investments	Money market funds	**	3,106,993
*	Fidelity Investments	Balanced	**	2,485,295
*	Fidelity Investments	Intermediate Bond	**	1,507,120
*	Fidelity Investments	Low-Priced Stock	**	1,486,742
*	Fidelity Investments	Spartan 500 Index Advantage Class	**	1,162,419
*	Fidelity Investments	Freedom Income	**	185,255
*	Fidelity Investments	Freedom 2005	**	2,859
*	Fidelity Investments	Freedom 2010	**	166,090
*	Fidelity Investments	Freedom 2015	**	623,297
*	Fidelity Investments	Freedom 2020	**	630,572
*	Fidelity Investments	Freedom 2025	**	587,301
*	Fidelity Investments	Freedom 2030	**	823,805
*	Fidelity Investments	Freedom 2035	**	533,656
*	Fidelity Investments	Freedom 2040	**	532,619
*	Fidelity Investments	Freedom 2045	**	217,176
*	Fidelity Investments	Freedom 2050	**	117,858
*	Fidelity Investments	Freedom 2055	**	268,441
*	Fidelity Investments	International Discovery	**	525,643
*	Fidelity Investments	Small Cap Independent	**	86,001
*	Fidelity Investments	Spartan Extended Market Index Advantage Class	**	288,298
*	Fidelity Investments	Spartan Global Ex Advantage Class	**	201,133
*	Fidelity Investments	Spartan US Bond Index Advantage Class	**	71,279
*	Fidelity Investments	Strategic Real Return	**	49,797
*	Fidelity Investments	Brokerage Link	**	331,635
	Loomis	Loomis Small Cap Growth	**	202,326
	MainStay	MainStay Large Cap Growth I	**	5,502,701
	Northern	Small Cap Value	**	215,656
	Pimco	Pimco Total Return Achill	**	510,899
	RS	RS Partners Fund	**	874,241
				26,500,206
*	Participant Loans	Various maturity dates with interest rates from 5.25% to 8.00%		650,490
				$ 27,150,696

* Denotes investment with party-in-interest

** Cost information may be omitted with respect to participant directed investments