

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |
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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div><br><br><b>This Form is Open to Public Inspection</b> |
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|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                 |
| For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u> |                                                                                                                                                                                                                                                                                                                                                 |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input checked="" type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).                                                                                            |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                        |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                                                                                                                       |

|                                                                                                                   |                                                                |  |                                                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b>                                                                                                    | <b>Basic Plan Information</b> —enter all requested information |  |                                                                                                                                                                                               |
| <b>1a</b> Name of plan                                                                                            | <u>ERNIE GREEN INDUSTRIES, INC. 401(K) SAVINGS PLAN</u>        |  | <b>1b</b> Three-digit plan number (PN) ▶ <u>001</u><br><b>1c</b> Effective date of plan <u>01/01/1993</u>                                                                                     |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) | <u>ERNIE GREEN INDUSTRIES, INC.</u>                            |  | <b>2b</b> Employer Identification Number (EIN) <u>31-1009987</u><br><b>2c</b> Plan Sponsor's telephone number <u>740-420-5252</u><br><b>2d</b> Business code (see instructions) <u>336300</u> |
| <u>2030 DIVIDEND DR</u><br><u>COLUMBUS, OH 43228</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.

|                                                                                                            |                                                   |            |                                                              |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature. | 11/09/2015 | DENNIS SWEARINGEN                                            |
|                                                                                                            | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                           |                                                   |            |                                                              |
|                                                                                                            | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                           |                                                   |            |                                                              |
|                                                                                                            | 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)                       |
|                                                                                                            |                                                   |            |                                                              |

|                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>ERNIE GREEN INDUSTRIES, INC.<br><br>2030 DIVIDEND DR<br>COLUMBUS, OH 43228                                                                                                                                                                                                                                            | <b>3b</b> Administrator's EIN<br>31-1009987<br><br><b>3c</b> Administrator's telephone number<br>740-420-5252                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>4</b> 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:<br><br><b>a</b> Sponsor's name                                                                                                                                                                                                      | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    | <b>5</b> 1200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                                                                                    | <b>6a(1)</b> 952                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          | <b>6a(2)</b> 1035                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                        | <b>6b</b> 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                          | <b>6c</b> 86                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....                                                                                                                                                                                                                                                                                                                                              | <b>6d</b> 1121                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 | <b>6e</b> 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....                                                                                                                                                                                                                                                                                                                                                                  | <b>6f</b> 1121                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                            | <b>6g</b> 608                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                                 | <b>6h</b> 62                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                        | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2T 3D 3H                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                              | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 \_\_\_\_\_

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
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| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | 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<br>ERNIE GREEN INDUSTRIES, INC. 401(K) SAVINGS PLAN                         | B Three-digit plan number (PN) ▶                     | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>ERNIE GREEN INDUSTRIES, INC.     | D Employer Identification Number (EIN)<br>31-1009987 |     |

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

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**(b)** Enter name and EIN or address of person who provided you disclosures 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)

T ROWE PRICE RPS,INC

52-1309931

| (b)<br>Service Code(s)                                | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 28 49 57<br>63 21 37 50<br>59 64 25 38<br>52 62 65 | NONE                                                                                              | 22989                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

AMERICAN CENTURY INVESTMENT MGT

P.O. BOX 419200  
KANSAS CITY, MO 64141

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 59                  | NONE                                                                                              | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

PIMCO FUNDS

33-0629048

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 59                  | NONE                                                                                              | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

**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)

COLUMBIA FUNDS

93-0577450

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 59                  | NONE                                                                                              | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

DAVIS FUNDS

30 DAN RD  
CANTON, ME 02021

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 58                  | NONE                                                                                              | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

DODGE AND COX

94-1441976

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 59                  | NONE                                                                                              | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

**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)

JANUS FUNDS

43-1804048

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28 59                         | NONE                                                                                                     | 0                                                                             | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

DIMENSIONAL

95-4470812

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28 59                         | NONE                                                                                                     | 0                                                                             | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

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



**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<br>(see instructions)         | (c) Enter amount of indirect compensation                                                                                                                          |
|----------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| T ROWE PRICE RPS, INC                                                | 15 38 59 21 49 62 25 50 63 28<br>52 64 37 57 65 | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation  |                                                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| COLUMBIA MID CAP VALUE FUND ONE FINANCIAL CENTER<br>BOSTON, MA 02111 |                                                 | FEE FOR SHAREHOLDER SERVICING BASED UPON 0.25%                                                                                                                     |

  

| (a) Enter service provider name as it appears on line 2                   | (b) Service Codes<br>(see instructions)         | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| T ROWE PRICE RPS, INC                                                     | 15 38 59 21 49 62 25 50 63 28<br>52 64 37 57 65 | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation       |                                                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| COLUMBIA SMALL CAP GROWTH FUND I ONE FINANCIAL CENTER<br>BOSTON, MA 02111 |                                                 | FEE FOR SHAREHOLDER SERVICING BASED UPON 0.25%                                                                                                                     |

  

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)         | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| T ROWE PRICE RPS, INC                                               | 15 38 59 21 49 62 25 50 63 28<br>52 64 37 57 65 | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| DAVIS NEW YORK VENTURE FUND 30 DAN ROAD<br>CANTON, MA 02021         |                                                 | FEE FOR SHAREHOLDER SERVICING BASED UPON 0.40%                                                                                                                     |

**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<br>(see instructions)         | (c) Enter amount of indirect compensation                                                                                                                          |
|-------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| T ROWE PRICE RPS, INC                                                               | 15 38 59 21 49 62 25 50 63 28<br>52 64 37 57 65 | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                 |                                                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| DODGE & COX INTERNATIONAL STOCK FD 555 CALIFORNIA STREET<br>SAN FRANCISCO, CA 94104 |                                                 | FEE FOR SHAREHOLDER SERVICING BASED UPON 0.10%                                                                                                                     |
|                                                                                     |                                                 |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes<br>(see instructions)         | (c) Enter amount of indirect compensation                                                                                                                          |
| T ROWE PRICE RPS, INC                                                               | 15 38 59 21 49 62 25 50 63 28<br>52 64 37 57 65 | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                 |                                                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| JANUS OVERSEAS FUND 151 DETROIT STREET<br>DENVER, CO 80206                          |                                                 | FEE FOR SHAREHOLDER SERVICING BASED UPON 0.50%                                                                                                                     |
|                                                                                     |                                                 |                                                                                                                                                                    |
| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes<br>(see instructions)         | (c) Enter amount of indirect compensation                                                                                                                          |
| T ROWE PRICE RPS, INC                                                               | 15 21 25 28 37 38 49 50 52 57<br>59 62 63 64 65 | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation                 |                                                 | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| DFA US LARGE CO PORTFOLIO 6300 BEE CAVE ROAD<br>AUSTIN, TX 78746                    |                                                 | FEE FOR SHAREHOLDER SERVICING BASED UPON 0.00%                                                                                                                     |

**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<br>(see instructions)             | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PIMCO FUNDS                                                         | 28 59                                               | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                     | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| PIMCO TOTAL RETURN FUND                                             | 840 NEWPORT CENTER DRIVE<br>NEWPORT BEACH, CA 92660 | INVESTMENT MANAGEMENT FEES BASED ON 0.46%                                                                                                                          |
| (a) Enter service provider name as it appears on line 2             |                                                     | (c) Enter amount of indirect compensation                                                                                                                          |
| AMERICAN CENTURY INVESTMENT MGT                                     | 28 59                                               | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                     | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| AMERICAN CENTURY HERITAGE FUND                                      | P.O. BOX 419200<br>KANSAS CITY, MO 64141            | INVESTMENT MANAGEMENT FEES BASED ON 1.00%                                                                                                                          |
| (a) Enter service provider name as it appears on line 2             |                                                     | (c) Enter amount of indirect compensation                                                                                                                          |
| COLUMBIA FUNDS                                                      | 28 59                                               | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                     | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| COLUMBIA LARGE CAP INDEX FUND                                       | ONE FINANCIAL CENTER<br>BOSTON, MA 02111            | INVESTMENT MANAGEMENT FEES BASED ON 0.20%                                                                                                                          |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| COLUMBIA FUNDS                                                               | 28 59                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| COLUMBIA MID CAP VAL FUND<br>ONE FINANCIAL CENTER<br>BOSTON, MA 02111        | INVESTMENT MANAGEMENT FEE BASED ON 0.92%                                                                                                                           |                                           |
| (a) Enter service provider name as it appears on line 2                      | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| COLUMBIA FUNDS                                                               | 28 59                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| COLUMBIA SMALL CAP GROWTH FUND I<br>ONE FINANCIAL CENTER<br>BOSTON, MA 02111 | INVESTMENT MANAGEMENT FEE BASED ON 1.07%                                                                                                                           |                                           |
| (a) Enter service provider name as it appears on line 2                      | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| DAVIS FUNDS                                                                  | 28 59                                                                                                                                                              | 0                                         |
| (d) Enter name and EIN (address) of source of indirect compensation          | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
| DAVIS NEW YORK VENTURE FUND<br>30 DAN ROAD<br>CANTON, MA 02021               | INVESTMENT MANAGEMENT FEE BASED ON 0.86%                                                                                                                           |                                           |

**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<br>(see instructions)          | (c) Enter amount of indirect compensation                                                                                                                          |
|---------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DODGE AND COX                                                       | 28 59                                            | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                  | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| DODGE AND COX INTL STOCK FUND                                       | 555 CALIFORNIA STREET<br>SAN FRANCISCO, CA 94104 | INVESTMENT MANAGEMENT FEE BASED ON 0.64%                                                                                                                           |
| (a) Enter service provider name as it appears on line 2             |                                                  | (c) Enter amount of indirect compensation                                                                                                                          |
| JANUS FUNDS                                                         | 28 59                                            | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                  | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| JANUS OVERSEAS FUND                                                 | 151 DETROIT STREET<br>DENVER, CO 80206           | INVESTMENT MANAGEMENT FEE BASED ON 0.93%                                                                                                                           |
| (a) Enter service provider name as it appears on line 2             |                                                  | (c) Enter amount of indirect compensation                                                                                                                          |
| DIMENSIONAL                                                         | 28 59                                            | 0                                                                                                                                                                  |
| (d) Enter name and EIN (address) of source of indirect compensation |                                                  | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| DFA US LARGE CO PORTOLIO                                            | 6300 BEE CAVE ROAD<br>AUSTIN, TX 78746           | INVESTMENT MANAGEMENT FEE BASED ON 0.08%                                                                                                                           |

**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.

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">2014</div><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                |                                                                                               |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------|
| For calendar plan year 2014 or fiscal plan year beginning <span style="color: blue;">01/01/2014</span> and ending <span style="color: blue;">12/31/2014</span> |                                                                                               |                                       |
| <b>A</b> Name of plan<br><span style="color: blue;">ERNIE GREEN INDUSTRIES, INC. 401(K) SAVINGS PLAN</span>                                                    | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                    | <span style="color: blue;">001</span> |
|                                                                                                                                                                |                                                                                               |                                       |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><span style="color: blue;">ERNIE GREEN INDUSTRIES, INC.</span>                         | <b>D</b> Employer Identification Number (EIN)<br><span style="color: blue;">31-1009987</span> |                                       |

|                                                                                                                 |                                                                                                   |                                                                                                                                                             |  |
|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Part I                                                                                                          | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) |                                                                                                                                                             |  |
| (Complete as many entries as needed to report all interests in DFEs)                                            |                                                                                                   |                                                                                                                                                             |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">TRP ST VAL COMMON TRUST FUND</span>   |                                                                                                   |                                                                                                                                                             |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">T. ROWE PRICE TRUST COMPANY</span> |                                                                                                   |                                                                                                                                                             |  |
| <b>c</b> EIN-PN <span style="color: blue;">52-1309931-001</span>                                                | <b>d</b> Entity code <span style="color: blue;">C</span>                                          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right; color: blue;">1099380</span> |  |
|                                                                                                                 |                                                                                                   |                                                                                                                                                             |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                                                  |                                                                                                   |                                                                                                                                                             |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                                               |                                                                                                   |                                                                                                                                                             |  |
| <b>c</b> EIN-PN                                                                                                 | <b>d</b> Entity code                                                                              | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                                                         |  |
|                                                                                                                 |                                                                                                   |                                                                                                                                                             |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                                                  |                                                                                                   |                                                                                                                                                             |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                                               |                                                                                                   |                                                                                                                                                             |  |
| <b>c</b> EIN-PN                                                                                                 | <b>d</b> Entity code                                                                              | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                                                         |  |
|                                                                                                                 |                                                                                                   |                                                                                                                                                             |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                                                  |                                                                                                   |                                                                                                                                                             |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                                               |                                                                                                   |                                                                                                                                                             |  |
| <b>c</b> EIN-PN                                                                                                 | <b>d</b> Entity code                                                                              | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                                                         |  |
|                                                                                                                 |                                                                                                   |                                                                                                                                                             |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                                                  |                                                                                                   |                                                                                                                                                             |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                                               |                                                                                                   |                                                                                                                                                             |  |
| <b>c</b> EIN-PN                                                                                                 | <b>d</b> Entity code                                                                              | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                                                         |  |
|                                                                                                                 |                                                                                                   |                                                                                                                                                             |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                                                  |                                                                                                   |                                                                                                                                                             |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                                               |                                                                                                   |                                                                                                                                                             |  |
| <b>c</b> EIN-PN                                                                                                 | <b>d</b> Entity code                                                                              | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                                                         |  |
|                                                                                                                 |                                                                                                   |                                                                                                                                                             |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                                                  |                                                                                                   |                                                                                                                                                             |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                                               |                                                                                                   |                                                                                                                                                             |  |
| <b>c</b> EIN-PN                                                                                                 | <b>d</b> Entity code                                                                              | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                                                         |  |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2014</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><u>ERNE GREEN INDUSTRIES, INC. 401(K) SAVINGS PLAN</u>                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <span style="float: right;">▶</span> <u>001</u>                    |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>ERNE GREEN INDUSTRIES, INC.</u>                                                                                                                                                                      |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><u>31-1009987</u>                                       |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>                  | 5                     | 5               |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  | 9                     | 9               |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>                  |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>                  | 957115                | 0               |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b>               |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                       |                 |
| <b>(6)</b> Real estate (other than employer real property).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                       |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>                  | 0                     | 0               |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  | 0                     | 1099380         |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(12)</b>                 |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>                 | 17297120              | 17912179        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 |                       |                 |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>                 |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 18254249              | 19011573        |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 18254249 | 19011573 |
|-----------------------------------------------------------|-----------|----------|----------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 398806     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 1166785    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 39915      |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 1605506   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 237        |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 237       |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 753286     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 753286    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            | 9749      |
| (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) |            | 244704    |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 2613482   |

**Expenses**

|                                                                                     |       |         |         |
|-------------------------------------------------------------------------------------|-------|---------|---------|
| e Benefit payment and payments to provide benefits:                                 |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 1742512 |         |
| (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) |         | 1742512 |
| f Corrective distributions (see instructions).....                                  | 2f    |         | 90687   |
| 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) | 22959   |         |
| (4) Other.....                                                                      | 2i(4) |         |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                 | 2i(5) |         | 22959   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |         | 1856158 |

**Net Income and Reconciliation**

|                                                         |       |  |        |
|---------------------------------------------------------|-------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | 757324 |
| 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: THORN LEWIS & DUNCAN INC

(2) EIN: 31-1122097

**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  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|---------|
| <b>c</b> 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.) .....                                          | <b>4c</b> |     | X  |         |
| <b>d</b> 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.) .....                               | <b>4d</b> |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | <b>4e</b> | X   |    | 2000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       | <b>4f</b> |     | X  |         |
| <b>g</b> 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? .....                                                    | <b>4g</b> |     | X  |         |
| <b>h</b> 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? .....                                          | <b>4h</b> |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | <b>4i</b> | X   |    |         |
| <b>j</b> 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.) ..... | <b>4j</b> |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           | <b>4k</b> |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            | <b>4l</b> |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  | <b>4m</b> |     | X  |         |
| <b>n</b> 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. ....                                      | <b>4n</b> |     |    |         |

**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)

|                         |                       |
|-------------------------|-----------------------|
| <b>6a</b> Name of trust | <b>6b</b> Trust's EIN |
|-------------------------|-----------------------|

|                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|-----|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                           |  | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</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                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| A Name of plan<br>ERNIE GREEN INDUSTRIES, INC. 401(K) SAVINGS PLAN                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                 |  | B Three-digit plan number (PN) ▶                                                                | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>ERNIE GREEN INDUSTRIES, INC.                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                 |  | D Employer Identification Number (EIN)<br>31-1009987                                            |     |
| Part I Distributions                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                 |  | 1                                                                                               | 0   |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 04-3583801                                                                                                      |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 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)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                             |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                 |  | Schedule R (Form 5500) 2014 v. 140124                                                           |     |

**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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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): \_\_\_\_\_

**Ernie Green Industries, Inc.**  
**401(k) Savings Plan**

Financial Statements and Supplemental Schedule  
for the Years Ended December 31, 2014 and 2013  
and Independent Auditors' Report

## **ERNIE GREEN INDUSTRIES, INC. 401(k) SAVINGS PLAN**

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Note: Certain supplemental schedules are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA). Schedules not filed herewith are omitted because of the absence of conditions under which they are required.

## **INDEPENDENT AUDITORS' REPORT**

Plan Administrator  
Ernie Green Industries, Inc. 401(k) Savings Plan

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of Ernie Green Industries, Inc. 401(k) Savings 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**

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

### **Auditor's Responsibility**

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 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 State Street Bank and Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. 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 certifications from the trustee as of and for the years ended December 31, 2014 and 2013, 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.

## **Change in Accounting Policy**

As discussed in Note 2 to the financial statements, management of the Plan has elected to apply the early adoption provisions of FASB ASU 2015-12, *Plan Accounting: (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient – Consensus of the Emerging Issues Task Force*. Our opinion is not modified with respect to this matter.

## **Other Matter**

The supplemental schedule of assets held for investment purposes at end of year is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the 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.

*THORN LEWIS + DUNCAN INC.*

October 15, 2015

## ERNIE GREEN INDUSTRIES, INC. 401(k) SAVINGS PLAN

### STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2014 AND 2013

---

|                                                  | 2014       | 2013       |
|--------------------------------------------------|------------|------------|
| INVESTMENTS, AT FAIR VALUE                       |            |            |
| American Century Heritage Fund                   | \$ 78,061  | \$ 89,782  |
| Columbia Large Cap Index Fund                    |            | 235,024    |
| Columbia Mid Cap Value Fund                      | 191,205    | 147,167    |
| Columbia Small Cap Growth Fund                   | 142,710    | 123,936    |
| Davis New York Venture Fund                      | 131,811    | 116,625    |
| DFA U.S. Large Company Fund                      | 384,570    |            |
| Dodge & Cox International Fund                   | 184,022    | 157,940    |
| Janus Overseas Fund                              | 101,987    | 116,286    |
| PIMCO Total Return Institutional Fund            | 277,327    | 217,562    |
| T. Rowe Price Capital Appreciation Fund          | 175,675    | 149,214    |
| T. Rowe Price Equity Income Fund                 | 153,545    | 114,857    |
| T. Rowe Price Growth Stock Fund                  | 209,238    | 172,173    |
| T. Rowe Price Prime Reserve Fund                 |            | 957,115    |
| T. Rowe Price Retirement 2005 Fund               | 322,956    | 306,315    |
| T. Rowe Price Retirement 2010 Fund               | 360,482    | 367,093    |
| T. Rowe Price Retirement 2015 Fund               | 1,280,429  | 1,246,532  |
| T. Rowe Price Retirement 2020 Fund               | 2,621,580  | 2,526,812  |
| T. Rowe Price Retirement 2025 Fund               | 2,160,119  | 1,910,384  |
| T. Rowe Price Retirement 2030 Fund               | 3,790,416  | 4,059,023  |
| T. Rowe Price Retirement 2035 Fund               | 2,564,643  | 2,630,148  |
| T. Rowe Price Retirement 2040 Fund               | 1,020,903  | 989,557    |
| T. Rowe Price Retirement 2045 Fund               | 815,606    | 738,689    |
| T. Rowe Price Retirement 2050 Fund               | 237,921    | 205,974    |
| T. Rowe Price Retirement 2055 Fund               | 122,515    | 80,928     |
| T. Rowe Price Retirement Income Fund             | 435,150    | 434,376    |
| T. Rowe Price Small Cap Value Fund               | 107,814    | 125,297    |
| T. Rowe Price Spectrum Income Fund               | 37,909     | 33,485     |
| T. Rowe Price Spectrum International Growth Fund | 3,585      | 1,941      |
| Total                                            | 17,912,179 | 18,254,235 |
| INVESTMENTS, AT CONTRACT VALUE                   |            |            |
| T. Rowe Price Stable Value Common Trust Fund     | 1,099,380  |            |
| Total Investments                                | 19,011,559 | 18,254,235 |

## ERNIE GREEN INDUSTRIES, INC. 401(k) SAVINGS PLAN

### STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (CONTINUED) DECEMBER 31, 2014 AND 2013

---

|                                   | 2014                 | 2013                 |
|-----------------------------------|----------------------|----------------------|
| RECEIVABLES                       |                      |                      |
| Participant contributions         | 9                    | 9                    |
| Employer contributions            | <u>5</u>             | <u>5</u>             |
| Total receivables                 | <u>14</u>            | <u>14</u>            |
| NET ASSETS AVAILABLE FOR BENEFITS | <u>\$ 19,011,573</u> | <u>\$ 18,254,249</u> |

See notes to financial statements.

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## ERNIE GREEN INDUSTRIES, INC. 401(k) SAVINGS PLAN

### STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

---

|                                                   | 2014                 | 2013                 |
|---------------------------------------------------|----------------------|----------------------|
| ADDITIONS TO NET ASSETS ATTRIBUTED TO             |                      |                      |
| Investment income:                                |                      |                      |
| Net appreciation in fair value of investments     | \$ 244,704           | \$ 2,467,362         |
| Net appreciation in contract value of investments | 9,749                |                      |
| Interest and dividends                            | <u>753,523</u>       | <u>543,748</u>       |
| Net investment income                             | <u>1,007,976</u>     | <u>3,011,110</u>     |
| Contributions:                                    |                      |                      |
| Participants                                      | 1,166,785            | 1,210,258            |
| Employer                                          | 398,806              | 473,449              |
| Participant transfers from other plans            | <u>39,915</u>        | <u>13,819</u>        |
| Total contributions                               | <u>1,605,506</u>     | <u>1,697,526</u>     |
| Total additions                                   | <u>2,613,482</u>     | <u>4,708,636</u>     |
| DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO          |                      |                      |
| Benefits paid to participants                     | 1,742,512            | 2,063,179            |
| Corrective distributions                          | 90,687               | 4,180                |
| Administrative fees                               | <u>22,959</u>        | <u>28,181</u>        |
| Total deductions                                  | <u>1,856,158</u>     | <u>2,095,540</u>     |
| NET INCREASE                                      | 757,324              | 2,613,096            |
| NET ASSETS AVAILABLE FOR BENEFITS                 |                      |                      |
| Beginning of year                                 | <u>18,254,249</u>    | <u>15,641,153</u>    |
| End of year                                       | <u>\$ 19,011,573</u> | <u>\$ 18,254,249</u> |

See notes to financial statements.

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# ERNIE GREEN INDUSTRIES, INC. 401(k) SAVINGS PLAN

## NOTES TO FINANCIAL STATEMENTS FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

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### 1. DESCRIPTION OF PLAN

The following description of Ernie Green Industries, Inc. 401(k) Savings Plan (the Plan), provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

**General** - The Plan is a defined contribution savings plan established by Ernie Green Industries, Inc. (the Company or Sponsor) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Participation in the Plan is entirely voluntary. An eligible employee is any person employed by Ernie Green Industries, Inc. and its wholly owned subsidiaries who has completed three months of continuous service and is employed on the next entry date.

**Contributions** - Each year, participants may contribute up to 100% of pretax compensation, as defined in the Plan, subject to annual dollar limits of the Internal Revenue Code. Participants direct the investment of their contributions and company contributions into one or more mutual funds offered by the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. The Company may, but is not required to, make discretionary matching contributions and discretionary profit sharing contributions to the Plan. Company matching contributions for the years ended December 31, 2014 and 2013 were 50% of the first 6% of eligible compensation deferred by employees.

**Participants' Accounts** - Each participant's account is credited with its proportionate share of the employee elective deferrals, the plan Sponsor's discretionary matching and discretionary profit sharing contributions, and the Plan's earnings. Allocations of discretionary contributions and plan earnings are based on participants' compensation or account balances, as provided in the Plan Agreement. Each participant is entitled only to the benefits that can be provided from that participant's account.

**Excess Contributions** - Contributions made by certain active participants during a plan year are required to be returned to them to satisfy the relevant nondiscrimination provisions of the Plan. Excess deferral contributions payable at December 31, 2013 and returned to participants during the year ended December 31, 2014 were \$90,687. Excess deferral contributions payable at December 31, 2012 and returned to participants during the year ended December 31, 2013 were \$4,180.

**Vesting** - Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's discretionary contribution portion of their accounts plus earnings thereon is based on years of continuous service. Years of service with any predecessor employer acquired by the Company shall be recognized. Participants' vested interests in their accounts increase from 20% after the second year of service to 100% after the sixth year.

**Participant loans** are not permitted from the Plan.

**Payment of Benefits** - Upon termination of employment, participants receive vested interests either in a single lump-sum amount or as a direct rollover to an individual retirement account or to another employer's tax qualified plan. There were no benefits payable to terminated participants at December 31, 2014 and 2013.

**Forfeiture Accounts** - Forfeited nonvested account balances at December 31 were \$15,991 in 2014 and \$42,741 in 2013. Forfeitures will be used to pay future plan administrative fees and/or reduce future employer contributions. Forfeitures used to reduce employer contributions for the years ended December 31, 2014 and 2013 were \$60,457 and \$3,042, respectively. Forfeitures used to pay plan administrative fees were \$14,159 and \$18,681 in 2014 and 2013, respectively.

**Tax Status** - The trust established under the Plan to hold the Plan's assets is qualified pursuant to the appropriate section of the Internal Revenue Code, and, accordingly, the trust's net investment income is exempt from income taxes. The Plan has been amended since receiving its most recent acceptance under Section 401 of the Internal Revenue Code. However, the Plan administrator and Plan sponsor believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan is qualified and the related trust is tax exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) 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. Tax years 2011 and later remain open and subject to examination.

## **2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Change in Accounting Policy** - To reduce the complexity of Plan investment accounting and disclosures, management of the Plan has elected to apply the early adoption provisions of FASB ASU 2015-12, *Plan Accounting: (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Data Practical Expedient – Consensuses of the Emerging Issues Task Force ("ASU 2015-12")*. Restatement of the December 31, 2013 presentation of certain investments on the Statement of Net Assets Available for Benefits was not necessary as the Plan did not have a fully benefit-responsive investment contract at December 31, 2013. Early adoption of ASU 2015-12 also allows the retroactive simplification of investment note disclosures.

**Basis of Accounting** - The financial statements of the Plan are prepared using the accrual method of accounting.

The Plan has evaluated subsequent events through October 15, 2015, the date the financial statements were approved and authorized by the Plan Administrator.

**Use of Estimates** - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts and disclosures of net assets available for benefits as of the date of the financial statements and the reported amounts of changes in net assets available for benefits during the reporting period. Actual results could differ from those estimates.

**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.

**Investment Contracts** – Investment contracts held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

The Plan has a synthetic guaranteed investment contract with T. Rowe Price Trust Company at December 31, 2014. This contract is a fully benefit-responsive investment contract for the T. Rowe Price Stable Value Common Trust Fund.

**Investment Valuation and Income Recognition** - The Plan's investments in shares of registered investment companies are stated at fair value determined using year-end market prices which represent the net asset value of shares held by the Plan. T. Rowe Price provides market prices to the Plan. Unrealized gains or losses are allocated to participants' accounts. Security transactions are recorded on trade dates; the specific-identification method is used in computing gains or losses. Investment income is stated net of investment and related management fees incurred by the Plan.

**Payment of Benefits** - Benefits are recorded when paid.

**Expenses of the Plan** - The Company has elected to pay certain administrative expenses of the Plan in excess of forfeitures and provide administrative services at no cost to the Plan. If not paid by the Company, administrative expenses become a liability of the Plan.

### 3. INVESTMENTS

The following information included in the Plan's financial statements and supplemental schedule as of December 31, 2014 and 2013 and for the years then ended, was obtained from data prepared by State Street Bank and Trust Company, the trustee of the Plan. The Plan administrator has obtained certification from the trustee that such information is complete and accurate. The Plan's investments are held by bank-administered trust funds. The following represents the fair values of the investments in the separate identifiable funds administered by the banks:

|                                                   | 2014          | 2013          |
|---------------------------------------------------|---------------|---------------|
| Investments, at fair value                        | \$ 17,912,179 | \$ 18,254,235 |
| Investments, at contract value                    | 1,099,380     |               |
| Interest and dividend income                      | 753,523       | 543,748       |
| Net appreciation in fair value of investments     | 244,704       | 2,467,362     |
| Net appreciation in contract value of investments | 9,749         |               |

### 4. FAIR VALUE MEASUREMENTS

The Plan's measurement of fair value for assets and liabilities is based on the framework established in the fair value accounting guidance. The framework is based on the inputs used in valuation, gives the highest priority to quoted prices in active markets, and requires that observable inputs be used in the valuations when available. The three levels of the hierarchy are as follows:

- Level 1: observable inputs such as unadjusted quoted prices in active markets for identical assets or liabilities
- Level 2: inputs other than quoted prices included in active markets that are observable either directly or indirectly
- Level 3: unobservable inputs in which there is little or no market data, which requires the Plan to develop its own assumptions

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. 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, 2013 and 2012.

*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 United States 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.

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, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different valuation 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:

|              | <b>Level 1</b> | <b>Level 2</b> | <b>Level 3</b> | <b>Total</b>  |
|--------------|----------------|----------------|----------------|---------------|
| Mutual funds | \$ 17,912,179  |                |                | \$ 17,912,179 |

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

|              | <b>Level 1</b> | <b>Level 2</b> | <b>Level 3</b> | <b>Total</b>  |
|--------------|----------------|----------------|----------------|---------------|
| Mutual funds | \$ 18,254,235  |                |                | \$ 18,254,235 |

## **5. INVESTMENT CONTRACTS**

The Plan has a fully benefit-responsive synthetic guaranteed investment contract. The T. Rowe Price Stable Value Common Trust Fund (the Fund) enters into a contract with an issuer to receive a rate of return based on underlying investments which the Fund acquires, retains title to and holds in a separately identified custody account. The underlying investments typically include portfolios of fixed income securities or units in other fixed income collective trusts. T. Rowe Price Trust Company maintains contributions to the Fund in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The rate of return is based on a formula described within the terms of the contract (the crediting rate). Such rates are reviewed on a monthly basis for resetting. The incremental value, if any, of the contract itself is based on a) issuer ratings as determined by credit ratings, which are published by rating agencies and b) the present value of the change in each contract's replacement cost. The present value of the differential between contract replacement cost and current contract cost was zero at December 31, 2014. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

Certain events, such as the premature termination of the contract by the Plan or the termination of the Plan, would limit the Plan's ability to transact at contract value with T. Rowe Price Trust Company. The Plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

As described in Note 2, because the synthetic guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the synthetic guaranteed investment contract. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

## 6. NONPARTICIPANT-DIRECTED INVESTMENTS

|                                             | 2014               | 2013             |
|---------------------------------------------|--------------------|------------------|
| Net assets - money market fund              | <u>\$ 15,991</u>   | <u>\$ 42,741</u> |
| Changes in net assets:                      |                    |                  |
| Forfeitures from participants               | \$ 47,674          | \$ 55,605        |
| Forfeitures used for administrative fees    | (14,159)           | (18,681)         |
| Forfeitures used for employer contributions | (60,457)           | (3,042)          |
| Earnings                                    | <u>192</u>         | <u>2</u>         |
| Net increase (decrease) in net assets       | <u>\$ (26,750)</u> | <u>\$ 33,884</u> |

## 7. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds or units of bank common trust funds managed by the trustee (or affiliates of the trustee) of the Plan. Therefore, these transactions qualify as party-in-interest transactions.

## 8. PLAN TERMINATION

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

\*\*\*\*\*

# ERNIE GREEN INDUSTRIES, INC. 401(k) SAVINGS PLAN

## SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR (ATTACHMENT FOR SCHEDULE H, LINE 4i) DECEMBER 31, 2014

EIN:31-1009987  
PN: 001

| (a) | (b)                                                   | (c)                                                                                                    | (d)  | (e)               |
|-----|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------|-------------------|
|     | Identity of issue, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par or maturity value | Cost | Current value     |
|     | American Century Investments                          | Heritage Fund                                                                                          | \$   | 78,061            |
|     | Columbia Asset Management                             | Mid Cap Value Fund                                                                                     |      | 191,205           |
|     | Columbia Asset Management                             | Small Cap Growth Fund                                                                                  |      | 142,710           |
|     | Davis Funds                                           | New York Venture Fund                                                                                  |      | 131,811           |
|     | Dimensional Fund Advisors                             | U.S. Large Company Fund                                                                                |      | 384,570           |
|     | Dodge & Cox Funds                                     | International Fund                                                                                     |      | 184,022           |
|     | Janus Capital Management                              | Overseas Fund                                                                                          |      | 101,987           |
|     | PIMCO Funds                                           | Total Return Institutional Fund                                                                        |      | 277,327           |
| *   | T. Rowe Price Investment Services                     | Capital Appreciation Fund                                                                              |      | 175,675           |
| *   | T. Rowe Price Investment Services                     | Equity Income Fund                                                                                     |      | 153,545           |
| *   | T. Rowe Price Investment Services                     | Growth Stock Fund                                                                                      |      | 209,238           |
| *   | T. Rowe Price Investment Services                     | Retirement 2005 Fund                                                                                   |      | 322,956           |
| *   | T. Rowe Price Investment Services                     | Retirement 2010 Fund                                                                                   |      | 360,482           |
| *   | T. Rowe Price Investment Services                     | Retirement 2015 Fund                                                                                   |      | 1,280,429         |
| *   | T. Rowe Price Investment Services                     | Retirement 2020 Fund                                                                                   |      | 2,621,580         |
| *   | T. Rowe Price Investment Services                     | Retirement 2025 Fund                                                                                   |      | 2,160,119         |
| *   | T. Rowe Price Investment Services                     | Retirement 2030 Fund                                                                                   |      | 3,790,416         |
| *   | T. Rowe Price Investment Services                     | Retirement 2035 Fund                                                                                   |      | 2,564,643         |
| *   | T. Rowe Price Investment Services                     | Retirement 2040 Fund                                                                                   |      | 1,020,903         |
| *   | T. Rowe Price Investment Services                     | Retirement 2045 Fund                                                                                   |      | 815,606           |
| *   | T. Rowe Price Investment Services                     | Retirement 2050 Fund                                                                                   |      | 237,921           |
| *   | T. Rowe Price Investment Services                     | Retirement 2055 Fund                                                                                   |      | 122,515           |
| *   | T. Rowe Price Investment Services                     | Retirement Income Fund                                                                                 |      | 435,150           |
| *   | T. Rowe Price Investment Services                     | Small Cap Value Fund                                                                                   |      | 107,814           |
| *   | T. Rowe Price Investment Services                     | Spectrum Income Fund                                                                                   |      | 37,909            |
| *   | T. Rowe Price Investment Services                     | Spectrum International Growth Fund                                                                     |      | 3,585             |
| *   | T. Rowe Price Investment Services                     | Stable Value Common Trust Fund                                                                         |      | 1,099,380         |
|     | Total investments                                     |                                                                                                        | \$   | <u>19,011,559</u> |
| *   | Party-In-Interest                                     |                                                                                                        |      |                   |

Cost data is not presented as all amounts are participant directed.

|                                                    |  |                      |     |
|----------------------------------------------------|--|----------------------|-----|
| Name of Plan:                                      |  |                      |     |
| ▶ Ernie Green Industries, Inc. 401(K) Savings Plan |  |                      |     |
| Employer Identification Number:▶                   |  | 31-1009987           |     |
|                                                    |  | Plan number:         |     |
| For plan year (beginning/ending):▶                 |  | 01/01/2014-12/31/20▶ | 001 |

[illegible]

|                                                    |                         |              |
|----------------------------------------------------|-------------------------|--------------|
| Name of Plan:                                      |                         |              |
| ▶ Ernie Green Industries, Inc. 401(K) Savings Plan |                         |              |
| Employer Identification Number:▶                   | 31-1009987              |              |
|                                                    |                         | Plan number: |
| For plan year (beginning/ending):▶                 | 01/01/2014-12/31/2014 ▶ | 001          |

[illegible]

**Ernie Green Industries, Inc.**  
**401(k) Savings Plan**

Financial Statements and Supplemental Schedule  
for the Years Ended December 31, 2014 and 2013  
and Independent Auditors' Report

## **ERNIE GREEN INDUSTRIES, INC. 401(k) SAVINGS PLAN**

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Note: Certain supplemental schedules are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA). Schedules not filed herewith are omitted because of the absence of conditions under which they are required.

## **INDEPENDENT AUDITORS' REPORT**

Plan Administrator  
Ernie Green Industries, Inc. 401(k) Savings Plan

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of Ernie Green Industries, Inc. 401(k) Savings 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**

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

### **Auditor's Responsibility**

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 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 State Street Bank and Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. 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 certifications from the trustee as of and for the years ended December 31, 2014 and 2013, 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.

## **Change in Accounting Policy**

As discussed in Note 2 to the financial statements, management of the Plan has elected to apply the early adoption provisions of FASB ASU 2015-12, *Plan Accounting: (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient – Consensus of the Emerging Issues Task Force*. Our opinion is not modified with respect to this matter.

## **Other Matter**

The supplemental schedule of assets held for investment purposes at end of year is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the 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.

*THORN LEWIS + DUNCAN INC.*

October 15, 2015

## ERNIE GREEN INDUSTRIES, INC. 401(k) SAVINGS PLAN

### STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2014 AND 2013

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|                                                  | 2014       | 2013       |
|--------------------------------------------------|------------|------------|
| INVESTMENTS, AT FAIR VALUE                       |            |            |
| American Century Heritage Fund                   | \$ 78,061  | \$ 89,782  |
| Columbia Large Cap Index Fund                    |            | 235,024    |
| Columbia Mid Cap Value Fund                      | 191,205    | 147,167    |
| Columbia Small Cap Growth Fund                   | 142,710    | 123,936    |
| Davis New York Venture Fund                      | 131,811    | 116,625    |
| DFA U.S. Large Company Fund                      | 384,570    |            |
| Dodge & Cox International Fund                   | 184,022    | 157,940    |
| Janus Overseas Fund                              | 101,987    | 116,286    |
| PIMCO Total Return Institutional Fund            | 277,327    | 217,562    |
| T. Rowe Price Capital Appreciation Fund          | 175,675    | 149,214    |
| T. Rowe Price Equity Income Fund                 | 153,545    | 114,857    |
| T. Rowe Price Growth Stock Fund                  | 209,238    | 172,173    |
| T. Rowe Price Prime Reserve Fund                 |            | 957,115    |
| T. Rowe Price Retirement 2005 Fund               | 322,956    | 306,315    |
| T. Rowe Price Retirement 2010 Fund               | 360,482    | 367,093    |
| T. Rowe Price Retirement 2015 Fund               | 1,280,429  | 1,246,532  |
| T. Rowe Price Retirement 2020 Fund               | 2,621,580  | 2,526,812  |
| T. Rowe Price Retirement 2025 Fund               | 2,160,119  | 1,910,384  |
| T. Rowe Price Retirement 2030 Fund               | 3,790,416  | 4,059,023  |
| T. Rowe Price Retirement 2035 Fund               | 2,564,643  | 2,630,148  |
| T. Rowe Price Retirement 2040 Fund               | 1,020,903  | 989,557    |
| T. Rowe Price Retirement 2045 Fund               | 815,606    | 738,689    |
| T. Rowe Price Retirement 2050 Fund               | 237,921    | 205,974    |
| T. Rowe Price Retirement 2055 Fund               | 122,515    | 80,928     |
| T. Rowe Price Retirement Income Fund             | 435,150    | 434,376    |
| T. Rowe Price Small Cap Value Fund               | 107,814    | 125,297    |
| T. Rowe Price Spectrum Income Fund               | 37,909     | 33,485     |
| T. Rowe Price Spectrum International Growth Fund | 3,585      | 1,941      |
| Total                                            | 17,912,179 | 18,254,235 |
| INVESTMENTS, AT CONTRACT VALUE                   |            |            |
| T. Rowe Price Stable Value Common Trust Fund     | 1,099,380  |            |
| Total Investments                                | 19,011,559 | 18,254,235 |

## ERNIE GREEN INDUSTRIES, INC. 401(k) SAVINGS PLAN

### STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (CONTINUED) DECEMBER 31, 2014 AND 2013

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|                                       | 2014                     | 2013                     |
|---------------------------------------|--------------------------|--------------------------|
| RECEIVABLES                           |                          |                          |
| Participant contributions             | 9                        | 9                        |
| Employer contributions                | <u>5</u>                 | <u>5</u>                 |
| Total receivables                     | <u>14</u>                | <u>14</u>                |
| <br>NET ASSETS AVAILABLE FOR BENEFITS | <br><u>\$ 19,011,573</u> | <br><u>\$ 18,254,249</u> |

See notes to financial statements.

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## ERNIE GREEN INDUSTRIES, INC. 401(k) SAVINGS PLAN

### STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

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|                                                   | 2014                 | 2013                 |
|---------------------------------------------------|----------------------|----------------------|
| ADDITIONS TO NET ASSETS ATTRIBUTED TO             |                      |                      |
| Investment income:                                |                      |                      |
| Net appreciation in fair value of investments     | \$ 244,704           | \$ 2,467,362         |
| Net appreciation in contract value of investments | 9,749                |                      |
| Interest and dividends                            | <u>753,523</u>       | <u>543,748</u>       |
| Net investment income                             | <u>1,007,976</u>     | <u>3,011,110</u>     |
| Contributions:                                    |                      |                      |
| Participants                                      | 1,166,785            | 1,210,258            |
| Employer                                          | 398,806              | 473,449              |
| Participant transfers from other plans            | <u>39,915</u>        | <u>13,819</u>        |
| Total contributions                               | <u>1,605,506</u>     | <u>1,697,526</u>     |
| Total additions                                   | <u>2,613,482</u>     | <u>4,708,636</u>     |
| DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO          |                      |                      |
| Benefits paid to participants                     | 1,742,512            | 2,063,179            |
| Corrective distributions                          | 90,687               | 4,180                |
| Administrative fees                               | <u>22,959</u>        | <u>28,181</u>        |
| Total deductions                                  | <u>1,856,158</u>     | <u>2,095,540</u>     |
| NET INCREASE                                      | 757,324              | 2,613,096            |
| NET ASSETS AVAILABLE FOR BENEFITS                 |                      |                      |
| Beginning of year                                 | <u>18,254,249</u>    | <u>15,641,153</u>    |
| End of year                                       | <u>\$ 19,011,573</u> | <u>\$ 18,254,249</u> |

See notes to financial statements.

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# ERNIE GREEN INDUSTRIES, INC. 401(k) SAVINGS PLAN

## NOTES TO FINANCIAL STATEMENTS FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

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### 1. DESCRIPTION OF PLAN

The following description of Ernie Green Industries, Inc. 401(k) Savings Plan (the Plan), provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

**General** - The Plan is a defined contribution savings plan established by Ernie Green Industries, Inc. (the Company or Sponsor) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Participation in the Plan is entirely voluntary. An eligible employee is any person employed by Ernie Green Industries, Inc. and its wholly owned subsidiaries who has completed three months of continuous service and is employed on the next entry date.

**Contributions** - Each year, participants may contribute up to 100% of pretax compensation, as defined in the Plan, subject to annual dollar limits of the Internal Revenue Code. Participants direct the investment of their contributions and company contributions into one or more mutual funds offered by the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. The Company may, but is not required to, make discretionary matching contributions and discretionary profit sharing contributions to the Plan. Company matching contributions for the years ended December 31, 2014 and 2013 were 50% of the first 6% of eligible compensation deferred by employees.

**Participants' Accounts** - Each participant's account is credited with its proportionate share of the employee elective deferrals, the plan Sponsor's discretionary matching and discretionary profit sharing contributions, and the Plan's earnings. Allocations of discretionary contributions and plan earnings are based on participants' compensation or account balances, as provided in the Plan Agreement. Each participant is entitled only to the benefits that can be provided from that participant's account.

**Excess Contributions** - Contributions made by certain active participants during a plan year are required to be returned to them to satisfy the relevant nondiscrimination provisions of the Plan. Excess deferral contributions payable at December 31, 2013 and returned to participants during the year ended December 31, 2014 were \$90,687. Excess deferral contributions payable at December 31, 2012 and returned to participants during the year ended December 31, 2013 were \$4,180.

**Vesting** - Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's discretionary contribution portion of their accounts plus earnings thereon is based on years of continuous service. Years of service with any predecessor employer acquired by the Company shall be recognized. Participants' vested interests in their accounts increase from 20% after the second year of service to 100% after the sixth year.

**Participant loans** are not permitted from the Plan.

**Payment of Benefits** - Upon termination of employment, participants receive vested interests either in a single lump-sum amount or as a direct rollover to an individual retirement account or to another employer's tax qualified plan. There were no benefits payable to terminated participants at December 31, 2014 and 2013.

**Forfeiture Accounts** - Forfeited nonvested account balances at December 31 were \$15,991 in 2014 and \$42,741 in 2013. Forfeitures will be used to pay future plan administrative fees and/or reduce future employer contributions. Forfeitures used to reduce employer contributions for the years ended December 31, 2014 and 2013 were \$60,457 and \$3,042, respectively. Forfeitures used to pay plan administrative fees were \$14,159 and \$18,681 in 2014 and 2013, respectively.

**Tax Status** - The trust established under the Plan to hold the Plan's assets is qualified pursuant to the appropriate section of the Internal Revenue Code, and, accordingly, the trust's net investment income is exempt from income taxes. The Plan has been amended since receiving its most recent acceptance under Section 401 of the Internal Revenue Code. However, the Plan administrator and Plan sponsor believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan is qualified and the related trust is tax exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) 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. Tax years 2011 and later remain open and subject to examination.

## **2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Change in Accounting Policy** - To reduce the complexity of Plan investment accounting and disclosures, management of the Plan has elected to apply the early adoption provisions of FASB ASU 2015-12, *Plan Accounting: (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Data Practical Expedient – Consensuses of the Emerging Issues Task Force* ("ASU 2015-12"). Restatement of the December 31, 2013 presentation of certain investments on the Statement of Net Assets Available for Benefits was not necessary as the Plan did not have a fully benefit-responsive investment contract at December 31, 2013. Early adoption of ASU 2015-12 also allows the retroactive simplification of investment note disclosures.

**Basis of Accounting** - The financial statements of the Plan are prepared using the accrual method of accounting.

The Plan has evaluated subsequent events through October 15, 2015, the date the financial statements were approved and authorized by the Plan Administrator.

**Use of Estimates** - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts and disclosures of net assets available for benefits as of the date of the financial statements and the reported amounts of changes in net assets available for benefits during the reporting period. Actual results could differ from those estimates.

**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.

**Investment Contracts** – Investment contracts held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

The Plan has a synthetic guaranteed investment contract with T. Rowe Price Trust Company at December 31, 2014. This contract is a fully benefit-responsive investment contract for the T. Rowe Price Stable Value Common Trust Fund.

**Investment Valuation and Income Recognition** - The Plan's investments in shares of registered investment companies are stated at fair value determined using year-end market prices which represent the net asset value of shares held by the Plan. T. Rowe Price provides market prices to the Plan. Unrealized gains or losses are allocated to participants' accounts. Security transactions are recorded on trade dates; the specific-identification method is used in computing gains or losses. Investment income is stated net of investment and related management fees incurred by the Plan.

**Payment of Benefits** - Benefits are recorded when paid.

**Expenses of the Plan** - The Company has elected to pay certain administrative expenses of the Plan in excess of forfeitures and provide administrative services at no cost to the Plan. If not paid by the Company, administrative expenses become a liability of the Plan.

### 3. INVESTMENTS

The following information included in the Plan's financial statements and supplemental schedule as of December 31, 2014 and 2013 and for the years then ended, was obtained from data prepared by State Street Bank and Trust Company, the trustee of the Plan. The Plan administrator has obtained certification from the trustee that such information is complete and accurate. The Plan's investments are held by bank-administered trust funds. The following represents the fair values of the investments in the separate identifiable funds administered by the banks:

|                                                   | 2014          | 2013          |
|---------------------------------------------------|---------------|---------------|
| Investments, at fair value                        | \$ 17,912,179 | \$ 18,254,235 |
| Investments, at contract value                    | 1,099,380     |               |
| Interest and dividend income                      | 753,523       | 543,748       |
| Net appreciation in fair value of investments     | 244,704       | 2,467,362     |
| Net appreciation in contract value of investments | 9,749         |               |

### 4. FAIR VALUE MEASUREMENTS

The Plan's measurement of fair value for assets and liabilities is based on the framework established in the fair value accounting guidance. The framework is based on the inputs used in valuation, gives the highest priority to quoted prices in active markets, and requires that observable inputs be used in the valuations when available. The three levels of the hierarchy are as follows:

- Level 1: observable inputs such as unadjusted quoted prices in active markets for identical assets or liabilities
- Level 2: inputs other than quoted prices included in active markets that are observable either directly or indirectly
- Level 3: unobservable inputs in which there is little or no market data, which requires the Plan to develop its own assumptions

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. 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, 2013 and 2012.

*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 United States 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.

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, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different valuation 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:

|              | <b>Level 1</b> | <b>Level 2</b> | <b>Level 3</b> | <b>Total</b>  |
|--------------|----------------|----------------|----------------|---------------|
| Mutual funds | \$ 17,912,179  |                |                | \$ 17,912,179 |

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

|              | <b>Level 1</b> | <b>Level 2</b> | <b>Level 3</b> | <b>Total</b>  |
|--------------|----------------|----------------|----------------|---------------|
| Mutual funds | \$ 18,254,235  |                |                | \$ 18,254,235 |

## **5. INVESTMENT CONTRACTS**

The Plan has a fully benefit-responsive synthetic guaranteed investment contract. The T. Rowe Price Stable Value Common Trust Fund (the Fund) enters into a contract with an issuer to receive a rate of return based on underlying investments which the Fund acquires, retains title to and holds in a separately identified custody account. The underlying investments typically include portfolios of fixed income securities or units in other fixed income collective trusts. T. Rowe Price Trust Company maintains contributions to the Fund in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The rate of return is based on a formula described within the terms of the contract (the crediting rate). Such rates are reviewed on a monthly basis for resetting. The incremental value, if any, of the contract itself is based on a) issuer ratings as determined by credit ratings, which are published by rating agencies and b) the present value of the change in each contract's replacement cost. The present value of the differential between contract replacement cost and current contract cost was zero at December 31, 2014. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

Certain events, such as the premature termination of the contract by the Plan or the termination of the Plan, would limit the Plan's ability to transact at contract value with T. Rowe Price Trust Company. The Plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

As described in Note 2, because the synthetic guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the synthetic guaranteed investment contract. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

## 6. NONPARTICIPANT-DIRECTED INVESTMENTS

|                                             | 2014               | 2013             |
|---------------------------------------------|--------------------|------------------|
| Net assets - money market fund              | <u>\$ 15,991</u>   | <u>\$ 42,741</u> |
| Changes in net assets:                      |                    |                  |
| Forfeitures from participants               | \$ 47,674          | \$ 55,605        |
| Forfeitures used for administrative fees    | (14,159)           | (18,681)         |
| Forfeitures used for employer contributions | (60,457)           | (3,042)          |
| Earnings                                    | <u>192</u>         | <u>2</u>         |
| Net increase (decrease) in net assets       | <u>\$ (26,750)</u> | <u>\$ 33,884</u> |

## 7. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds or units of bank common trust funds managed by the trustee (or affiliates of the trustee) of the Plan. Therefore, these transactions qualify as party-in-interest transactions.

## 8. PLAN TERMINATION

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

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# ERNIE GREEN INDUSTRIES, INC. 401(k) SAVINGS PLAN

## SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR (ATTACHMENT FOR SCHEDULE H, LINE 4i) DECEMBER 31, 2014

EIN:31-1009987  
PN: 001

| (a) | (b)                                                      | (c)                                                                                                             | (d)  | (e)               |
|-----|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------|-------------------|
|     | Identity of issue, borrower,<br>lessor, or similar party | Description of investment<br>including maturity date,<br>rate of interest, collateral,<br>par or maturity value | Cost | Current value     |
|     | American Century Investments                             | Heritage Fund                                                                                                   | \$   | 78,061            |
|     | Columbia Asset Management                                | Mid Cap Value Fund                                                                                              |      | 191,205           |
|     | Columbia Asset Management                                | Small Cap Growth Fund                                                                                           |      | 142,710           |
|     | Davis Funds                                              | New York Venture Fund                                                                                           |      | 131,811           |
|     | Dimensional Fund Advisors                                | U.S. Large Company Fund                                                                                         |      | 384,570           |
|     | Dodge & Cox Funds                                        | International Fund                                                                                              |      | 184,022           |
|     | Janus Capital Management                                 | Overseas Fund                                                                                                   |      | 101,987           |
|     | PIMCO Funds                                              | Total Return Institutional Fund                                                                                 |      | 277,327           |
| *   | T. Rowe Price Investment Services                        | Capital Appreciation Fund                                                                                       |      | 175,675           |
| *   | T. Rowe Price Investment Services                        | Equity Income Fund                                                                                              |      | 153,545           |
| *   | T. Rowe Price Investment Services                        | Growth Stock Fund                                                                                               |      | 209,238           |
| *   | T. Rowe Price Investment Services                        | Retirement 2005 Fund                                                                                            |      | 322,956           |
| *   | T. Rowe Price Investment Services                        | Retirement 2010 Fund                                                                                            |      | 360,482           |
| *   | T. Rowe Price Investment Services                        | Retirement 2015 Fund                                                                                            |      | 1,280,429         |
| *   | T. Rowe Price Investment Services                        | Retirement 2020 Fund                                                                                            |      | 2,621,580         |
| *   | T. Rowe Price Investment Services                        | Retirement 2025 Fund                                                                                            |      | 2,160,119         |
| *   | T. Rowe Price Investment Services                        | Retirement 2030 Fund                                                                                            |      | 3,790,416         |
| *   | T. Rowe Price Investment Services                        | Retirement 2035 Fund                                                                                            |      | 2,564,643         |
| *   | T. Rowe Price Investment Services                        | Retirement 2040 Fund                                                                                            |      | 1,020,903         |
| *   | T. Rowe Price Investment Services                        | Retirement 2045 Fund                                                                                            |      | 815,606           |
| *   | T. Rowe Price Investment Services                        | Retirement 2050 Fund                                                                                            |      | 237,921           |
| *   | T. Rowe Price Investment Services                        | Retirement 2055 Fund                                                                                            |      | 122,515           |
| *   | T. Rowe Price Investment Services                        | Retirement Income Fund                                                                                          |      | 435,150           |
| *   | T. Rowe Price Investment Services                        | Small Cap Value Fund                                                                                            |      | 107,814           |
| *   | T. Rowe Price Investment Services                        | Spectrum Income Fund                                                                                            |      | 37,909            |
| *   | T. Rowe Price Investment Services                        | Spectrum International Growth Fund                                                                              |      | 3,585             |
| *   | T. Rowe Price Investment Services                        | Stable Value Common Trust Fund                                                                                  |      | 1,099,380         |
|     | Total investments                                        |                                                                                                                 | \$   | <u>19,011,559</u> |
| *   | Party-In-Interest                                        |                                                                                                                 |      |                   |

Cost data is not presented as all amounts are participant directed.