

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
---	---	--

Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>KOLLSMAN, INC. DEFINED BENEFIT RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1996</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/1996</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>01/01/1996</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>KOLLSMAN, INC.</u> <u>220 DANIEL WEBSTER HIGHWAY</u> <u>MERRIMACK, NH 03054-4844</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>02-0485231</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>603-889-2500</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>333310</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>02-0485231</u>	2c Plan Sponsor's telephone number <u>603-889-2500</u>	2d Business code (see instructions) <u>333310</u>	
2b Employer Identification Number (EIN) <u>02-0485231</u>					
2c Plan Sponsor's telephone number <u>603-889-2500</u>					
2d Business code (see instructions) <u>333310</u>					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2015	AN LE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor KOLLSMAN, INC. 220 DANIEL WEBSTER HIGHWAY MERRIMACK, NH 03054-4844	3b Administrator's EIN 02-0485231 3c Administrator's telephone number 603-889-2500
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 763
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) 338
a(2) Total number of active participants at the end of the plan year	6a(2) 303
b Retired or separated participants receiving benefits	6b 255
c Other retired or separated participants entitled to future benefits.....	6c 191
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 749
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 19
f Total. Add lines 6d and 6e	6f 768
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 0
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: 1A 3F 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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div>
--	---	--

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

Round off amounts to nearest dollar.
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<div>A Name of plan KOLLSMAN, INC. DEFINED BENEFIT RETIREMENT PLAN</div>	<div>B Three-digit plan number (PN) 002</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF KOLLSMAN, INC.</div>	<div>D Employer Identification Number (EIN) 02-0485231</div>

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2014	
2	Assets:	
	a Market value	2a 33924479
	b Actuarial value	2b 32803290
3	Funding target/participant count breakdown	
		(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
	a For retired participants and beneficiaries receiving payment	245 11409563 11409563
	b For terminated vested participants	180 5728448 5728448
	c For active participants	338 17188445 17730610
	d Total	763 34326456 34868621
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)	
	a Funding target disregarding prescribed at-risk assumptions	4a
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5	Effective interest rate	5 6.52%
6	Target normal cost	6 1685707

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<div>SIGN HERE</div>	<div>Signature of actuary</div> <div>DAVID PRATT WARD</div> <div>Type or print name of actuary</div> <div>THE ANGELL PENSION GROUP, INC.</div> <div>Firm name</div> <div>88 BOYD AVENUE EAST PROVIDENCE, RI 02914</div> <div>Address of the firm</div>	<div>09/15/2015</div> <div>Date</div> <div>14-04388</div> <div>Most recent enrollment number</div> <div>401-438-9250</div> <div>Telephone number (including area code)</div>
----------------------	--	--

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	146
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	146
10 Interest on line 9 using prior year's actual return of <u>9.62</u> %	0	14
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		320
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.35</u> %		20
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		340
d Portion of (c) to be added to prefunding balance		340
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	500

Part III Funding Percentages		
14 Funding target attainment percentage	14	94.07 %
15 Adjusted funding target attainment percentage	15	94.07 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	87.73 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/11/2014	662722	0			
07/11/2014	662722	0			
10/14/2014	543579	0			
01/14/2015	543579	0			
09/14/2015	107898	0			
			Totals ►	18(b)	2520500
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2415924
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th
		0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	1685707	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment.....	2065831		730200
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	2415907	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	2415907	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	2415924	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	17	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

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

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

A Name of plan <u>KOLLSMAN, INC. DEFINED BENEFIT RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>KOLLSMAN, INC.</u>	D Employer Identification Number (EIN) <u>02-0485231</u>	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

<u>VANGUARD GROUP INC.</u>	<u>100 VANGUARD BLVD</u> <u>MALVERN, PA 19355</u>
----------------------------	--

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

<u>NEUBERGER BERMAN MANAGEMENT LLC</u>	<u>605 THIRD AVENUE</u> <u>2ND FLOOR</u> <u>NEW YORK, NY 10158-0180</u>
--	---

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

<u>PIMCO</u>	
<u>95-2956559</u>	

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

<u>ABERDEEN ASSET MANAGEMENT</u>	<u>1735 MARKET STREET</u> <u>37TH FLOOR</u> <u>PHILADELPHIA, PA 19103</u>
----------------------------------	---

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

BLACKROCK INC.

345 PARK AVE
29TH FLOOR
NEW YORK, NY 10154

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

COLUMBIA MANAGEMENT ADVISORS LLC

ONE FINANCIAL CENTER
BOSTON, MA 02111-2621

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

HARBOR CAPITAL ADVISORS

111 SOUTH WACKER DRIVE
34TH FLOOR
CHICAGO, IL 60606

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

LEGG MASSON/WESTERN ASSET MGT

100 LIGHT STREET
BALTIMORE, MD 21202

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

LOOMIS SAYLES & COMPANY LP

ONE FINANCIAL CENTER
BOSTON, MA 02111

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

METROPOLITAN WEST ASSET MANAGEMENT

11766 WILSHIRE BLVD
SUITE 1580
LOS ANGELES, CA 90025

(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)

FIDUCIARY INVESTMENT ADVISORS

20-4751585

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	10830	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 ☐

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>KOLLSMAN, INC. DEFINED BENEFIT RETIREMENT PLAN</u>		B Three-digit plan number (PN) ► <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>KOLLSMAN, INC.</u>		D Employer Identification Number (EIN) <u>02-0485231</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	1197663	645579
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	15544	144684
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	111620	187167
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	32599652	35783099
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	33924479	36760529

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	33924479	36760529
---	-----------	----------	----------

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAS, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2514602	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2514602

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	169	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		169

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	797791	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		797791

(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	15788578	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	15788578	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		875847
c Other income	2c		30818
d Total income. Add all income amounts in column (b) and enter total	2d		4219227

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1176301	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1176301
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	206876	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		206876
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1383177

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2836050
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: **PROVANZANO & MARCHESIANI, PC**

(2) EIN: **04-2930395**

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

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

	Yes	No	Amount
4a		X	
4b		X	

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

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
---	--	--

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

A Name of plan <u>KOLLSMAN, INC. DEFINED BENEFIT RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>KOLLSMAN, INC.</u>	D Employer Identification Number (EIN) <u>02-0485231</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>06-6379101</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a		
b Enter the amount contributed by the employer to the plan for this plan year.....	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

Part III	Amendments
-----------------	-------------------

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

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

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): _____

KOLLSMAN, INC.
DEFINED BENEFIT RETIREMENT PLAN

Financial Statements
and Supplemental Schedules

December 31, 2014 and 2013

(With Independent Auditors' Report Thereon)

KOLLSMAN, INC.
DEFINED BENEFIT RETIREMENT PLAN

Financial Statements
and Supplemental Schedules

December 31, 2014 and 2013

Table of Contents

	Page
Independent Auditors' Report	1 - 2
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5 - 13
Supplementary Information	
Schedule 1 – Form 5500, Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year) December 31, 2014	14
Schedule 2 – Form 5500, Schedule H, Part IV, Line 4(j) - Schedule of Reportable Transactions Year ended December 31, 2014	15

Provanzano & Marchesiani P.C.			
CERTIFIED PUBLIC ACCOUNTANTS			
LAKESIDE OFFICE PARK 607 NORTH AVENUE, SUITE F WAKEFIELD, MA 01880-1635 FAX 781-245-1193	781	245	1100

Independent Auditors' Report

To the Plan Administrator
Kollsman, Inc. Defined Benefit Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Kollsman, Inc. Defined Benefit Retirement Plan (the "Plan"), which comprise the Statements of Net Assets Available for Benefits as of December 31, 2014 and 2013 and the related Statements of Changes in Net Assets Available for Benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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 misstatements, whether due to fraud or error.

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

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

Disclaimer of Opinion

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

Other Matter

The supplemental schedules, Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year) and Schedule H, Part IV, Line 4(j) - Schedule of Reportable Transactions, as of and for the year ended December 31, 2014 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the 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 Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Wakefield, MA
June 15, 2015

KOLLSMAN, INC.
DEFINED BENEFIT RETIREMENT PLAN

Statements of Net Assets Available for Benefits

December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Assets:		
Investments, at fair value:		
Mutual funds	\$ 35,783,099	\$ 32,599,652
Money market fund	<u>187,168</u>	<u>111,620</u>
Total investments at fair value	<u>35,970,267</u>	<u>32,711,272</u>
Receivables:		
Accrued income	144,684	15,544
Employer's contribution receivable	<u>645,579</u>	<u>1,197,663</u>
Total receivables	<u>790,263</u>	<u>1,213,207</u>
Net assets available for benefits at fair value	<u>\$ 36,760,530</u>	<u>\$ 33,924,479</u>

See accompanying notes to the financial statements.

KOLLSMAN, INC.
DEFINED BENEFIT RETIREMENT PLAN

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 875,847	\$ 2,087,092
Interest and dividends	797,960	754,062
Other income	<u>30,818</u>	<u>3,186</u>
Total investment income	1,704,625	2,844,340
Employer's contributions	<u>2,514,602</u>	<u>2,772,792</u>
Total additions	<u>4,219,227</u>	<u>5,617,132</u>
Deductions from net assets attributed to:		
Benefits paid directly to participants	1,176,301	1,022,286
Administrative expenses	<u>206,875</u>	<u>130,633</u>
Total deductions	<u>1,383,176</u>	<u>1,152,919</u>
Net increase	2,836,051	4,464,213
Net assets available for benefits:		
Beginning of year	<u>33,924,479</u>	<u>29,460,266</u>
End of year	<u>\$ 36,760,530</u>	<u>\$ 33,924,479</u>

See accompanying notes to the financial statements.

KOLLSMAN, INC.
DEFINED BENEFIT RETIREMENT PLAN

Notes to Financial Statements

December 31, 2014 and 2013

(1) Description of Plan

The following brief description of the Kollsman, Inc. Defined Benefit Retirement Plan (the "Plan") provides general information only. Participants should refer to the Plan agreement for more complete information.

(a) General

The Plan was established January 1, 1996 as a defined-benefit pension plan covering all employees of Kollsman, Inc. (the "Company") meeting certain age and service requirements. The Plan provides for 100% vesting of employee benefits after five years of service. The Plan also provides for reduced early retirement benefits as well as certain death benefits. The Plan is subject to the provisions of ERISA. Effective January 1, 2010, the Plan was amended and no additional employees, other than those who were hired prior to January 1, 2010, are eligible participants in the Plan.

(b) Payment of Benefits

Participants are currently entitled to pension benefits, to be paid monthly, beginning at normal retirement date. Normal retirement date is defined as the first day of the month coinciding with or following the latter of the participant's sixty-fifth birthday or fifth anniversary of continuous employment with the Company. The pension benefits payable to the participant equal the sum of (a) 0.9% of the participant's average monthly compensation multiplied by years and months of benefit service, plus (b) 0.6% of the participant's average monthly compensation in excess of Social Security covered compensation, multiplied by years and months of benefit service, to a maximum of 35 years, subject to certain minimum benefit payments. Other minimum benefits may apply in some circumstances.

The Plan also permits early retirement for participants who have attained the age of fifty-five and completed five years of service. If the participant elects to receive early retirement benefits commencing after the early retirement date, the participant's accrued benefit is reduced by the appropriate actuarial equivalent factor for each month that commencement of the participant's retirement date preceded the participant's normal retirement date, multiplied by the actuarial equivalent factor appropriate to the normal form of payment.

Upon termination of the Plan, all eligible participants may elect to receive either an immediate lump sum payment if applicable, or periodic payments.

(c) Vesting

Participants become fully vested in their account upon the attainment of five years of service. Upon termination, a participant's account to which a participant is not entitled shall be forfeited and used to reduce any employer contributions otherwise payable to the Plan.

KOLLSMAN, INC.
DEFINED BENEFIT RETIREMENT PLAN

Notes to Financial Statements

December 31, 2014 and 2013

(d) Methods of Payment

Unless an employee elects to receive a retirement benefit under an alternative option permitted by the Company and Plan administrator, all retirement benefits will be paid for life or, if the participant is married, in the form of a reduced joint and survivor benefit with fifty percent of the benefits payable to the spouse upon the employee's death.

Alternative option methods of payment are available to the participants.

(e) Preretirement Death Benefits

In the event of a participant's death prior to retirement but after becoming fully vested, the eligible spouse is entitled to receive a monthly retirement benefit equal to 50% of the benefit due the participant under the qualified spouse joint and survivor annuity at the time of the participant's death, or the date the participant would have attained age 55, if later.

(2) Summary of Significant Accounting Policies

(a) Basis of Presentation

The accompanying financial statements are prepared on the accrual basis of accounting.

(b) Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amount of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

(c) 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. See note 12 for a discussion of fair value measurements.

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

The incorporation of investment data in the accompanying financial statements is based solely on the certified statements provided by Bank of America, N.A. Such information has not been examined by the Plan's independent auditors.

KOLLSMAN, INC.
DEFINED BENEFIT RETIREMENT PLAN

Notes to Financial Statements

December 31, 2014 and 2013

(d) Actuarial Present Value of Accumulated Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attainable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the plan are accumulated based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances- retirement, death, disability, and termination of the employment-are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2014 and 2013 were: (a) life expectancy of participants (the 2014 and 2013 IRS Mortality Tables were used, respectively), (b) retirement age assumptions (the assumed average retirement age was 65), and (c) investment return. The interest rates used to discount the obligation for 2014 and 2013 were 6.520% and 6.350%, respectively, including a reduction of and (d) salary scale of 2.4% for both years, respectively. For purposes of determining the actuarial present value of accumulated benefits, discount rates of 4.42% and 5.01% were used as of January 1, 2014 and 2013, respectively. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computation of the actuarial present value of accumulated plan benefits were made as of January 1, 2014 and 2013. Had the valuations been performed as of December 31, 2014 and 2013, there would be no material differences.

(e) Payment of Benefits

Benefit payments to participants are recorded upon distribution.

(f) Subsequent Events

The Plan has evaluated events and transactions through June 15, 2015, the date the financial statements were available to be issued.

(3) Funding Policy

The Company makes annual contributions to the Plan in such amounts as are necessary to fund all participants' benefits provided under the Plan. These contributions are in amounts sufficient to satisfy the minimum funding requirements of ERISA.

KOLLSMAN, INC.
DEFINED BENEFIT RETIREMENT PLAN

Notes to Financial Statements

December 31, 2014 and 2013

(4) Information Certified by the Trustee

At December 31, 2014 and 2013, the Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Bank of America, N.A., the trustee of the Plan, has certified to the completeness and accuracy of all investments reflected on the accompanying Statements of Net Assets Available for Benefits as of December 31, 2014 and 2013, the supplemental Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2014, the supplemental Schedule H, Part IV, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2014 and the related investment activity reflected in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2014 and 2013.

The following presents investments that represent five percent (5%) or more the Plan's net assets available for benefits at fair value at December 31:

	<u>2014</u>	<u>2013</u>
Vanguard Institutional Index Fund	\$ 13,060,840	\$ 7,688,558
Harbor International Fund	*	4,810,571
Loomis Sayles Investment Grade Fixed Income	4,539,332	3,282,210
Metropolitan West Total Return Bond Class I	3,384,994	3,263,505
PIMCO Global Multi-asset Fund Inst'l Class	*	2,888,736
PIMCO Long Duration Total Return	*	2,724,977
Neuberger Berman Genesis Institutional	<u>3,245,676</u>	<u>2,408,301</u>
	\$ <u>24,230,842</u>	\$ <u>27,066,858</u>

During the years ended December 31, 2014 and 2013, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$875,847 and \$2,087,092 respectively, as follows:

	<u>2014</u>	<u>2013</u>
Mutual funds	\$ <u>875,847</u>	\$ <u>2,087,092</u>

* Investment represents less than 5% of the Plan's net assets.

KOLLSMAN, INC.
DEFINED BENEFIT RETIREMENT PLAN

Notes to Financial Statements

December 31, 2014 and 2013

(5) Actuarial Present Value of Accumulated Plan Benefits

The actuarially determined present value of accumulated plan benefits is as follows for the years ended January 1:

	<u>2014</u>	<u>2013</u>
Vested benefits:		
Participants currently receiving benefits	\$ 11,409,563	\$ 10,074,727
Other participants	<u>22,916,893</u>	<u>21,895,898</u>
	34,326,456	31,970,625
Nonvested benefits	<u>542,165</u>	<u>886,496</u>
Total actuarial present value of accumulated plan benefits	\$ <u>34,868,621</u>	\$ <u>32,857,121</u>

(6) Changes in Accumulated Plan Benefits

The change in the actuarial present value of accumulated plan benefits is as follows for the years ended January 1:

	<u>2014</u>	<u>2013</u>
Actuarial present value of accumulated plan benefits at beginning of year	\$ <u>32,857,121</u>	\$ <u>27,068,434</u>
Increase (decrease) during the year attributable to:		
Benefits accumulated	1,696,962	1,966,010
Change in actuarial assumptions	(714,441)	2,778,646
Benefits paid	(1,022,286)	(835,066)
Increase for interest	<u>2,051,265</u>	<u>1,879,097</u>
Net increase	<u>2,011,500</u>	<u>5,788,687</u>
Actuarial present value of accumulated plan benefits at end of year	\$ <u>34,868,621</u>	\$ <u>32,857,121</u>

(7) Related Party Transactions

Certain Plan investments are shares of mutual funds managed by Bank of America, N.A. Columbia Management Group, is a subsidiary of Bank of America, N.A. Since Bank of America, N.A. is also the trustee, as defined by the Plan, these transactions qualify as party-in-interest.

KOLLSMAN, INC.
DEFINED BENEFIT RETIREMENT PLAN

Notes to Financial Statements

December 31, 2014 and 2013

(8) Tax Status of the Plan

The Internal Revenue Service issued a determination letter to the Plan on December 24, 2002, which stated that the Plan and its underlying trust qualify under Section 401(a) of the Internal Revenue Code (IRC) and, as a result, are exempt from Federal income taxes under Section 501(a) of the Code. The Plan has been amended since receiving the determination letter. The Plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014 and 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2012.

(9) Plan Termination

While the Company has not expressed any intention to discontinue its contributions and terminate the Plan, it is free to do so at any time, subject to the provisions set forth in ERISA.

In the event of a partial termination of the Plan, each participant becomes fully vested in benefits accrued to the date of partial termination to the extent of the Plan's funding and as required by the Internal Revenue Code.

Upon termination of the Plan in its entirety, each participant becomes fully vested in benefits accrued to the date of termination to the extent of the Plan's funding. Following the receipt of a notice of sufficiency from the Pension Benefit Guaranty Corporation ("PBGC") and a determination from the Internal Revenue Service that the termination of the Plan does not affect its prior qualification under Code Section 401(a), the assets of the Plan shall be allocated as prescribed by ERISA and its related regulations. Any residual assets remaining in the Plan after all liabilities to participants and their beneficiaries have been satisfied shall revert to the Company. To the extent of unfunded vested benefits exist, ERISA provides that such benefits will be payable to participants by the PBGC up to specified limitations. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at the time, of the Plan's net assets to provide for accumulated benefit obligations, and may also depend on the financial condition of the Company and level of benefits guaranteed by the PBGC.

(10) Administrative Expenses

Expenses directly related to the Plan are paid from the Plan, unless the Company elects to pay them. For the years ended December 31, 2014 and 2013 certain Plan expenses were paid by the Company.

KOLLSMAN, INC.
DEFINED BENEFIT RETIREMENT PLAN

Notes to Financial Statements

December 31, 2014 and 2013

(11) Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits and Statements of Changes in Net Assets Available for Benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to the uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

(12) Fair Value Measurements

FASB ASC 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 - 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.

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;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The asset'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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

KOLLSMAN, INC.
DEFINED BENEFIT RETIREMENT PLAN

Notes to Financial Statements

December 31, 2014 and 2013

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

Mutual funds and Money Market Fund: Valued at the quoted net asset value of shares held by the Plan at year end.

The preceding method described may produce a fair value calculation that may not be indicative of net realized value or reflective of future values. Furthermore, although the Plan believes its valuation method is 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 table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014 and 2013:

<u>Assets at Fair Value as of December 31, 2014</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds:				
Bond funds	\$ 12,482,350	\$ -	\$ -	\$ 12,482,350
Balanced funds	16,569,372	-	-	16,569,372
Growth funds	<u>6,731,377</u>	<u>-</u>	<u>-</u>	<u>6,731,377</u>
Total mutual funds	35,783,099	-	-	35,783,099
Money market fund	<u>187,168</u>	<u>-</u>	<u>-</u>	<u>187,168</u>
Total assets at fair value	<u>\$ 35,970,267</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 35,970,267</u>

KOLLSMAN, INC.
DEFINED BENEFIT RETIREMENT PLAN

Notes to Financial Statements

December 31, 2014 and 2013

Assets at Fair Value as of December 31, 2013

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds:				
Bond funds	\$ 12,208,010	\$ -	\$ -	\$ 12,208,010
Balanced funds	15,387,866	-	-	15,387,866
Growth funds	<u>5,003,776</u>	<u>-</u>	<u>-</u>	<u>5,003,776</u>
Total mutual funds	32,599,652	-	-	32,599,652
Money market fund	<u>111,620</u>	<u>-</u>	<u>-</u>	<u>111,620</u>
Total assets at fair value	<u>\$ 32,711,272</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 32,711,272</u>

(13) Concentrations

As of December 31, 2014 and 2013, approximately 36% and 23% of the Plan's assets were invested in Vanguard Institutional Index Fund; 0% and 14% of the Plan's assets were invested in Harbor International Fund; 12% and 0% of the Plan's assets were invested in Loomis Sayles Investment Grade Fixed Income Fund, respectively. It is at least reasonably possible that changes in the fair value of in the near term could materially affect participant's account balances and the amounts reported in the Statements of Net Assets Available for Benefits and the Statements of Changes in Net Assets Available for Benefits.

KOLLSMAN, INC.
DEFINED BENEFIT RETIREMENT PLAN

Schedule 1

EIN # 02-0485231

PLAN # 002

Form 5500, Schedule H, Part IV, Line 4(i) -
Schedule of Assets (Held at End of Year)

December 31, 2014

(a)	(b) Identity of Issues, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Mutual Funds:				
*	Columbia Acorn Fund CL Z	Mutual Fund	\$ 1,739,049	\$ 1,762,289
	Legg Mason BW Global Opportunities Bond Fund	Mutual Fund	1,400,357	1,356,063
	Loomis Sayles Investment Grade Fixed Income	Mutual Fund	4,691,756	4,539,332
	Metropolitan West Total Return Bond Class I	Mutual Fund	3,358,098	3,384,994
	Aberdeen Emerging Markets Institutional Fund	Mutual Fund	1,798,309	1,723,412
	Blackrock Strategic Income	Mutual Fund	1,429,111	1,412,585
	Neuberger Berman Genesis Institutional	Mutual Fund	3,174,441	3,245,676
	Vanguard Total INSTL Stock Index Fund	Mutual Fund	1,814,150	1,725,242
	Vanguard INSTL Index Fund	Mutual Fund	10,223,838	13,060,840
	Vanguard BD Index Fund INC Long Term Portfolio	Mutual Fund	1,771,745	1,789,376
	Harbor International Fund	Mutual Fund	1,655,269	1,783,290
			<u>33,056,123</u>	<u>35,783,099</u>
Money Market Fund:				
*	Columbia Government Plus Reserves	Money Market	187,168	187,168
Accrued income			<u>144,684</u>	<u>144,684</u>
			<u>\$ 33,387,975</u>	<u>\$ 36,114,951</u>

* Denotes party-in-interest as defined by ERISA

See independent auditors' report.

KOLLSMAN, INC.
DEFINED BENEFIT RETIREMENT PLAN

EIN # 02-0485231
 PLAN # 002

Form 5500, Schedule H, Part IV, Line 4(f) - Schedule of Reportable Transactions
 Year ended December 31, 2014

(a) Identify of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain/(loss)
Neuberger Berman Neuberger Berman	Neuberger Berman Genesis INSTL Neuberger Berman Genesis INSTL	1,743,000	-	-	-	1,743,000	1,743,000	-
		-	870,000	-	-	781,922	918,284	48,284
Loomis Sayles Loomis Sayles	Loomis Sayles Investment Grade Fixed Income Loomis Sayles Investment Grade Fixed Income	1,825,000	-	-	-	1,825,000	1,825,000	-
		-	614,995	-	-	619,188	605,473	9,522
Metropolitan West Metropolitan West	Metropolitan West Total Return Bond Class I Metropolitan West Total Return Bond Class I	500,000	-	-	-	500,000	500,000	-
		-	570,000	-	-	576,009	562,844	7,156
Aberdeen Fund Aberdeen Fund	Aberdeen Emerging Markets Institutional Fund Aberdeen Emerging Markets Institutional Fund	1,190,000	-	-	-	1,190,000	1,190,000	-
		-	1,033,000	-	-	996,206	997,034	35,966
Harbor Funds Harbor Funds	Harbor International Fund Harbor International Fund	1,030,000	-	-	-	1,030,000	1,030,000	-
		-	3,780,000	-	-	3,329,809	3,931,385	(151,385)
Legg Mason Legg Mason	Legg Mason BW Global Opportunities Bond Legg Mason BW Global Opportunities Bond	325,000	-	-	-	325,000	325,000	-
		-	480,000	-	-	493,898	472,013	7,987
PIMCO PIMCO	PIMCO Long Duration Total Return Fund PIMCO Long Duration Total Return Fund	715,000	-	-	-	715,000	715,000	-
		-	3,772,551	-	-	3,954,802	3,513,801	258,750
PIMCO PIMCO	PIMCO Unconstrained Bond Fund Institutional PIMCO Unconstrained Bond Fund Institutional	325,000	-	-	-	-	-	-
		-	1,850,535	-	-	1,851,661	1,826,314	24,221
PIMCO PIMCO	PIMCO Global Multi-Asset Fund Institutional PIMCO Global Multi-Asset Fund Institutional	-	-	-	-	-	-	-
		-	2,841,058	-	-	3,158,734	2,888,736	(47,678)

See independent auditors' report.

Plan Name: Kollsman, Inc. Defined Benefit Retirement Plan
 EIN: 02-0485231
 Plan Number: 002

Schedule SB, Line 26---Schedule of Active Participant Data

Attained Age	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 to 29	0		0		3		0		0		0		0		0		0		0	
30 to 34	0		0		6		1		0		0		0		0		0		0	
35 to 39	0		0		14		1		0		0		0		0		0		0	
40 to 44	0		3		20		3		2		0		0		0		0		0	
45 to 49	0		2		17		6		5		0		5		3		0		0	
50 to 54	0		4		21		8		6		0		7		26		0		0	
55 to 59	0		3		27		5		10		0		7		29		20		0	
60 to 64	0		0		13		4		7		1		4		13		11		0	
65 to 69	0		0		8		1		3		0		2		1		4		0	
70 & up	0		0		0		0		0		0		0		1		1		0	

SECTION XII

ACTUARIAL COST METHODS

Traditional Unit Credit

The actuarial cost method used in the development of the minimum contribution was the unit credit cost method.

The normal cost is the sum of all the individual normal costs for each participant. For active participants, the individual normal cost is the present value of the benefit earned during the year being valued. For active participants whose credited service equals or exceeds the plan maximum, if any, and for non-active participants, the normal cost is zero.

The actuarial accrued liability is the sum of the individual accrued liabilities for all participants. The individual accrued liability for an active participant is the present value of the accrued benefit as of the valuation date. The unfunded liability is the actuarial accrued liability less the valuation assets.

The total annual cost of the plan is the normal cost plus an amount to amortize the shortfall amount.

Projected Unit Credit

The actuarial cost method used in the development of the maximum contribution was the projected unit credit cost method.

Under this method, the normal cost is the sum of the individual normal costs for all participants. For an active participant, the individual normal cost is the present value at the current age of the projected benefit at the assumed retirement age, based on the actuarial assumptions, divided by the participant's expected years of credited service at that age. For a non-active participant, the normal cost is zero.

The actuarial accrued liability is the sum of the individual accrued liabilities for all plan participants. For an active participant, the individual accrued liability is the product of the normal cost and the total years of credited service at the current age. For non-active participants, the individual accrued liability is the present value at the current age of future benefits. The unfunded actuarial accrued liability equals the actuarial accrued liability less the valuation assets.

SECTION XIII

ACTUARIAL METHODS AND ASSUMPTIONS

A summary of the actuarial assumptions used in the valuation is presented below:

Valuation Assets – Average of fair market value of plan assets as of the current valuation date and as of the valuation date for each of the prior two plan years adjusted for contributions and distributions from the prior period to the current valuation date. The resulting amount is restricted to fall within 90% to 110% of the fair market value of assets [IRC Sec. 430(g)(3)(B)]. This method is restricted such that the expected earnings are limited by Internal Revenue Code Regulations. Therefore, the resulting asset value may tend to be less than the fair market value of assets over a long period of time.

Discount Rates for Minimum Funding – September 2013 HATFA segment rates (4 month look back):

1. PPA funding - segment 1	4.990%
2. PPA funding - segment 2	6.320%
3. PPA funding - segment 3	6.990%

Plan's Effective Interest Rate: 6.520%

Discount Rates for Maximum Deductible Contribution – September 2013 PPA segment rates (4 month look back):

1. PPA funding - segment 1	1.370%
2. PPA funding - segment 2	4.050%
3. PPA funding - segment 3	5.060%

Maximum Deductible Effective Interest Rate: 4.420%

Financial Accounting Standards Board ASC 960 Rates:

Minimum Contribution Rates (above)

Salary Scale – A constant increase of 2.40% was assumed. Shown below are the salaries at age 65 expressed as a percent of the salary at sample ages:

<u>Age</u>	<u>Males</u>	<u>Females</u>
20	291%	291%
25	258%	258%
30	229%	229%
35	204%	204%
40	181%	181%
45	161%	161%
50	143%	143%
55	127%	127%
60	113%	113%

Taxable Wage Base Increase Assumption – Increases to the taxable wage base were assumed to be 3.00% per annum.

SECTION XIII (Cont.)

Retirement Rates – Employees were assumed to retire in accordance with the rates shown below:

<u>Age</u>	<u>Males</u>	<u>Females</u>
55	0.0500	0.0500
56	0.0300	0.0300
57	0.0300	0.0300
58	0.0300	0.0300
59	0.0300	0.0300
60	0.0300	0.0300
61	0.0300	0.0300
62	0.2500	0.2500
63	0.1000	0.1000
64	0.1000	0.1000
65	0.6000	0.6000
66	0.4000	0.4000
67	0.2000	0.2000
68	0.2000	0.2000
69	0.2000	0.2000
70	1.0000	1.0000

Termination – Termination rates were assumed in the valuation. Employees were assumed to terminate in accordance with the rates shown below:

<u>Age</u>	<u>Males</u>	<u>Females</u>
20	0.4000	0.4000
25	0.2500	0.2500
30	0.1600	0.1600
35	0.1000	0.1000
40	0.0500	0.0500
45	0.0200	0.0200
50	0.0000	0.0000
55	0.0000	0.0000
60	0.0000	0.0000

Pre-retirement Mortality – IRS 2014 P.V. M Non-annuitants (1.430(h)) and IRS 2014 P.V. F Non-annuitants (1.430(h)) – Pre-retirement mortality was assumed in the valuation. Sample rates are as follows:

<u>Age</u>	<u>Males</u>	<u>Females</u>
20	0.0002	0.0001
25	0.0003	0.0001
30	0.0004	0.0002
35	0.0007	0.0003
40	0.0009	0.0005
45	0.0010	0.0007
50	0.0013	0.0010
55	0.0017	0.0020
60	0.0031	0.0034

SECTION XIII (Cont.)

Post-retirement Mortality – IRS 2014 P.V. M Annuitants (1.430(h)(3)) and IRS 2014 P.V. F Annuitants (1.430(h)(3)) – Post-retirement mortality was assumed in the valuation. Sample rates are as follows:

<u>Age</u>	<u>Males</u>	<u>Females</u>
65	0.0100	0.0093
70	0.0162	0.0151
75	0.0281	0.0237
80	0.0521	0.0396
85	0.0956	0.0683
90	0.1686	0.1236
95	0.2565	0.1865
100	0.3374	0.2325
105	0.3979	0.2931

Rates of Disablement – Rates of disablement were not assumed.

Post-Disablement Mortality – IRS 2014 P.V. M Annuitants (1.430(h)(3)) and IRS 2014 P.V. F Annuitants (1.430(h)(3)) – Post-disablement mortality was assumed in the valuation. Sample rates are as follows:

<u>Age</u>	<u>Males</u>	<u>Females</u>
65	0.0100	0.0093
70	0.0162	0.0151
75	0.0281	0.0237
80	0.0521	0.0396
85	0.0956	0.0683
90	0.1686	0.1236
95	0.2565	0.1865
100	0.3374	0.2325
105	0.3979	0.2931

Administrative Expenses – Expenses of \$130,633 per annum were assumed.

Percent Married – 70% of males and 70% of females were assumed to be married.

Age of Spouse – The female spouse is assumed to be 3 years younger than the male spouse.

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 4085 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 <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____	
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐	
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description) _____	

Part II Basic Plan Information—enter all requested information		
1a Name of plan KOLLSMAN, INC. DEFINED BENEFIT RETIREMENT PLAN	1b Three-digit plan number (PN) ►	002
1c Effective date of plan 01/01/1996		
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) KOLLSMAN, INC. 220 DANIEL WEBSTER HIGHWAY MERRIMACK NH 03054-4844	2b Employer Identification Number (EIN) 02-0485231 2c Plan Sponsor's telephone number 603-889-2500 2d Business code (see instructions) 333310	

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	 Signature of plan administrator	<u>10-15-15</u> Date	An Le Enter name of individual signing as plan administrator
SIGN HERE	 Signature of employer/plan sponsor	<u>10-15-15</u> Date	An Le Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor KOLLSMAN, INC. 220 DANIEL WEBSTER HIGHWAY MERRIMACK NH 03054-4844	3b Administrator's EIN 02-0485231 3c Administrator's telephone number 603-889-2500																		
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN																		
5 Total number of participants at the beginning of the plan year	5 763																		
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).	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">6a(1) Total number of active participants at the beginning of the plan year</td> <td style="width: 30%; text-align: right;">338</td> </tr> <tr> <td>6a(2) Total number of active participants at the end of the plan year</td> <td style="text-align: right;">303</td> </tr> <tr> <td>b Retired or separated participants receiving benefits</td> <td style="text-align: right;">255</td> </tr> <tr> <td>c Other retired or separated participants entitled to future benefits</td> <td style="text-align: right;">191</td> </tr> <tr> <td>d Subtotal. Add lines 6a(2), 6b, and 6c</td> <td style="text-align: right;">749</td> </tr> <tr> <td>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits</td> <td style="text-align: right;">19</td> </tr> <tr> <td>f Total. Add lines 6d and 6e</td> <td style="text-align: right;">768</td> </tr> <tr> <td>g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</td> <td></td> </tr> <tr> <td>h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested</td> <td style="text-align: right;">0</td> </tr> </table>	6a(1) Total number of active participants at the beginning of the plan year	338	6a(2) Total number of active participants at the end of the plan year	303	b Retired or separated participants receiving benefits	255	c Other retired or separated participants entitled to future benefits	191	d Subtotal. Add lines 6a(2), 6b, and 6c	749	e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	19	f Total. Add lines 6d and 6e	768	g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	0
6a(1) Total number of active participants at the beginning of the plan year	338																		
6a(2) Total number of active participants at the end of the plan year	303																		
b Retired or separated participants receiving benefits	255																		
c Other retired or separated participants entitled to future benefits	191																		
d Subtotal. Add lines 6a(2), 6b, and 6c	749																		
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	19																		
f Total. Add lines 6d and 6e	768																		
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)																			
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	0																		
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: 1A 3F 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) <table style="width: 100%;"> <tr><td>(1)</td><td>☐</td><td>Insurance</td></tr> <tr><td>(2)</td><td>☐</td><td>Code section 412(e)(3) insurance contracts</td></tr> <tr><td>(3)</td><td>☒</td><td>Trust</td></tr> <tr><td>(4)</td><td>☐</td><td>General assets of the sponsor</td></tr> </table>	(1)	☐	Insurance	(2)	☐	Code section 412(e)(3) insurance contracts	(3)	☒	Trust	(4)	☐	General assets of the sponsor	9b Plan benefit arrangement (check all that apply) <table style="width: 100%;"> <tr><td>(1)</td><td>☐</td><td>Insurance</td></tr> <tr><td>(2)</td><td>☐</td><td>Code section 412(e)(3) insurance contracts</td></tr> <tr><td>(3)</td><td>☒</td><td>Trust</td></tr> <tr><td>(4)</td><td>☐</td><td>General assets of the sponsor</td></tr> </table>	(1)	☐	Insurance	(2)	☐	Code section 412(e)(3) insurance contracts	(3)	☒	Trust	(4)	☐	General assets of the sponsor			
(1)	☐	Insurance																										
(2)	☐	Code section 412(e)(3) insurance contracts																										
(3)	☒	Trust																										
(4)	☐	General assets of the sponsor																										
(1)	☐	Insurance																										
(2)	☐	Code section 412(e)(3) insurance contracts																										
(3)	☒	Trust																										
(4)	☐	General assets of the sponsor																										
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)																												
a Pension Schedules <table style="width: 100%;"> <tr><td>(1)</td><td>☒</td><td>R (Retirement Plan Information)</td></tr> <tr><td>(2)</td><td>☐</td><td>MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</td></tr> <tr><td>(3)</td><td>☒</td><td>SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</td></tr> </table>	(1)	☒	R (Retirement Plan Information)	(2)	☐	MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(3)	☒	SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules <table style="width: 100%;"> <tr><td>(1)</td><td>☒</td><td>H (Financial Information)</td></tr> <tr><td>(2)</td><td>☐</td><td>I (Financial Information - Small Plan)</td></tr> <tr><td>(3)</td><td>☐</td><td>A (Insurance Information)</td></tr> <tr><td>(4)</td><td>☒</td><td>C (Service Provider Information)</td></tr> <tr><td>(5)</td><td>☐</td><td>D (DFE/Participating Plan Information)</td></tr> <tr><td>(6)</td><td>☐</td><td>G (Financial Transaction Schedules)</td></tr> </table>	(1)	☒	H (Financial Information)	(2)	☐	I (Financial Information - Small Plan)	(3)	☐	A (Insurance Information)	(4)	☒	C (Service Provider Information)	(5)	☐	D (DFE/Participating Plan Information)	(6)	☐	G (Financial Transaction Schedules)
(1)	☒	R (Retirement Plan Information)																										
(2)	☐	MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary																										
(3)	☒	SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary																										
(1)	☒	H (Financial Information)																										
(2)	☐	I (Financial Information - Small Plan)																										
(3)	☐	A (Insurance Information)																										
(4)	☒	C (Service Provider Information)																										
(5)	☐	D (DFE/Participating Plan Information)																										
(6)	☐	G (Financial Transaction Schedules)																										

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

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

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

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

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

Receipt Confirmation Code _____

KOLLSMAN, INC.
DEFINED BENEFIT RETIREMENT PLAN

EIN # 02-0485231
PLAN # 002

Form 5500, Schedule H, Part IV, Line 4(f) - Schedule of Reportable Transactions
Year ended December 31, 2014

(a) Identify of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain/(loss)
Neuberger Berman Neuberger Berman	Neuberger Berman Genesis INSTL Neuberger Berman Genesis INSTL	1,743,000	-	-	-	1,743,000	1,743,000	-
		-	870,000	-	-	781,922	918,284	48,284
Loomis Sayles Loomis Sayles	Loomis Sayles Investment Grade Fixed Income Loomis Sayles Investment Grade Fixed Income	1,825,000	-	-	-	1,825,000	1,825,000	-
		-	614,995	-	-	619,188	605,473	9,572
Metropolitan West Metropolitan West	Metropolitan West Total Return Bond Class I Metropolitan West Total Return Bond Class I	500,000	-	-	-	500,000	500,000	-
		-	570,000	-	-	576,009	562,844	7,156
Aberdeen Fund Aberdeen Fund	Aberdeen Emerging Markets Institutional Fund Aberdeen Emerging Markets Institutional Fund	1,190,000	-	-	-	1,190,000	1,190,000	-
		-	1,033,000	-	-	996,206	997,034	35,966
Harbor Funds Harbor Funds	Harbor International Fund Harbor International Fund	1,030,000	-	-	-	1,030,000	1,030,000	-
		-	3,780,000	-	-	3,329,809	3,931,385	(151,385)
Legg Mason Legg Mason	Legg Mason BW Global Opportunities Bond Legg Mason BW Global Opportunities Bond	325,000	-	-	-	325,000	325,000	-
		-	480,000	-	-	493,898	472,013	7,987
PIMCO PIMCO	PIMCO Long Duration Total Return Fund PIMCO Long Duration Total Return Fund	715,000	-	-	-	715,000	715,000	-
		-	3,772,551	-	-	3,954,802	3,513,801	258,750
PIMCO PIMCO	PIMCO Unconstrained Bond Fund Institutional PIMCO Unconstrained Bond Fund Institutional	325,000	-	-	-	-	-	-
		-	1,850,535	-	-	1,851,661	1,826,314	24,221
PIMCO PIMCO	PIMCO Global Multi-Asset Fund Institutional PIMCO Global Multi-Asset Fund Institutional	-	-	-	-	-	-	-
		-	2,841,058	-	-	3,158,734	2,888,736	(47,678)

See independent auditors' report.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan KOLLSMAN, INC. DEFINED BENEFIT RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF KOLLSMAN, INC.	D Employer Identification Number (EIN) 02-0485231
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2014</u>			
2 Assets:			
a Market value	2a	33924479	
b Actuarial value	2b	32803290	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	245	11409563	11409563
b For terminated vested participants	180	5728448	5728448
c For active participants	338	17188445	17730610
d Total	763	34326456	34868621
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.52%	
6 Target normal cost	6	1685707	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>David Pratt Ward DPW</u>	<u>September 15, 2015</u>
	Signature of actuary	Date
DAVID PRATT WARD		1404388
	Type or print name of actuary	Most recent enrollment number
THE ANGELL PENSION GROUP, INC.		401-438-9250
	Firm name	Telephone number (including area code)
88 BOYD AVENUE		
EAST PROVIDENCE RI 02914		
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2014
v. 140124

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:

a Segment rates:

1st segment:
4.99%2nd segment:
6.32%3rd segment:
6.99%☐ N/A, full yield curve used

b Applicable month (enter code)

21b

4

22 Weighted average retirement age**22**

63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)

31a

1685707

b Excess assets, if applicable, but not greater than line 31a

31b

0

32 Amortization installments:

a Net shortfall amortization installment

Outstanding Balance

Installment

2065831

730200

b Waiver amortization installment

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33**

0

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)**34**

2415907

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35) **36** 2415907**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 2415924**38** Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)

38a

17

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances

38b

0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected

☐ 2 plus 7 years☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made

☐ 2008☐ 2009☐ 2010☐ 2011**42** Amount of acceleration adjustment **42****43** Excess installment acceleration amount to be carried over to future plan years **43**

Kollsman, Inc. Defined Benefit Retirement Plan

EIN: 02-0485231; Plan Number: 002

2014 Schedule SB, line 22 - Description of Weighted Average Retirement Age

(1)	(2)	(3)	(4)	(5)
Age	Absolute Retirement Rate	Cumulative Probability of Not Having Retired	Probability of Employee Age 55 Retiring at Age(x)	(1) x (4)
55	5%	95.00%	5.00%	2.75
56	3%	92.15%	2.85%	1.60
57	3%	89.39%	2.76%	1.58
58	3%	86.70%	2.68%	1.56
59	3%	84.10%	2.60%	1.53
60	3%	81.58%	2.52%	1.51
61	3%	79.13%	2.45%	1.49
62	25%	59.35%	19.78%	12.27
63	10%	53.41%	5.93%	3.74
64	10%	48.07%	5.34%	3.42
65	60%	19.23%	28.84%	18.75
66	40%	11.54%	7.69%	5.08
67	20%	9.23%	2.31%	1.55
68	20%	7.38%	1.85%	1.26
69	20%	5.91%	1.48%	1.02
70	100%	0.00%	5.91%	4.14
TOTALS:			100.00%	63.22

*

* Average Assumed Retirement Age

Appendix A

Summary of Plan Provisions

Plan Effective Date: January 1, 1996

Eligibility Requirements: Age: 21
Service: 1 year

Year of Service: For Part-time Employees: A Year of Service shall mean a 12-consecutive-month computation period in which an employee is credited with 1,000 or more hours of service.

For all other Employees: Year of Service shall mean the sum of all service calculated in full years and completed months.

Eligibility: Computation period commences on employee's date of hire.

Vesting: Computation period commences on employee's date of hire.

Credit for vesting and eligibility purposes shall be given for service performed prior to the original Effective Date of the Plan.

Benefit Service: Computation period commences on employee's date of hire. Credit for service shall not be given prior to the original Effective Date of the Plan.

Plan Entry Date: An employee will enter the plan on the exact day following completion of the eligibility requirements. Effective January 1, 2010, Employees hired on or after January 1, 2010 are not permitted to enter the plan.

Normal Retirement Date: First day of the month coincident with or next following the participant's 65th birthday and 5 Years of Service.

Compensation: The total compensation for the plan year, including deferred compensation, bonuses, commissions, overtime, short term disability benefits, or other special compensation as provided for on participant's W-2. Compensation shall exclude severance payments and relocation expenses.

Effective January 1, 2002, no more than \$200,000 of compensation will be considered for plan purposes. This limit of \$200,000 is subject to the cost of living indexes. Effective January 1, 2014, the limit is \$260,000.

Average Compensation: Compensation averaged over the later of:

- (i) January 1, 1996
- (ii) Date of hire
- (iii) attainment of age 21, or
- (iv) the date the Employer becomes an Affiliated Employer

*Normal Retirement
Benefit:*

The greater of:

- (1) The sum of:
 - (a) 0.90% of Average Compensation multiplied by Years of Benefit Service, plus
 - (b) 0.60% of Average Compensation in excess of Covered Compensation multiplied by Years of Benefit Service.
- (2) 1.10% of Average Compensation multiplied by Years Benefit Service.
- (3) \$70.00 per month (applies to certain groups only).

Normal Form of Benefit: Life Annuity

Accrued Benefit: The amount a participant would be entitled under the benefit formula based upon the Average Monthly Compensation, Years of Credited Service, and the Plan provisions in effect as of the determination.

*Top-Heavy Minimum
Accrued Benefit:*

A participant will receive a minimum benefit equal to 2% Average Compensation for each Year of Service in which the plan is top-heavy

Early Retirement:

A participant who has attained age 55 and 5 Years of Benefit Service may retire and receive an Early Retirement benefit. The amount of the Early Retirement Benefit equals the Accrued Benefit, reduced by 1/15th for each of the first 5 years and 1/30th for each of the next 5 years by which commencement precedes the Normal Retirement Date.

Late Retirement:

Participants who continue employment after their Normal Retirement Date are eligible for a Late Retirement Benefit equal the monthly benefit determined under the benefit formula based on Average Compensation and Years of Benefit Service determined as of date of termination.

Death Benefit: The spouse of a participant who has been married for at least one year is entitled to a Qualified Preretirement Survivor Annuity. The spousal death benefit is based upon the survivor portion of a Joint & 50% Survivor Annuity.

No pre-retirement death benefits are payable on behalf of unmarried participants.

Vesting: Based on Years of Service, subject to the following schedule:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than 5 years	0%
5 years or more	100%

Notwithstanding the above vesting schedule, a participant will become 100% vested upon reaching the Normal Retirement Date.

KOLLSMAN, INC.
DEFINED BENEFIT RETIREMENT PLAN

Schedule 1

EIN # 02-0485231

PLAN # 002

Form 5500, Schedule H, Part IV, Line 4(i) -
Schedule of Assets (Held at End of Year)

December 31, 2014

(a)	(b) Identity of Issues, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Mutual Funds:				
*	Columbia Acorn Fund CL Z	Mutual Fund	\$ 1,739,049	\$ 1,762,289
	Legg Mason BW Global Opportunities Bond Fund	Mutual Fund	1,400,357	1,356,063
	Loomis Sayles Investment Grade Fixed Income	Mutual Fund	4,691,756	4,539,332
	Metropolitan West Total Return Bond Class I	Mutual Fund	3,358,098	3,384,994
	Aberdeen Emerging Markets Institutional Fund	Mutual Fund	1,798,309	1,723,412
	Blackrock Strategic Income	Mutual Fund	1,429,111	1,412,585
	Neuberger Berman Genesis Institutional	Mutual Fund	3,174,441	3,245,676
	Vanguard Total INSTL Stock Index Fund	Mutual Fund	1,814,150	1,725,242
	Vanguard INSTL Index Fund	Mutual Fund	10,223,838	13,060,840
	Vanguard BD Index Fund INC Long Term Portfolio	Mutual Fund	1,771,745	1,789,376
	Harbor International Fund	Mutual Fund	1,655,269	1,783,290
			<u>33,056,123</u>	<u>35,783,099</u>
Money Market Fund:				
*	Columbia Government Plus Reserves	Money Market	187,168	187,168
Accrued income			<u>144,684</u>	<u>144,684</u>
			<u>\$ 33,387,975</u>	<u>\$ 36,114,951</u>

* Denotes party-in-interest as defined by ERISA

See independent auditors' report.

SECTION V

AMORTIZATION BASES UNDER SECTION 430 OF THE IRS CODE

<u>Type/ Date Established</u>	<u>Initial Period</u>	<u>Initial Amount</u>	<u>Remaining Period</u>	<u>Remaining Amount</u>	<u>Annual Payment</u>
Shortfall					
01/01/2014	7	\$ -1,186,662	7	\$ -1,186,662	\$ -198,599
01/01/2013	7	\$ 2,711,098	6	\$ 2,390,286	\$ 452,461
01/01/2012	7	\$ -2,769,106	5	\$ -2,137,134	\$ -470,033
01/01/2011	7	\$ 2,061,152	4	\$ 1,262,801	\$ 339,120
01/01/2010	7	\$ 3,608,318	3	\$ 1,736,540	\$ 607,251
				-----	-----
Totals				\$ 2,065,831	\$ 730,200