

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

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>ELLISON TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>10/01/2000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>10/01/2000</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>10/01/2000</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>ELLISON TECHNOLOGIES, INC.</u> <u>9912 SOUTH PIONEER BLVD.</u> <u>SANTA FE SPRINGS, CA 90670</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>95-3406732</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>562-949-0021</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541600</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>95-3406732</u>	2c Plan Sponsor's telephone number <u>562-949-0021</u>	2d Business code (see instructions) <u>541600</u>	
2b Employer Identification Number (EIN) <u>95-3406732</u>					
2c Plan Sponsor's telephone number <u>562-949-0021</u>					
2d Business code (see instructions) <u>541600</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	MELANIE A. RODRIGUEZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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	5 718
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e 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.....	6a(1) 619 6a(2) 652 6b 3 6c 128 6d 783 6e 0 6f 783 6g 748 6h 50
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D 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) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan ELLISON TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ELLISON TECHNOLOGIES, INC.		
D Employer Identification Number (EIN) 95-3406732		

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

(a) Name of insurance carrier
GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	385069-01	92	01/01/2014	12/31/2014

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 6409609**5** Current value of plan's interest under this contract in separate accounts at year end **5** 0**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT****b** Balance at the end of the previous year **7b** 6147473**c** Additions: (1) Contributions deposited during the year **7c(1)** 376078(2) Dividends and credits **7c(2)** 0(3) Interest credited during the year **7c(3)** 87616(4) Transferred from separate account **7c(4)** 3508254(5) Other (specify below) **7c(5)** 47492▶ **LOAN REPAYMENTS & FORFEITURES**(6) Total additions **7c(6)** 4019440**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 10166913**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 92305(2) Administration charge made by carrier **7e(2)** 32460(3) Transferred to separate account **7e(3)** 3632539(4) Other (specify below) **7e(4)** 0(5) Total deductions **7e(5)** 3757304**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 6409609

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

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

A Name of plan ELLISON TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ELLISON TECHNOLOGIES, INC.	D Employer Identification Number (EIN) 95-3406732

Part I	Service Provider Information (see instructions)
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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 GREAT-WEST LIFE & ANNUITY INS. CO.

84-0467907

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

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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)

GREAT-WEST LIFE & ANNUITY INS. CO.

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	45956	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

ADVISED ASSET GROUP

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
28	INVESTMENT MGMT	42716	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KRAVITZ INVESTMENT SERVICES, INC

16030 VENTURA BLVD. SUITE 200
ENCINO, CA 91436

(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	INVESTMENT ADVISOR	36000	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)

KRAVITZ, INC.

15760 VENTURA BOULEVARD, SUITE 910
ENCINO, CA 91436

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17	NONE	6135	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ELLISON TECHNOLOGIES INC

4630 WEAVER PARKWAY
WARRENVILLE, IL 60555

(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?
99	EMPLOYER	6000	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>ELLISON TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN</u>		B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ELLISON TECHNOLOGIES, INC.</u>		D Employer Identification Number (EIN) <u>95-3406732</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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	400701	396785
(2) Participant contributions.....	1b(2)	0	142008
(3) Other.....	1b(3)	0	5000
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	672005	855046
(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)	50026382	57788718
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	6147473	6409609
(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	57246561	65597166

Liabilities

g Benefit claims payable	1g	2258	0
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	25172
k Total liabilities (add all amounts in lines 1g through 1j)	1k	2258	25172

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	57244303	65571994
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	889723	
(B) Participants	2a(1)(B)	5154663	
(C) Others (including rollovers)	2a(1)(C)	476914	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		6521300

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	40745	
(F) Other	2b(1)(F)	87616	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		128361

(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)	1672029	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1672029

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		2043213
c Other income.....	2c		35428
d Total income. Add all income amounts in column (b) and enter total.....	2d		10400331

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1908915	
(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)		1908915
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)	70932	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	92793	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		163725
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2072640

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		8327691
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: **AHLSTROM & BAKER, CPA**

(2) EIN: **33-0138137**

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.)		X	
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>ELLISON TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ELLISON TECHNOLOGIES, INC.</u>	D Employer Identification Number (EIN) <u>95-3406732</u>

Part I	Distributions
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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>84-1455663</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

Part III	Amendments
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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
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: 0.0% 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): _____

**ELLISON TECHNOLOGIES/ACIETA
EMPLOYEES RETIREMENT SAVINGS PLAN**

Financial Statements
and Supplemental Schedule

December 31, 2014

With Independent Auditor's Report

**ELLISON TECHNOLOGIES/ACIETA
EMPLOYEES RETIREMENT SAVINGS PLAN**

Table of Contents

	<u>Page(s)</u>
Independent Auditor's Report	1
Financial Statements:	
Statements of Net Assets Available for Benefits as of December 31, 2014 and 2013	2
Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2014	3
Notes to Financial Statements	4-12
Supplemental Schedule:	
Schedule of Assets (Held at End of Year) as of December 31, 2014	13-14
Other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.	

Ahlstrom & Baker

CERTIFIED PUBLIC ACCOUNTANTS

10621 Calle Lee, Suite 153
Los Alamitos, CA 90720

Telephone: (714) 527-7272
Fax: (714) 828-2209

Independent Auditor's Report

To the Administrative Committee of the Ellison Technologies/ACIETA Employees Retirement Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Ellison Technologies/ACIETA Employees Retirement Savings Plan, which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Great-West Trust Company, LLC, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2014 and 2013, and for the year ended December 31, 2014, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2014 is 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 is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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

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

October 13, 2015



**ELLISON TECHNOLOGIES/ACIETA
EMPLOYEES RETIREMENT SAVINGS PLAN**

Statements of Net Assets Available for Benefits

December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
Assets:		
Investments, at fair value (participant-directed):		
Mutual funds	\$57,788,718	\$50,026,382
Great-West Life & Annuity Insurance Company general fixed account	<u>6,409,609</u>	<u>6,147,473</u>
Total investments	<u>64,198,327</u>	<u>56,173,855</u>
Receivables:		
Notes receivable from participants	855,046	672,005
Employer's matching contributions	396,785	400,701
Participants' deferrals contributions	142,008	-
Other	<u>5,000</u>	<u>-</u>
Total receivables	<u>1,398,839</u>	<u>1,072,706</u>
Total assets	<u>65,597,166</u>	<u>57,246,561</u>
Liabilities:		
Accrued expenses	23,558	-
Accrued other	<u>1,614</u>	<u>2,258</u>
Total liabilities	<u>25,172</u>	<u>2,258</u>
Net assets available for benefits	<u>\$65,571,994</u>	<u>\$57,244,303</u>

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

**ELLISON TECHNOLOGIES/ACIETA
EMPLOYEES RETIREMENT SAVINGS PLAN**

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2014

Additions to net assets attributed to:

Investment income:	
Interest and dividends	\$ 1,759,645
Net appreciation in fair value of investments	<u>2,043,213</u>
Total investment income	<u>3,802,858</u>

Contributions:

Employer's matching	889,723
Employer's other	6,125
Participants' deferrals	5,154,663
Participants' rollovers	<u>470,789</u>
Total contributions	<u>6,521,300</u>

Other income:

Interest income on notes receivable from participants	40,745
Other	<u>35,428</u>
Total other income	<u>76,173</u>

Total additions	<u>10,400,331</u>
-----------------	-------------------

Deductions from net assets attributed to:

Benefits paid to participants	1,908,915
Administrative expenses	<u>163,725</u>
Total deductions	<u>2,072,640</u>

Net increase in net assets	8,327,691
----------------------------	-----------

Net assets available for benefits:

Beginning of year	<u>57,244,303</u>
End of year	<u>\$65,571,994</u>

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

**ELLISON TECHNOLOGIES/ACIETA
EMPLOYEES RETIREMENT SAVINGS PLAN**
Notes to Financial Statements

1. Description of the Plan

The following description of the Ellison Technologies/ACIETA Employees Retirement Savings Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan, which was adopted effective October 1, 2000 under the provisions of Section 401(a) of the Internal Revenue Code ("Code") with a cash or deferred arrangement qualified under Section 401(k) of the Code. Effective April 1, 2014, Ellison Technologies, Inc. ("Ellison"), the Plan sponsor, amended and restated the Ellison Technologies/ACIETA Employees Retirement Savings Plan, formerly known as the Ellison Technologies, Inc. 401(k) Profit Sharing Plan. In connection with the Plan amendment, a related party company, ACIETA LLC ("ACIETA"), became a participating employer with the Plan. The Plan covers all employees of Ellison and ACIETA with three months of service who are age eighteen or older, with Plan entry dates on the first day of a calendar quarter. The Plan is subject to the provisions of the Employee Retirement Income Security Act, as amended ("ERISA").

Contributions

Participants may elect to reduce their compensation, as defined by the Plan, by a certain amount and have that amount contributed to the Plan as a pre-tax salary deferral or as an after-tax (Roth) salary deferral. Participants who have attained age 50 before the Plan year-end are also eligible to make additional catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 8 percent of eligible compensation and their contributions invested in a target date fund until changed by the participant. The Employers may make matching contributions to eligible participants of the Plan. The basic matching contribution is determined for each Plan year wherein the Employer contributes a certain percentage of the participant's contribution. The supplemental matching contribution is determined for any Plan year, wherein the Employer contributes a certain percentage of the participants' contribution if the participant is still employed on the last day of the Plan year. The Employer may also make a profit sharing contribution for participants who are employed on the last day of the Plan year and have at least 1000 hours of service during the Plan year. For the year ended December 31, 2014, Ellison and ACIETA made a basic matching contribution of 10 percent and Ellison made a supplemental matching contribution of 10 percent. Contributions are subject to certain limits.

**ELLISON TECHNOLOGIES/ACIETA
EMPLOYEES RETIREMENT SAVINGS PLAN**

Notes to Financial Statements

1. Description of the Plan (continued)

Participant Accounts

Participants direct the investment of contributions to various mutual options or to a fixed account invested in the Great-West Life & Annuity Insurance Company general account and which are reflected in individual accounts maintained by the Plan. These accounts reflect the participant's contributions, and an allocation of (a) the Employer's contributions, and (b) the Plan's earnings and administrative expenses. Allocations are based on participant compensation, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Employer's contribution portion of their accounts is based on years of continuous service. A participant is 100 percent vested after five years of credited service.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum loan of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. Loans must be repaid within 5 years or within 15 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at the prime rate (at the date of the loan issuance) plus 2 percent. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits

On termination of service due to death, disability, or retirement or for other reasons, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or in installments. Under certain conditions, in-service withdrawals are permitted.

Forfeiture/Asset Holding Account

At December 31, 2014 and 2013, the Plan's forfeiture/asset holding account totaled \$29,475 and \$20,435, respectively. These accounts are available to pay administrative expenses and/or reduce future employer contributions. In 2014, administrative expenses of \$51,370 were paid from the forfeiture/asset holding account.

Plan Termination

Although it has not expressed any intent to do so, the Employers have the right under the Plan to discontinue its contributions at any time and the Plan sponsor can terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100 percent vested in their employer contributions.

**ELLISON TECHNOLOGIES/ACIETA
EMPLOYEES RETIREMENT SAVINGS PLAN
Notes to Financial Statements**

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Financial Accounting Standards Board ("FASB") *Accounting Standards Codification* ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value and defines fair value as the price that would be received to sell an asset (i.e. exit price) in an orderly transaction between market participants as of the valuation date. 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 (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 with the related inputs to the valuation methodology are described as follows:

- Level 1 Quoted prices (unadjusted) in active markets for identical assets that the Plan has the ability to access.
- Level 2 Significant other observable (directly or indirectly) inputs, including quoted prices for similar assets in active markets or in inactive markets and other market observable inputs such as interest rate, credit risks, etc.
- Level 3 Significant unobservable inputs, including the Plan's own assumptions in determining the fair value of investments.

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

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

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

**ELLISON TECHNOLOGIES/ACIETA
EMPLOYEES RETIREMENT SAVINGS PLAN**

Notes to Financial Statements

2. Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition (continued)

General fixed account: Valued at fair value which approximates contract value and which represents the value the Plan would receive if the funds are withdrawn prior to their maturity. This fixed account value represents contributions allocated to the participant fixed account, plus interest credited at the contractually guaranteed rate, less amounts transferred or distributed from the fixed account, and any applicable expenses.

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

In addition, purchases and sales of securities are recorded on a trade-date basis. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year. Management fees and operating expenses charged to the Plan for investments in mutual funds are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expense are reflected as a reduction of investment return for such investments.

Notes Receivable from Participants

Notes receivable from participants are stated at the unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2014 and 2013. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits

Benefits are recorded when paid or upon distribution.

Expenses

The Plan pays expenses to Great-West Financial for recordkeeping and for fees related to withdrawals, managed accounts and notes receivable from participants. Such expenses are charged directly to the participant's account and are included in administrative expenses. The Plan also pays administrative expenses related to investment advisory fees, and certain third-party administrator fees and audit fees. Other expenses of maintaining the Plan are paid directly by the Employers, at their option, and are excluded from these financial statements. Investment related expenses are included in net appreciation of fair value of investments.

**ELLISON TECHNOLOGIES/ACIETA
EMPLOYEES RETIREMENT SAVINGS PLAN**

Notes to Financial Statements

2. Summary of Significant Accounting Policies (continued)

Other Income

The Plan receives revenue sharing income from the Plan recordkeeper which is reflected as other income and credited to the Plan's forfeiture/asset holding account and used to pay Plan expenses.

Subsequent Events

Management evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements. Subsequent events have been evaluated through October 13, 2015, which is the date the financial statements were available to be issued.

3. Financial Information Certified by Trustee

The following is a summary of financial information reflected in the Plan financial statements at December 31, 2014 and 2013, and for the year ended December 31, 2014, as certified by Great-West Trust Company, LLC, the trustee of the Plan, in accordance with 29 CFR 2520.103-5(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Investments that represent 5% or more of net assets available for benefits at either year-end are separately identified.

Statements of Net Assets Available for Benefits:

	December 31, <u>2014</u>	<u>2013</u>
Investments, at fair value:		
Mutual Funds:		
Vanguard Target Retirement 2010 Fund	\$ 2,925,620	\$ 3,146,790
Vanguard Target Retirement 2015 Fund	4,940,669	4,791,628
Vanguard Target Retirement 2020 Fund	4,799,821	3,761,350
Vanguard Target Retirement 2025 Fund	8,838,778	8,755,133
Vanguard Target Retirement 2030 Fund	5,793,036	5,374,275
Vanguard Target Retirement 2035 Fund	4,827,232	4,228,354
Other	<u>25,663,562</u>	<u>19,968,852</u>
Total mutual funds	57,788,718	50,026,382
Great-West Life & Annuity Insurance		
Company general fixed account:		
Key Guaranteed Portfolio Fund	<u>6,409,609</u>	<u>6,147,473</u>
Total investments	64,198,327	56,173,855
Notes receivable from participants	<u>855,046</u>	<u>672,005</u>
Total assets certified	<u>\$65,053,373</u>	<u>\$56,845,860</u>

**ELLISON TECHNOLOGIES/ACIETA
EMPLOYEES RETIREMENT SAVINGS PLAN**

Notes to Financial Statements

3. Financial Information Certified by Trustee (continued)

Statement of Changes in Net Assets Available for Benefits:

	<u>Year Ended December 31, 2014</u>
Investment income:	
Interest and dividends:	
Mutual funds	\$1,672,029
General fixed account	<u>87,616</u>
Total interest and dividends	1,759,645
Net appreciation in fair value of mutual funds	<u>2,043,213</u>
Total investment income	3,802,858
Interest income on notes receivable from participants	<u>40,745</u>
Total income certified	<u>\$3,843,603</u>

In addition, the investments reflected on the supplemental schedule of assets (held at end of year) were certified by the trustee.

4. Investment in Insurance Company General Fixed Account

The Plan has a group annuity contract with Great-West Life & Annuity Insurance Company ("Great-West") that invests contributions into the Key Guaranteed Portfolio Fund. The Key Guaranteed Portfolio Fund is a fixed account that is part of the insurance company's general account and is considered evergreen (no maturity date) with no market value adjustment upon discontinuance. The account is credited with earnings at interest rates which are announced in advance and guaranteed for a specific time period. The methodology for calculating the interest crediting rate is based on the earnings of the underlying assets in the entire medium-long term new portfolio compared to the minimum interest crediting rate (cannot be less than zero percent), as stated in the contract, and prevailing market conditions. The interest crediting rate is reset quarterly.

Contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the group annuity contract since the contract was determined to be fully benefit-responsive. The contract is included in the financial statements at fair value which approximates contract value. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and

**ELLISON TECHNOLOGIES/ACIETA
EMPLOYEES RETIREMENT SAVINGS PLAN**

Notes to Financial Statements

4. Investment in Insurance Company General Fixed Account (continued)

administrative expenses. As the significant inputs, including the crediting interest rates, are provided by the issuer of the contract and are based upon factors determined by the issuer, the inputs are considered to be unobservable; therefore, the investment is classified as a Level 3 investment. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

Normally while the contract is active, transfers among investment options and distributions to participants will be made immediately. Generally there are not any events that could limit the ability of the Plan to transact at contract value and there are not any events that allow the issuer to terminate the contract and which require the Plan to settle at an amount different than contract value. However, upon contract termination, Great-West reserves the right to defer payment of the contract up to 12 months.

Average yields earned by the Key Guaranteed Portfolio fund are as follows:

	<u>2014</u>	<u>2013</u>
Based on actual earnings	1.25%	1.26%
Based on interest rate credited to participants	1.50%	1.53%

5. Fair Value Measurements

The following table sets forth by level within the fair value hierarchy, as well as by major investment category taking into consideration the attributes, including the nature and risks of such investments, the Plan's investment assets at fair value as of December 31, 2014 and 2013.

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>As of December 31, 2014:</u>				
Mutual funds:				
Asset allocation funds	\$37,568,534	\$ -	\$ -	\$37,568,534
Balanced funds	1,565,358	-	-	1,565,358
Bond funds	3,720,028	-	-	3,720,028
International funds	2,641,658	-	-	2,641,658
Large Cap funds	7,670,320	-	-	7,670,320
Mid Cap funds	2,134,276	-	-	2,134,276
Small Cap funds	1,855,319	-	-	1,855,319
Specialty fund	633,225	-	-	633,225
	<u>57,788,718</u>	<u>-</u>	<u>-</u>	<u>57,788,718</u>
Great-West general account:				
Fixed income account	<u>-</u>	<u>-</u>	<u>6,409,609</u>	<u>6,409,609</u>
Total investments at fair value	<u>\$57,788,718</u>	<u>\$ -</u>	<u>\$ 6,409,609</u>	<u>\$64,198,327</u>

**ELLISON TECHNOLOGIES/ACIETA
EMPLOYEES RETIREMENT SAVINGS PLAN**

Notes to Financial Statements

5. Fair Value Measurements (continued)

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>As of December 31, 2013:</u>				
Mutual funds:				
Asset allocation funds	\$35,186,599	\$ -	\$ -	\$35,186,599
Balanced funds	763,017	-	-	763,017
Bond funds	2,580,251	-	-	2,580,251
International funds	2,323,593	-	-	2,323,593
Large Cap funds	4,930,270	-	-	4,930,270
Mid Cap funds	1,381,081	-	-	1,381,081
Small Cap funds	2,489,058	-	-	2,489,058
Specialty fund	<u>372,513</u>	<u>-</u>	<u>-</u>	<u>372,513</u>
	50,026,382	-	-	50,026,382
Great-West general account:				
Fixed income account	<u>-</u>	<u>-</u>	<u>6,147,473</u>	<u>6,147,473</u>
Total investments at fair value	<u>\$50,026,382</u>	<u>\$ -</u>	<u>\$ 6,147,473</u>	<u>\$56,173,855</u>

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets (general fixed account) for the year ended December 31, 2014:

Balance at beginning of year	\$6,147,473
Contributions deposited	376,078
Interest credited	87,616
Participant loan payments	47,492
Disbursements to pay benefits	(92,305)
Expenses	(32,460)
Transfers in/out - net	<u>(124,285)</u>
Balance at end of year	<u>\$6,409,609</u>

The following table represents the Plan's level 3 investment at December 31, 2014 and 2013, the valuation technique used to measure the fair value of the investment, and the significant unobservable inputs and the ranges of values for those inputs.

<u>Investment</u>	<u>Fair Value at</u>		<u>Principal</u>	<u>Unobservable</u>	<u>Range of</u>
	<u>12/31/14</u>	<u>12/31/13</u>	<u>Valuation</u>	<u>Inputs</u>	<u>Significant</u>
			<u>Technique</u>		<u>Input Values</u>
Great-West General Fixed Account	\$6,409,609	\$6,147,473	Contract value equals fair value	Earnings at guaranteed crediting rate	Gross guaranteed crediting rate must be greater than or equal to contractual minimum crediting rate

**ELLISON TECHNOLOGIES/ACIETA
EMPLOYEES RETIREMENT SAVINGS PLAN**

Notes to Financial Statements

6. Tax Status

The Plan obtained its latest determination letter on April 13, 2011, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that 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 2011.

7. Related Party Transactions

The Plan has an investment in the Great-West Life & Annuity Insurance Company general fixed account. The Plan also paid expenses to and received other income from Great-West Financial. These transactions are party-in-interest transactions and which are allowable under the provisions of ERISA.

8. Risks and Uncertainties

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

SUPPLEMENTAL SCHEDULE

**ELLISON TECHNOLOGIES/ACIETA
EMPLOYEES RETIREMENT SAVINGS PLAN**
(EIN 95-3406732 Plan 001)
Schedule of Assets (Held at End of Year)
(Schedule H, Part IV, Item 4i - Form 5500)

December 31, 2014

(a) (b) Identity of Issue, Borrower and Similar Party	(c) Description of Investment	(d) Cost (A)	(e) Current Value
American Funds AMCAP Fund	Mutual Fund		\$ 1,899,660
American Funds EuroPacific Growth Fund	Mutual Fund		650,775
Columbia Strategic Income Fund	Mutual Fund		20,089
DoubleLine Core Fixed Income Fund	Mutual Fund		2,971,371
JPMorgan U.S. Equity Fund	Mutual Fund		862,503
Oppenheimer Developing Markets Fund	Mutual Fund		745,508
PIMCO Total Return Fund	Mutual Fund		248,765
Prudential Jennison Mid Cap Growth Fund	Mutual Fund		113,897
T. Rowe Price Mid-Cap Value Fund	Mutual Fund		1,151,272
T. Rowe Price Small Cap Value Fund	Mutual Fund		144,258
Target Small Capitalization Value Fund	Mutual Fund		202,843
Vanguard 500 Index Fund	Mutual Fund		1,707,192
Vanguard Equity-Income Fund	Mutual Fund		885,503
Vanguard Explorer Fund	Mutual Fund		345,291
Vanguard Growth Index Fund	Mutual Fund		714,210
Vanguard International Value Fund	Mutual Fund		800,126
Vanguard LifeStrategy Conservative Growth Fund	Mutual Fund		171,152
Vanguard LifeStrategy Growth Fund	Mutual Fund		695,812
Vanguard LifeStrategy Income Fund	Mutual Fund		56,925
Vanguard LifeStrategy Moderate Growth Fund	Mutual Fund		641,469
Vanguard Mid Cap Index Fund	Mutual Fund		869,108
Vanguard REIT Index Fund	Mutual Fund		633,225
Vanguard Small Cap Index Fund	Mutual Fund		1,162,927
Vanguard Target Retirement 2010 Fund	Mutual Fund		2,925,620
Vanguard Target Retirement 2015 Fund	Mutual Fund		4,940,669
Vanguard Target Retirement 2020 Fund	Mutual Fund		4,799,821
Vanguard Target Retirement 2025 Fund	Mutual Fund		8,838,778
Vanguard Target Retirement 2030 Fund	Mutual Fund		5,793,036
Vanguard Target Retirement 2035 Fund	Mutual Fund		4,827,232
Vanguard Target Retirement 2040 Fund	Mutual Fund		2,299,889

(Continued)

(A) Historical cost information is not required for participant-directed investments.

* A party-in-interest as defined by ERISA.

See accompanying independent auditor's report.

**ELLISON TECHNOLOGIES/ACIETA
EMPLOYEES RETIREMENT SAVINGS PLAN**
(EIN 95-3406732 Plan 001)
Schedule of Assets (Held at End of Year)
(Schedule H, Part IV, Item 4i - Form 5500)

December 31, 2014
(Continued)

<u>(a) (b) Identity of Issue, Borrower and Similar Party</u>	<u>(c) Description of Investment</u>	<u>(d) Cost</u>	<u>(e) Current Value</u>
		(A)	
Vanguard Target Retirement 2045 Fund	Mutual Fund		1,344,067
Vanguard Target Retirement 2050 Fund	Mutual Fund		544,364
Vanguard Target Retirement 2055 Fund	Mutual Fund		365,792
Vanguard Target Retirement 2060 Fund	Mutual Fund		102,149
Vanguard Target Retirement Income Fund	Mutual Fund		787,116
Vanguard Total Bond Market Index Fund	Mutual Fund		479,802
Vanguard Total International Stock Index Fund	Mutual Fund		445,249
Vanguard Total Stock Market Index Fund	Mutual Fund		634,119
Vanguard Value Index Fund	Mutual Fund		967,134
 * Great-West Life & Annuity Insurance Company	 General Fixed Account - Key Guaranteed Portfolio Fund (1.45%)		 6,409,609
 * Participant loans	 Interest rates ranging from 5.25% to 6.25%		 <u>855,046</u>
			<u>\$65,053,373</u>

(A) Historical cost information is not required for participant-directed investments.

* A party-in-interest as defined by ERISA.

See accompanying independent auditor's report.

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

Part II Basic Plan Information—enter all requested information	
1a Name of plan ELLISON TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) ELLISON TECHNOLOGIES, INC. 9912 SOUTH PIONEER BLVD. SANTA FE SPRINGS CA 90670	1b Three-digit plan number (PN) ▶ <u>001</u> 1c Effective date of plan <u>10/01/2000</u> 2b Employer Identification Number (EIN) <u>95-3406732</u> 2c Plan Sponsor's telephone number <u>562-949-0021</u> 2d Business code (see instructions) <u>541600</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	Signature of plan administrator	10/14/15 Date	Melanie A. Rodriguez Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	10/14/15 Date	Melanie A. Rodriguez 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)

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

Form 5500 (2014)
v. 140124

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
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:		3c Administrator's telephone number	
a Sponsor's name		4b EIN	
5 Total number of participants at the beginning of the plan year		4c PN	
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).		5 718	
a(1) Total number of active participants at the beginning of the plan year		6a(1) 619	
a(2) Total number of active participants at the end of the plan year		6a(2) 652	
b Retired or separated participants receiving benefits		6b 3	
c Other retired or separated participants entitled to future benefits		6c 128	
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 783	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0	
f Total. Add lines 6d and 6e		6f 783	
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 748	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 50	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1) ☒ Insurance		(1) ☐ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts		(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust		(3) ☒ Trust	
(4) ☐ General assets of the sponsor		(4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules		b General Schedules	
(1) ☒ R (Retirement Plan Information)		(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) ☐ I (Financial Information – Small Plan)	
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) ☒ 1 A (Insurance Information)	
		(4) ☒ C (Service Provider Information)	
		(5) ☐ D (DFE/Participating Plan Information)	
		(6) ☐ G (Financial Transaction Schedules)	

**ELLISON TECHNOLOGIES/ACIETA
EMPLOYEES RETIREMENT SAVINGS PLAN**
(EIN 95-3406732 Plan 001)
Schedule of Assets (Held at End of Year)
(Schedule H, Part IV, Item 4i - Form 5500)

December 31, 2014

(a) (b) Identity of Issue, Borrower and Similar Party	(c) Description of Investment	(d) Cost (A)	(e) Current Value
American Funds AMCAP Fund	Mutual Fund		\$ 1,899,660
American Funds EuroPacific Growth Fund	Mutual Fund		650,775
Columbia Strategic Income Fund	Mutual Fund		20,089
DoubleLine Core Fixed Income Fund	Mutual Fund		2,971,371
JPMorgan U.S. Equity Fund	Mutual Fund		862,503
Oppenheimer Developing Markets Fund	Mutual Fund		745,508
PIMCO Total Return Fund	Mutual Fund		248,765
Prudential Jennison Mid Cap Growth Fund	Mutual Fund		113,897
T. Rowe Price Mid-Cap Value Fund	Mutual Fund		1,151,272
T. Rowe Price Small Cap Value Fund	Mutual Fund		144,258
Target Small Capitalization Value Fund	Mutual Fund		202,843
Vanguard 500 Index Fund	Mutual Fund		1,707,192
Vanguard Equity-Income Fund	Mutual Fund		885,503
Vanguard Explorer Fund	Mutual Fund		345,291
Vanguard Growth Index Fund	Mutual Fund		714,210
Vanguard International Value Fund	Mutual Fund		800,126
Vanguard LifeStrategy Conservative Growth Fund	Mutual Fund		171,152
Vanguard LifeStrategy Growth Fund	Mutual Fund		695,812
Vanguard LifeStrategy Income Fund	Mutual Fund		56,925
Vanguard LifeStrategy Moderate Growth Fund	Mutual Fund		641,469
Vanguard Mid Cap Index Fund	Mutual Fund		869,108
Vanguard REIT Index Fund	Mutual Fund		633,225
Vanguard Small Cap Index Fund	Mutual Fund		1,162,927
Vanguard Target Retirement 2010 Fund	Mutual Fund		2,925,620
Vanguard Target Retirement 2015 Fund	Mutual Fund		4,940,669
Vanguard Target Retirement 2020 Fund	Mutual Fund		4,799,821
Vanguard Target Retirement 2025 Fund	Mutual Fund		8,838,778
Vanguard Target Retirement 2030 Fund	Mutual Fund		5,793,036
Vanguard Target Retirement 2035 Fund	Mutual Fund		4,827,232
Vanguard Target Retirement 2040 Fund	Mutual Fund		2,299,889

(Continued)

(A) Historical cost information is not required for participant-directed investments.

* A party-in-interest as defined by ERISA.

See accompanying independent auditor's report.

**ELLISON TECHNOLOGIES/ACIETA
EMPLOYEES RETIREMENT SAVINGS PLAN**
(EIN 95-3406732 Plan 001)
Schedule of Assets (Held at End of Year)
(Schedule H, Part IV, Item 4i - Form 5500)

December 31, 2014
(Continued)

<u>(a) (b) Identity of Issue, Borrower and Similar Party</u>	<u>(c) Description of Investment</u>	<u>(d) Cost</u>	<u>(e) Current Value</u>
		(A)	
Vanguard Target Retirement 2045 Fund	Mutual Fund		1,344,067
Vanguard Target Retirement 2050 Fund	Mutual Fund		544,364
Vanguard Target Retirement 2055 Fund	Mutual Fund		365,792
Vanguard Target Retirement 2060 Fund	Mutual Fund		102,149
Vanguard Target Retirement Income Fund	Mutual Fund		787,116
Vanguard Total Bond Market Index Fund	Mutual Fund		479,802
Vanguard Total International Stock Index Fund	Mutual Fund		445,249
Vanguard Total Stock Market Index Fund	Mutual Fund		634,119
Vanguard Value Index Fund	Mutual Fund		967,134
 * Great-West Life & Annuity Insurance Company	 General Fixed Account - Key Guaranteed Portfolio Fund (1.45%)		 6,409,609
 * Participant loans	 Interest rates ranging from 5.25% to 6.25%		 <u>855,046</u>
			<u>\$65,053,373</u>

(A) Historical cost information is not required for participant-directed investments.

* A party-in-interest as defined by ERISA.

See accompanying independent auditor's report.