

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>02/01/2014</u> and ending <u>01/31/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>GMP-BUFFALO CHINA INC., PENSION PLAN FOR EMPLOYEES WHO ARE MEMBERS OF LOCAL 76A</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>08/01/1986</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>08/01/1986</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>				
1c Effective date of plan <u>08/01/1986</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>BUFFALO CHINA, INC.</u> <u>519 N. PIERCE AVENUE</u> <u>LANCASTER, OH 43130</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>16-0979731</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>740-681-6122</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>423990</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>16-0979731</u>	2c Plan Sponsor's telephone number <u>740-681-6122</u>	2d Business code (see instructions) <u>423990</u>	
2b Employer Identification Number (EIN) <u>16-0979731</u>					
2c Plan Sponsor's telephone number <u>740-681-6122</u>					
2d Business code (see instructions) <u>423990</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	<u>11/12/2015</u>	<u>JEFF VOGEL</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 439
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 0 6a(2) 0 6b 124 6c 295 6d 419 6e 15 6f 434 6g 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B 1I b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2014 or fiscal plan year beginning 02/01/2014 and ending 01/31/2015	
Round off amounts to nearest dollar.	
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan GMP-BUFFALO CHINA INC., PENSION PLAN FOR EMPLOYEES WHO ARE MEMBERS OF LOCAL 76A	B Three-digit plan number (PN) 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BUFFALO CHINA, INC.	D Employer Identification Number (EIN) 16-0979731
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information			
1 Enter the valuation date: Month 02 Day 01 Year 2014			
2 Assets:			
a Market value	2a	11217458	
b Actuarial value	2b	11217458	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	121	4563109	4563109
b For terminated vested participants	308	6286402	6286402
c For active participants	0	0	0
d Total	429	10849511	10849511
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.52%	
6 Target normal cost	6	134000	

Statement by Enrolled Actuary

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

<div>SIGN HERE</div>	<div>Signature of actuary</div> <div>SHEILA L. YOENSKY, A.S.A., E.A.</div> <div>Type or print name of actuary</div> <div>HARBIDGE CONSULTING GROUP, L.L.C.</div> <div>Firm name</div> <div>ONE LINCOLN CENTER, 12TH FLOOR SYRACUSE, NY 13202-9972</div> <div>Address of the firm</div>	<div>11/10/2015</div> <div>Date</div> <div>14-05276</div> <div>Most recent enrollment number</div> <div>315-703-8923</div> <div>Telephone number (including area code)</div>
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Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>13.52</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.72</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	103.39 %
15 Adjusted funding target attainment percentage	15	103.39 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	98.06 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c)
					0

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6).....	31a	134000										
b Excess assets, if applicable, but not greater than line 31a	31b	134000										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment.....</td> <td>0</td> <td>0</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment.....	0	0	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment.....	0	0										
b Waiver amortization installment	0	0										
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	0										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement.....			0									
36 Additional cash requirement (line 34 minus line 35).....	36	0										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	0										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0										
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0										
40 Unpaid minimum required contributions for all years	40	0										

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☒ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☒ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

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

For calendar plan year 2014 or fiscal plan year beginning 02/01/2014 and ending 01/31/2015

A Name of plan <u>GMP-BUFFALO CHINA INC., PENSION PLAN FOR EMPLOYEES WHO ARE MEMBERS OF LOCAL 76A</u>	B Three-digit plan number (PN) <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BUFFALO CHINA, INC.</u>	D Employer Identification Number (EIN) <u>16-0979731</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

WILMINGTON TRUST

16-0538020

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 21 50	NONE	51142	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HARBRIDGE CONSULTING GROUP LLC

30-1922194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 14 17	NONE	27150	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FUST CHARLES CHAMBERS LLP

16-1226221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	8000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>02/01/2014</u> and ending <u>01/31/2015</u>		
A Name of plan <u>GMP-BUFFALO CHINA INC., PENSION PLAN FOR EMPLOYEES WHO ARE MEMBERS OF LOCAL 76A</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BUFFALO CHINA, INC.</u>	D Employer Identification Number (EIN) <u>16-0979731</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a	83597	0
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	283567	0
	(2) Participant contributions.....	1b(2)	0	0
	(3) Other.....	1b(3)	10290	12715
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	0	537368
	(2) U.S. Government securities	1c(2)	597269	1023286
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)	0	0
	(B) All other.....	1c(3)(B)	615538	807532
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)	0	0
	(B) Common.....	1c(4)(B)	1700088	1903726
	(5) Partnership/joint venture interests	1c(5)	0	0
	(6) Real estate (other than employer real property).....	1c(6)	0	0
	(7) Loans (other than to participants)	1c(7)	0	0
	(8) Participant loans.....	1c(8)	0	0
	(9) Value of interest in common/collective trusts	1c(9)	0	0
	(10) Value of interest in pooled separate accounts	1c(10)	0	0
	(11) Value of interest in master trust investment accounts	1c(11)	0	0
	(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	7939876	6945754
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other.....	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	11230225	11230381

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	7720	8250
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	7720	8250

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	11222505	11222131
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	0	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	15520	
(C) Corporate debt instruments	2b(1)(C)	19206	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		34726
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	41505	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	92036	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		133541
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1275140	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1231452	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		43688
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	176631	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		176631

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		276839
c Other income.....	2c		260
d Total income. Add all income amounts in column (b) and enter total.....	2d		665685

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	517188	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		517188
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	27150	
(2) Contract administrator fees.....	2i(2)	8000	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other.....	2i(4)	113721	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		148871
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		666059

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-374
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		0

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: FUST CHARLES CHAMBERS LLP

(2) EIN: 16-1226221

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
4d			
e Was this plan covered by a fidelity bond?	X		3000000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No Amount:

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 02/01/2014 and ending 01/31/2015

A Name of plan <u>GMP-BUFFALO CHINA INC., PENSION PLAN FOR EMPLOYEES WHO ARE MEMBERS OF LOCAL 76A</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BUFFALO CHINA, INC.</u>	D Employer Identification Number (EIN) <u>16-0979731</u>

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

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

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

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

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

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

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**GMP - BUFFALO CHINA, INC. PENSION PLAN FOR
EMPLOYEES WHO ARE MEMBERS OF LOCAL 76A**

Financial Statements and Supplemental Schedules

January 31, 2015 and 2014

**GMP - BUFFALO CHINA, INC. PENSION PLAN FOR
EMPLOYEES WHO ARE MEMBERS OF LOCAL 76A**

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INDEPENDENT AUDITOR'S REPORT

To the EveryWare Global Benefits Committee and Plan
Administrator of the GMP – Buffalo China, Inc. Pension
Plan for Employees Who Are Members of Local 76A:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the GMP – Buffalo China, Inc. Pension Plan for Employees Who Are Members of Local 76A (the Plan), which comprise the statements of net assets available for benefits as of January 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material 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 7, which was certified by Manufacturers and Traders Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of January 31, 2015 and 2014, and for the years then ended, that the information provided to the Plan administrator by the trustee is complete and accurate.

(Continued)

To the EveryWare Global Benefits Committee and Plan
Administrator of the GMP – Buffalo China, Inc. Pension
Plan for Employees Who Are Members of Local 76A
Page 2 of 2

Report on the Financial Statements, Continued

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Line 4j – Schedule of Reportable Transactions, as of or for the year ended January 31, 2015 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

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

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

Fust Charles Chambers LLP

Syracuse, New York
November 10, 2015

Fust Charles Chambers LLP

**GMP - BUFFALO CHINA, INC. PENSION PLAN FOR
EMPLOYEES WHO ARE MEMBERS OF LOCAL 76A**

Statements of Net Assets Available for Benefits

January 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Assets:		
Investments, at fair value:		
Money market account	\$ 537,368	83,597
Mutual funds	6,945,754	7,939,876
U.S. treasury obligations	1,023,286	597,269
Corporate and foreign bonds	807,532	615,538
Common stocks	<u>1,903,726</u>	<u>1,700,088</u>
Total investments	<u>11,217,666</u>	<u>10,936,368</u>
Receivables:		
Employer contributions	-	283,567
Accrued interest	<u>12,715</u>	<u>10,290</u>
Total receivables	<u>12,715</u>	<u>293,857</u>
Total assets	<u>11,230,381</u>	<u>11,230,225</u>
Liabilities - accrued administrative expenses	<u>8,250</u>	<u>7,720</u>
Net assets available for benefits	<u>\$ 11,222,131</u>	<u>11,222,505</u>

See accompanying notes to the financial statements.

**GMP - BUFFALO CHINA, INC. PENSION PLAN FOR
EMPLOYEES WHO ARE MEMBERS OF LOCAL 76A**

Statements of Changes in Net Assets Available for Benefits

Years ended January 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Additions:		
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 497,417	1,102,557
Interest and dividends	<u>168,268</u>	<u>216,881</u>
	665,685	1,319,438
Employer contributions	<u>-</u>	<u>283,567</u>
Total additions	<u>665,685</u>	<u>1,603,005</u>
Deductions:		
Deductions from net assets attributed to:		
Benefits paid to participants	517,188	476,184
Administrative expenses	<u>148,871</u>	<u>133,808</u>
Total deductions	<u>666,059</u>	<u>609,992</u>
Net increase (decrease)	(374)	993,013
Net assets available for benefits:		
Beginning of year	<u>11,222,505</u>	<u>10,229,492</u>
End of year	\$ <u><u>11,222,131</u></u>	<u><u>11,222,505</u></u>

See accompanying notes to the financial statements.

**GMP - BUFFALO CHINA, INC. PENSION PLAN FOR
EMPLOYEES WHO ARE MEMBERS OF LOCAL 76A**

Notes to Financial Statements

January 31, 2015 and 2014

(1) Description of Plan

The following description of the GMP - Buffalo China, Inc. Pension Plan for Employees Who Are Members of Local 76A (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

(a) General

The Plan is a defined benefit pension plan covering substantially all employees formerly covered by a Collective Bargaining Agreement (CBA) of Buffalo China, Inc. (Company), a wholly-owned subsidiary of Oneida Ltd. (Oneida). Oneida was merged with another company to form EveryWare Global, Inc. (EveryWare). EveryWare is responsible for the administration of the Plan. An agreement to terminate the CBA was made May 4, 2005. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). There are currently no active participants in the Plan. Effective May 1, 2008, the Plan was frozen to new participants and no further plan benefits shall accrue subsequent to that date.

(b) Pension Benefits

Employees are entitled to benefits beginning at normal retirement age (65 or age in which the participant has five pension credits, if later) equal to \$21.50 multiplied by the number of pension credits up to 33 pension credits or \$709.50 per month. The Plan permits early retirement at age 60 with five years of service with the regular pension benefit reduced by 6% for each year less than 65.

(c) Death and Disability Benefits

The surviving spouse of a vested participant who dies prior to age 60 is entitled to receive a monthly benefit amount equal to 50% of the monthly benefit earned by the participant as if the participant had reached age 60. The benefit payment will begin at the time the participant would have reached age 60.

Active employees who become totally disabled, have earned at least ten pension credits, have reached age 50, and have worked in covered employment for at least 400 hours within twelve months of the time the employee became permanently disabled, are entitled to benefits calculated in accordance with the early retirement pension. If the participant is not yet age 60, the benefit will be calculated as if the participant were age 60.

**GMP - BUFFALO CHINA, INC. PENSION PLAN FOR
EMPLOYEES WHO ARE MEMBERS OF LOCAL 76A**

Notes to Financial Statements

(1) Description of Plan, Continued

(d) Vesting

An employee must earn five vesting credits to become vested. A vesting credit is earned when an employee has worked at least 800 hours in a Plan year. Participants are entitled to partial credits for hours worked between 400 and 800.

(e) Administrative Expenses

Administrative expenses are paid by the Plan or EveryWare.

(2) Summary of Significant Accounting Policies

The following are the significant accounting policies followed by the Plan:

(a) Basis of Accounting

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

(b) Use of Estimates

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

(c) Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Benefit Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and trustee. See note 6 for a discussion of fair value measurements.

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

**GMP - BUFFALO CHINA, INC. PENSION PLAN FOR
EMPLOYEES WHO ARE MEMBERS OF LOCAL 76A**

Notes to Financial Statements

(2) Summary of Significant Accounting Policies, Continued

(d) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) beneficiaries of employees who have died. Benefits payable under all circumstances - retirement, death, disability and termination of employment - are included to the extent that they are deemed attributable to employee services rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of February 1, 2014 and 2013 were: (a) life expectancy of participants (RP-2000 Mortality Table for annuitants with projected mortality improvements using Scale AA), (b) retirement age assumptions (the assumed average retirement age was 63), (c) investment return of 8.00% compounded annually, (d) discount rate of 8.00%, (e) salary increases are not applicable. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits as of February 1 is as follows:

	<u>2014</u>	<u>2013</u>
Vested benefits:		
Participants currently receiving benefits	\$ 4,054,986	3,928,632
Other vested participants	<u>5,147,122</u>	<u>5,073,960</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 9,202,108</u>	<u>9,002,592</u>

**GMP - BUFFALO CHINA, INC. PENSION PLAN FOR
EMPLOYEES WHO ARE MEMBERS OF LOCAL 76A**

Notes to Financial Statements

(2) Summary of Significant Accounting Policies, Continued

(d) Actuarial Present Value of Accumulated Plan Benefits, Continued

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

	<u>2014</u>	<u>2013</u>
Actuarial present value of accumulated plan benefits as of the beginning of the year	\$ <u>9,002,592</u>	<u>8,890,822</u>
Change during the year attributable to:		
Increase for interest due to the decrease in the discount period	701,160	692,374
Changes in actuarial assumptions	14,800	14,471
Benefits accumulated, including actuarial gain or loss	(40,260)	(122,776)
Benefits paid	<u>(476,184)</u>	<u>(472,299)</u>
Net increase	<u>199,516</u>	<u>111,770</u>
Actuarial present value of accumulated plan benefits as of the end of the year	\$ <u><u>9,202,108</u></u>	<u><u>9,002,592</u></u>

(e) Payment of Benefits

Benefit payments to participants are recorded upon distribution.

(f) Subsequent Events

The Plan has evaluated subsequent events through November 10, 2015, the date the financial statements were available to be issued.

**GMP - BUFFALO CHINA, INC. PENSION PLAN FOR
EMPLOYEES WHO ARE MEMBERS OF LOCAL 76A**

Notes to Financial Statements

(3) Funding Policy

The Plan's funding policy is for the Plan sponsor to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During 2014, the Plan sponsor made contributions of \$283,567. The Plan sponsor's contributions for 2015 and 2014 have met the minimum funding requirements of ERISA.

Although it has not expressed any intention to do so, the Plan sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

(4) Plan Termination

In the event that the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- (a) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
- (b) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
- (c) All other vested benefits (that is, vested benefits not insured by the PBGC).
- (d) All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

**GMP - BUFFALO CHINA, INC. PENSION PLAN FOR
EMPLOYEES WHO ARE MEMBERS OF LOCAL 76A**

Notes to Financial Statements

(5) Investments

The following table presents the investments that represent five percent or more of the Plan's net assets at January 31:

	<u>2015</u>		<u>2014</u>	
	<u>Number of</u>	<u>Fair</u>	<u>Number of</u>	<u>Fair</u>
	<u>shares</u>	<u>value</u>	<u>shares</u>	<u>value</u>
MSIF Growth Portfolio	34,403	\$ 1,346,185	35,989	\$ 743,899
Morgan Stanley Focus Growth Fund	-	-	14,191	768,453
T. Rowe Price Institutional Large Cap Growth	31,915	872,555	27,279	736,543
Harbor International Fund	9,761	631,463	9,839	664,313
IShares Russell 2000 ETF	7,840	907,088	-	-
Diamond Hill Large Cap	-	-	29,765	597,744
MSIF Small Company Growth	-	-	43,016	866,776

During 2015 and 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

	<u>2015</u>	<u>2014</u>
Mutual funds	\$ 276,839	900,164
U.S. treasury obligations	19,073	(19,071)
U.S. government agency obligations	-	(3,290)
Corporate and foreign bonds	4,108	(16,194)
Common stocks	197,397	240,948
	<u>\$ 497,417</u>	<u>1,102,557</u>

(6) Fair Value Measurements

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

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

**GMP - BUFFALO CHINA, INC. PENSION PLAN FOR
EMPLOYEES WHO ARE MEMBERS OF LOCAL 76A**

Notes to Financial Statements

(6) Fair Value Measurements, Continued

Level 2

Inputs to the valuation methodology include:

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

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

Level 3

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant 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 January 31, 2015 and 2014.

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

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 SEC. 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.

U.S. treasury obligations, Corporate and foreign bonds: Valued based on quoted market prices as determined in inactive markets.

Money market account: Valued at amortized cost as adjusted for amortization of premium or accumulation of discount.

**GMP - BUFFALO CHINA, INC. PENSION PLAN FOR
EMPLOYEES WHO ARE MEMBERS OF LOCAL 76A**

Notes to Financial Statements

(6) Fair Value Measurements, Continued

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of January 31:

<u>Assets at fair value as of January 31, 2015</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds:				
Domestic equity	\$ 3,569,145	-	-	3,569,145
International equity	1,318,291	-	-	1,318,291
Closed end equity	1,452,590	-	-	1,452,590
Fixed income	605,728	-	-	605,728
Total mutual funds	6,945,754	-	-	6,945,754
Money market account	-	537,368	-	537,368
U.S. treasury obligations	-	1,023,286	-	1,023,286
Corporate and foreign bonds	-	807,532	-	807,532
Common stocks:				
Materials	79,552	-	-	79,552
Industrials	216,410	-	-	216,410
Consumer discretionary	279,366	-	-	279,366
Consumer staples	199,365	-	-	199,365
Energy	120,770	-	-	120,770
Financials	313,358	-	-	313,358
Healthcare	281,116	-	-	281,116
Information technology	395,134	-	-	395,134
Telecommunication services	18,655	-	-	18,655
Total common stocks	1,903,726	-	-	1,903,726
Total assets at fair value	\$ 8,849,480	2,368,186	-	11,217,666

**GMP - BUFFALO CHINA, INC. PENSION PLAN FOR
EMPLOYEES WHO ARE MEMBERS OF LOCAL 76A**

Notes to Financial Statements

(6) Fair Value Measurements, Continued

<u>Assets at fair value as of January 31, 2014</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds:				
Domestic equity	\$ 4,734,467	-	-	4,734,467
International equity	1,783,831	-	-	1,783,831
Closed end equity	144,738	-	-	144,738
Fixed income	1,276,840	-	-	1,276,840
Total mutual funds	7,939,876	-	-	7,939,876
Money market account	-	83,597	-	83,597
U.S. treasury obligations	-	597,269	-	597,269
Corporate and foreign bonds	-	615,538	-	615,538
Common stocks:				
Materials	33,855	-	-	33,855
Industrials	235,409	-	-	235,409
Consumer discretionary	198,928	-	-	198,928
Consumer staples	154,652	-	-	154,652
Energy	169,025	-	-	169,025
Financials	274,996	-	-	274,996
Healthcare	298,592	-	-	298,592
Information technology	298,498	-	-	298,498
Telecommunication services	36,133	-	-	36,133
Total common stocks	1,700,088	-	-	1,700,088
Total assets at fair value	\$ 9,639,964	1,296,404	-	10,936,368

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

We evaluate the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended January 31, 2015 and 2014, there were no transfers in or out of levels 1, 2 or 3.

**GMP - BUFFALO CHINA, INC. PENSION PLAN FOR
EMPLOYEES WHO ARE MEMBERS OF LOCAL 76A**

Notes to Financial Statements

(7) Information Certified by the Plan's Trustee

The Plan administrator has elected the method of annual reporting permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate:

	<u>January 31,</u>	
	<u>2015</u>	<u>2014</u>
Investments, at fair value	\$ 11,217,666	10,936,368
Accrued interest	\$ 12,715	10,290
	<u>Year ended</u>	
	<u>January 31,</u>	
	<u>2015</u>	<u>2014</u>
Investment income:		
Net appreciation in fair value of investments	497,417	1,102,557
Interest and dividends	168,268	216,881
	\$ 665,685	1,319,438

All information in the supplemental schedules is presented solely upon those certifications.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

(8) Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company, by a letter dated January 29, 2008, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan administrator believes that the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax-exempt.

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 IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2012.

**GMP - BUFFALO CHINA, INC. PENSION PLAN FOR
EMPLOYEES WHO ARE MEMBERS OF LOCAL 76A**

Notes to Financial Statements

(9) 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 the amounts reported in the statements of net assets available for benefits.

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

(10) Parties-In-Interest

Certain Plan investments are managed by Manufacturers and Traders Trust Company (M&T). M&T is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees charged to the Plan for investment management services during 2015 and 2014 were approximately \$54,500 and \$50,300, respectively.

(11) Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at January 31, 2014 to Form 5500:

Net assets available for benefits per the financial statements	\$ 11,222,505
Plus current year accrued administrative expenses	<u>7,720</u>
Net assets available for benefits per the Form 5500	<u>\$ 11,230,225</u>

The following is a reconciliation of net increase per the financial statements for the year ended January 31, 2014 to Form 5500:

Net increase (decrease) per the financial statements	\$ 993,013
Plus current year accrued administrative expenses	7,720
Less prior year accrued administrative expenses	<u>(7,477)</u>
Net income per the Form 5500	<u>\$ 993,256</u>

ACTUARIAL ASSUMPTIONS AND METHODS

The valuation of a defined benefit pension plan involves estimates and assumptions about the probability of events occurring far into the future. Examples include assumptions about future employment, mortality, and retirement. Below is a description of the actuarial assumptions and methods used in the valuation.

Funding Target Liability

Valuation Date: February 1, 2014

Demographic Information: The demographic information was updated as of February 1, 2014 by Harbridge Consulting Group, LLC.

Actuarial Cost Method: As required by PPA, the Traditional Unit Credit Cost Method was used.

Actuarial Value of Assets: Market Value of Assets

Expected Rate of Return on Assets: 8.00%

Interest Rates for Minimum Required Contribution: The adjusted 24-month average February 2014 funding segment rates using 25-year average segment rate corridors for plan years beginning in 2014 were utilized as prescribed by IRC Section 430(h), MAP-21, and HATFA.

Segment	Interest Rate
Segment 1	4.99%
Segment 2	6.32%
Segment 3	6.99%

Effective Interest Rate
6.52%

Segment 1 is applied to benefit payments expected to be made in the first 5 years, segment 2 is applied to benefit payments expected to be made in the next 15 years and segment 3 is applied thereafter.

Interest Rates for Maximum Recommended Contribution: The February 2014 funding segment rates were utilized as prescribed by IRC Section 430(h).

Segment	Interest Rate
Segment 1	1.22%
Segment 2	4.06%
Segment 3	5.09%

Segment 1 is applied to benefit payments expected to be made in the first 5 years, segment 2 is applied to benefit payments expected to be made in the next 15 years and segment 3 is applied thereafter.

Amortization Method: In accordance with IRC Section 430(c)(2)(D), which was added by the "Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010" (PRA 2010), Oneida Ltd. elected to amortize the funding shortfall for the plan year beginning on February 1, 2010 under the 15-year amortization period.

Mortality: The RP-2000 Mortality Table for annuitants and non-annuitants with projected mortality improvements using Scale AA; specifically as outlined in IRC Regulation 1.430(h)(3)-1 for 2014 valuations. The static mortality tables are projected from the base table for the year 2000 through 2014 with further projection to reflect the approximate expected duration of liabilities, namely 7 years for annuitants and 15 years for non-annuitants.

Post-Disablement Mortality: Post-disablement mortality was assumed to be equal to the mortality tables outlines above.

Turnover: Turnover rates were not assumed in the valuation.

Administrative Expenses: Actual plan expenses, not including investment advisory fees, paid out of the trust during the previous plan year rounded to the nearest thousand.

Actuarial Present Value of Accumulated Plan Benefits (ASC 960)

Interest Rate: 8.00%

Mortality:

Prior to February 1, 2014:

The RP-2000 Mortality Table for annuitants with projected mortality improvements using Scale AA; specifically as outline in IRC Regulation 1.430(h)(3)-1 for 2013 valuations. The static mortality table is projected 7 years from the base table for the year 2000 through 2013 with further project to reflect the approximate expected duration of liabilities.

After February 1, 2014:

The RP-2000 Mortality Table for annuitants with projected mortality improvements using Scale AA; specifically as outline in IRC Regulation 1.430(h)(3)-1 for 2014 valuations. The static mortality table is projected 7 years from the base table for the year 2000 through 2014 with further project to reflect the approximate expected duration of liabilities.

Unless specifically mentioned, all remaining assumptions for the Actuarial Present Value of Accumulated Plan Benefits remain the same as described for the Funding Target Liability above.

GMP - BUFFALO CHINA, INC. PENSION PLAN FOR EMPLOYEES WHO ARE MEMBERS OF LOCAL 76A

Schedule H, line 4j - Schedule of Reportable Transactions

Plan No. 003

Employer Identification No. 16-0979731

Year ended January 31, 2015

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
<u>Single transaction in Excess of 5% of Plan Assets</u>								
Ishares Russell 2000 ETF	Mutual Fund	\$ 931,880	-	-	-	931,880	931,880	-
Vanguard S/C Value Index	Mutual Fund	-	571,295	-	-	514,841	571,295	56,454
Wilmington Prime Money Market Fund	Money Market Fund	1,175,117	-	-	-	1,175,117	1,175,117	-
Wilmington Prime Money Market Fund	Money Market Fund	571,295	-	-	-	571,295	571,295	-
Wilmington Prime Money Market Fund	Money Market Fund	-	550,023	-	-	550,023	550,023	-
<u>Series of security transactions in Excess of 5% of Plan Assets</u>								
MSIF Small Company Growth	Mutual Fund	158,379	479,000	-	-	726,888	637,379	(89,509)
Vanguard S/C Value Index	Mutual Fund	20,152	571,295	-	-	534,993	591,447	56,454
Wilmington Prime Money Market Fund	Money Market Fund	3,979,998	3,526,218	-	-	7,506,216	7,506,216	-
Wilmington Short-Term Corp Bond	Mutual Fund	251,246	352,075	-	-	603,667	603,321	(346)

See accompanying independent auditor's report.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 02/01/2014 and ending 01/31/2015

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan GMP-BUFFALO CHINA INC., PENSION PLAN FOR EMPLOYEES WHO ARE MEMBERS OF LOCAL 76A	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BUFFALO CHINA, INC.	D Employer Identification Number (EIN) 16-0979731	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information				
1 Enter the valuation date: Month <u>02</u> Day <u>01</u> Year <u>2014</u>				
2 Assets:				
a Market value	2a	11217458		
b Actuarial value	2b	11217458		
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target	
a For retired participants and beneficiaries receiving payment.....	121	4563109	4563109	
b For terminated vested participants.....	308	6286402	6286402	
c For active participants.....	0	0	0	
d Total.....	429	10849511	10849511	
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐				
a Funding target disregarding prescribed at-risk assumptions	4a			
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b			
5 Effective interest rate.....	5		6.52%	
6 Target normal cost.....	6		134000	

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

SIGN HERE	<div style="text-align: center;"> Signature of actuary SHEILA L. YOENSKY, A.S.A., E.A. Type or print name of actuary HARBRIDGE CONSULTING GROUP, L.L.C. Firm name ONE LINCOLN CENTER, 12TH FLOOR SYRACUSE NY 13202-9972 Address of the firm </div>	<div style="text-align: center;"> <u>11/10/15</u> Date 1405276 Most recent enrollment number 315-703-8923 Telephone number (including area code) </div>
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2014
v. 140124

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>13.52</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.72</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	103.39 %
15 Adjusted funding target attainment percentage	15	103.39 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	98.06 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c)
					0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.99%	2nd segment: 6.32%	3rd segment: 6.99%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	134000	
b Excess assets, if applicable, but not greater than line 31a	31b	134000	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ...	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☒ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☒ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

GMP-Buffalo China, Inc. Pension Plan for Employees who are Members of Local 76A
Schedule SB, Line 22 - Description of Weighted Average Retirement Age
EIN/PN: 16-0979731/003

All participants were assumed to retire at age 63.

This summary is intended as an outline of plan provisions and does not alter the intent or meaning of the provisions contained in the plan document.

Effective Date August 1, 1986 as amended generally effective January 1, 1994.

Eligibility:

Participation Employees who are members of Local 76A who have completed 800 hours of service in a 12 consecutive month period enter on the following January 1 or July 1. As of May 4, 2005, all participants ceased to be employees of the employer.

Amount of Pension:

Normal Retirement

Prior to 8/1/2004 A monthly benefit equal to \$20.00 per pension credit earned up to a maximum of 33 credits.

After 8/1/2004 A monthly benefit equal to \$21.50 per pension credit earned up to a maximum of 33 credits.

Early Retirement A participant is eligible for early retirement benefits upon attaining age 60 if he has earned at least 5 pension credits. The benefit payable immediately is equal to the accrued benefit reduced by 0.5 percent for each month prior to age 65.

Disability A participant who becomes totally and permanently disabled after having attained age 50 and earning 10 pension credits may be eligible to receive his accrual benefit assuming the participant has worked in covered employment on or after his/her 49th birthday and worked at least 400 hours in the 12 months prior to disability. The benefit is the same as the early retirement benefit but will be no less than 70% of his regular accrued pension.

Special Deferred Disability A participant who becomes totally and permanently disabled after August 1, 1986 who has earned at least 10 pension credits shall be eligible for benefits upon attainment of age 60. The benefit shall be determined in the same manner as the regular or early retirement benefit but based on the benefit multiplier in effect at the time he attains age 60.

Termination of Employment Full vesting is available after 5 years of vesting credit. An employee earns a year of vesting credit after 800 hours of service. However, for a year in which the participant earns at least 400 hours of service but less than 800, the participant receives ¼ year of vesting credit.

Pre-Retirement Survivor Annuity Available to Members with 5 years of vesting service. If the participant is married, the spouse is entitled to 50% of the benefit the employee would have received had he/she retired the day before he/she died and elected the joint and survivor option. Benefits commence immediately, or at the participant's early retirement age, if later.

Reductions are made to the accrued benefit for early commencement (if applicable) and form of payment.

Amount of Pension:

Normal Retirement	The sum of 1.85% of plan compensation for each year of service.
Early Retirement	Determined the same as the Normal Retirement Pension but reduced actuarially. The amount of benefit is reduced 1/15 for each of the first five years and 1/30 for each of the next five years by which the early retirement benefit commencement date precedes the normal retirement date.
Deferred Retirement	Determined the same as the Normal Retirement Pension but including Compensation and Years of Service after Normal Retirement Date.
Vested Termination	Normal Retirement Pension based on Years of Service and Compensation up to date of termination. Benefits may start before normal retirement on an actuarial equivalent basis.
Preretirement Survivor Annuity	A pension to the surviving spouse equal to the amount that would have been paid had the participant terminated on his date of death, survived to his earliest retirement date, retired with a 50% qualified joint and survivor annuity, and died on the day after he retired.

Forms of Benefit:

Normal	If married to a qualified spouse, a 50% qualified joint and survivor which is the actuarial equivalent of a life annuity, otherwise, a life annuity.
Optional Forms	Joint and survivor (50%, 66 2/3%, 75% or 100%) 120 payments certain and life thereafter Social Security Adjustment Lump Sum

GMP - BUFFALO CHINA, INC. PENSION PLAN FOR EMPLOYEES WHO ARE MEMBERS OF LOCAL 76A

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

Plan No. 003

Employer Identification No. 16-0979731

January 31, 2015

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	<u>Money Market Account</u>			
*	Wilmington Prime Money Market Fund	Money Market Fund, 537,368 shares	\$ 537,368	\$ 537,368
	<u>U.S. Treasury Obligations</u>			
	U.S. Treasury notes	Notes, 0.625%, maturing 4/30/18, \$50,000 par value	49,521	49,637
	U.S. Treasury notes	Notes, 0.625%, maturing 8/31/17, \$10,000 par value	9,980	9,989
	U.S. Treasury notes	Notes, 0.625%, maturing 12/31/16, \$205,000 par value	204,512	205,681
	U.S. Treasury notes	Notes, 0.75%, maturing 1/15/17, \$5,000 par value	5,002	5,027
	U.S. Treasury notes	Notes, 0.75%, maturing 10/31/17, \$50,000 par value	50,163	50,043
	U.S. Treasury notes	Notes, 0.875%, maturing 4/30/17, \$25,000 par value	25,090	25,184
	U.S. Treasury notes	Notes, 0.875%, maturing 11/15/17, \$5,000 par value	4,984	5,021
	U.S. Treasury notes	Notes, 1.375%, maturing 7/31/18, \$10,000 par value	9,983	10,155
	U.S. Treasury notes	Notes, 1.50%, maturing 1/31/19, \$40,000 par value	39,969	40,719
	U.S. Treasury notes	Notes, 1.50%, maturing 11/30/19, \$10,000 par value	9,975	10,151
	U.S. Treasury notes	Notes, 1.50%, maturing 12/31/18, \$25,000 par value	24,956	25,457
	U.S. Treasury notes	Notes, 1.625%, maturing 3/31/19, \$5,000 par value	4,973	5,113
	U.S. Treasury notes	Notes, 2.25%, maturing 7/31/21, \$25,000 par value	25,185	26,242
	U.S. Treasury notes	Notes, 2.25%, maturing 11/15/24, \$120,000 par value	121,077	126,150
	U.S. Treasury notes	Notes, 2.375%, maturing 5/31/18, \$60,000 par value	60,381	62,915
	U.S. Treasury notes	Notes, 2.375%, maturing 8/15/24, \$40,000 par value	39,909	42,488
	U.S. Treasury notes	Notes, 2.375%, maturing 12/31/20, \$10,000 par value	10,109	10,569
	U.S. Treasury notes	Notes, 2.50%, maturing 5/15/24, \$20,000 par value	19,954	21,453
	U.S. Treasury notes	Notes, 2.75%, maturing 11/15/23, \$40,000 par value	39,552	43,712

(Continued)

GMP - BUFFALO CHINA, INC. PENSION PLAN FOR EMPLOYEES WHO ARE MEMBERS OF LOCAL 76A

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

Plan No. 003

Employer Identification No. 16-0979731

January 31, 2015

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
<u>U.S. Treasury Obligations, Continued</u>				
	U.S. Treasury notes	Notes, 3.375%, maturing 11/15/19, \$125,000 par value	124,805	137,871
	U.S. Treasury notes	Notes, 3.875%, maturing 5/15/18, \$25,000 par value	24,992	27,443
	U.S. Treasury notes	Notes, 4.25%, maturing 11/15/17, \$75,000 par value	75,086	82,266
			<u>980,158</u>	<u>1,023,286</u>
<u>Corporate and Foreign Bonds</u>				
	Abbvie Inc	Bond, 1.75%, maturing 11/6/17, \$10,000 par value	9,997	10,078
	American Express	Bond, 0.8229%, maturing 5/22/18, \$5,000 par value	5,000	5,002
	American Honda Fin	Bond, 2.125%, maturing 10/10/18, \$10,000 par value	9,961	10,215
	American Tower Corp	Bond, 5.00%, maturing 2/15/24, \$25,000 par value	26,604	27,396
	Amgen Inc V-Q	Bond, 0.8329%, maturing 5/22/19, \$5,000 par value	5,000	4,998
	AON Corp	Bond, 3.125%, maturing 5/27/16, \$10,000 par value	10,256	10,263
	AON Corp	Bond, 3.50%, maturing 9/30/15, \$5,000 par value	5,078	5,089
	Apple Inc V-Q	Bond, 0.53185%, maturing 5/6/19, \$10,000 par value	10,000	10,004
	Bank Amer Mtn V-Q	Bond, 1.1252%, maturing 4/1/19, \$10,000 par value	10,000	10,000
	BB&T Corporation Mtn	Bond, 3.20%, maturing 3/15/16, \$15,000 par value	15,317	15,368
	Becton Dickinson	Bond, 1.80%, maturing 12/15/17, \$5,000 par value	5,000	5,043
	Berkley	Bond, 7.375%, maturing 9/15/19, \$25,000 par value	29,318	30,086
	Capital One Finl Co	Bond, 4.75%, maturing 7/15/21, \$5,000 par value	5,281	5,642
	Caterpillar Fin Mtn	Bond, 1.00%, maturing 3/3/17, \$5,000 par value	4,997	5,015
	Celgene Corp	Bond, 2.30%, maturing 8/15/18, \$10,000 par value	10,183	10,223
	Charles Schwab Corp	Bond, 2.20%, maturing 7/25/18, \$5,000 par value	4,999	5,121

GMP - BUFFALO CHINA, INC. PENSION PLAN FOR EMPLOYEES WHO ARE MEMBERS OF LOCAL 76A

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

Plan No. 003

Employer Identification No. 16-0979731

January 31, 2015

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
<u>Corporate and Foreign Bonds, Continued</u>				
	Comcast Corp	Bond, 6.30%, maturing 11/15/17, \$30,000 par value	33,983	34,118
	Comerica Inc	Bond, 3.00%, maturing 9/16/15, \$25,000 par value	25,200	25,339
	CVS Caremark Corp	Bond, 5.75%, maturing 6/1/17, \$6,000 par value	6,558	6,642
	Digital Realty LP	Bond, 3.625%, maturing 10/1/22, \$10,000 par value	9,569	10,180
	Ecolab Inc	Bond, 3.00%, maturing 12/8/16, \$10,000 par value	10,315	10,355
	Exxon Mobil Corp	Bond, 1.819%, maturing 3/15/19, \$10,000 par value	10,000	10,238
	FedEx Corp	Bond, 2.625%, maturing 8/1/22, \$5,000 par value	5,001	5,029
	Fifth Third Bancorp	Bond, 1.35%, maturing 6/1/17, \$5,000 par value	4,998	5,021
	Fifth Third Bancorp	Bond, 4.30%, maturing 1/16/24, \$5,000 par value	4,987	5,418
	Fifth Third Bk V-Q	Bond, 0.6671%, maturing 12/20/16, \$5,000 par value	4,900	4,971
	Ford Motor Cred V-Q	Bond, 1.0699%, maturing 3/12/19, \$5,000 par value	5,000	4,954
	FPL Group Captl	Bond, 7.875%, maturing 12/15/15, \$19,000 par value	19,000	20,153
	Gen Elec Cap Crp Mtn	Bond, 5.50%, maturing 1/8/20, \$10,000 par value	11,438	11,726
	Goldman Sachs GP Mtn	Bond, 5.375%, maturing 3/15/20, \$15,000 par value	16,861	17,169
	Goldman Sachs V-Q	Bond, 1.454%, maturing 4/30/18, \$5,000 par value	5,000	5,061
	Google Inc	Bond, 2.125%, maturing 5/19/16, \$35,000 par value	35,808	35,800
	Hartford Finl Svcs	Bond, 5.50%, maturing 10/15/16, \$5,000 par value	5,334	5,351
	HCP Inc	Bond, 3.75%, maturing 2/1/19, \$10,000 par value	10,443	10,636
	HCP Inc	Bond, 4.20%, maturing 3/1/24, \$10,000 par value	9,958	10,716
	Health Care REIT	Bond, 4.95%, maturing 1/15/21, \$10,000 par value	11,004	11,257
	Hess Corp	Bond, 1.30%, maturing 6/15/17, \$5,000 par value	4,994	4,944
	HSBC USA Inc	Bond, 2.625%, maturing 9/24/18, \$5,000 par value	4,991	5,183

(Continued)

GMP - BUFFALO CHINA, INC. PENSION PLAN FOR EMPLOYEES WHO ARE MEMBERS OF LOCAL 76A

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

Plan No. 003

Employer Identification No. 16-0979731

January 31, 2015

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
<u>Corporate and Foreign Bonds, Continued</u>				
	Husky Energy Inc	Bond, 6.15%, maturing 6/15/19, \$10,000 par value	11,331	11,264
	Illinois Tool Wk	Bond, 3.50%, maturing 3/1/24, \$10,000 par value	10,311	10,747
	John Deere Cap Mtn	Bond, 1.85%, maturing 9/15/16, \$15,000 par value	15,279	15,299
	JPMorgan Chase	Bond, 4.95%, maturing 3/25/20, \$15,000 par value	16,671	16,947
	JPMorgan Chase & Co	Bond, 3.375%, maturing 5/1/23, \$5,000 par value	4,973	4,984
	JPMorgan Chase Mtn	Bond, 1.35%, maturing 2/15/17, \$5,000 par value	4,998	5,015
	Key Bank NA	Bond, 2.50%, maturing 12/15/19, \$5,000 par value	4,998	5,140
	Key Bank Natl Mtn	Bond, 5.45%, maturing 3/3/16, \$5,000 par value	5,230	5,250
	Kroger Co	Bond, 2.30%, maturing 1/15/19, \$5,000 par value	4,993	5,091
	L-3 Comms Corp	Bond, 4.75%, maturing 7/15/20, \$5,000 par value	5,396	5,457
	Lincoln National	Bond, 6.25%, maturing 2/15/20, \$10,000 par value	11,618	11,825
	Lincoln Natl Crp	Bond, 8.75%, maturing 7/1/19, \$10,000 par value	12,434	12,729
	Mack-Cali Realty	Bond, 2.50%, maturing 12/15/17, \$20,000 par value	20,234	20,059
	Mckesson Corp V-Q	Bond, 0.6376%, maturing 9/10/15, \$5,000 par value	5,000	5,001
	Medco Health	Bond, 4.125%, maturing 9/15/20, \$10,000 par value	10,839	10,889
	MetLife Inc	Bond, 6.75%, maturing 6/1/16, \$10,000 par value	10,743	10,769
	Morgan Stan Mtn V-Q	Bond, 0.9971%, maturing 7/23/19, \$5,000 par value	5,000	4,950
	Norfolk Southern	Bond, 2.903%, maturing 2/15/23, \$10,000 par value	10,175	10,241
	Novartis Capital	Bond, 3.40%, maturing 5/6/24, \$5,000 par value	4,964	5,413
	Oracle Corp	Bond, 2.80%, maturing 7/8/21, \$5,000 par value	5,142	5,218
	PNC Financial	Bond, 3.90%, maturing 4/29/24, \$15,000 par value	15,280	15,889
	Procter & Gamble Co	Bond, 1.45%, maturing 8/15/16, \$15,000 par value	15,202	15,219

(Continued)

GMP - BUFFALO CHINA, INC. PENSION PLAN FOR EMPLOYEES WHO ARE MEMBERS OF LOCAL 76A

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

Plan No. 003

Employer Identification No. 16-0979731

January 31, 2015

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
<u>Corporate and Foreign Bonds, Continued</u>				
	Schwab Charles	Bond, 0.85%, maturing 12/4/15, \$10,000 par value	10,000	10,030
	Suntrust Bank V-Q	Bond, 0.522%, maturing 8/24/15, \$10,000 par value	9,830	9,995
	Suntrust Banks	Bond, 2.50%, maturing 5/1/19, \$10,000 par value	9,991	10,214
	Textron Inc	Bond, 4.30%, maturing 3/1/24, \$10,000 par value	10,665	10,816
	Thermo Fisher Sci	Bond, 2.25%, maturing 8/15/16, \$15,000 par value	15,245	15,262
	Time Warner Inc	Bond, 2.10%, maturing 6/1/19, \$10,000 par value	9,995	10,080
	Total Capital V-Q	Bond, 0.59535%, maturing 6/19/19, \$10,000 par value	10,000	9,935
	Ventas Realty LP	Bond, 2.00%, maturing 2/15/18, \$5,000 par value	4,905	5,049
	Viacom Inc	Bond, 2.20%, maturing 4/1/19, \$5,000 par value	4,997	5,029
	Vornado Rlty LP	Bond, 5.00%, maturing 1/15/22, \$5,000 par value	5,424	5,624
	Walgreen Co	Bond, 1.80%, maturing 9/15/17, \$5,000 par value	5,034	5,055
	Walgreens Boots V-Q	Bond, 0.6821%, maturing 5/18/16, \$5,000 par value	5,000	5,001
	Walt Disney Co Mtn	Bond, 1.35%, maturing 8/16/16, \$15,000 par value	15,181	15,183
	Waste Management Inc	Bond, 2.60%, maturing 9/1/16, \$10,000 par value	10,230	10,249
	Wellpoint Inc	Bond, 3.70%, maturing 8/15/21, \$25,000 par value	26,316	26,777
	Wells Fargo Co V-Q	Bond, 0.786%, maturing 7/20/16, \$10,000 par value	10,000	10,033
			<u>795,957</u>	<u>807,532</u>
<u>Common Stocks</u>				
	Air Products & Chemicals Inc	Common Stock, 322 shares	30,988	46,886
	Scotts Miracle-Gro Company	Common Stock, 515 shares	31,197	32,666
	Danaher Corp Com	Common Stock, 600 shares	35,043	49,428

GMP - BUFFALO CHINA, INC. PENSION PLAN FOR EMPLOYEES WHO ARE MEMBERS OF LOCAL 76A

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

Plan No. 003

Employer Identification No. 16-0979731

January 31, 2015

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	<u>Common Stocks, Continued</u>			
	Delta Air Lines Inc	Common Stock, 575 shares	23,414	27,203
	FedEx Corp Com	Common Stock, 230 shares	36,354	38,895
	General Electric Company	Common Stock, 1,645 shares	36,129	39,299
	Union Pacific Corp Com	Common Stock, 262 shares	14,515	30,709
	United Technologies Corp Com	Common Stock, 269 shares	21,552	30,876
	Vodafone Group Spons ADR	Common Stock, 531 shares	26,062	18,654
	Coach Inc Common	Common Stock, 529 shares	30,047	19,674
	Comcast Corp New A	Common Stock, 915 shares	26,537	48,628
	Disney Walt Co	Common Stock, 640 shares	55,700	58,214
	Lowes Companies Inc	Common Stock, 440 shares	19,353	29,814
	Nike Inc Cl B	Common Stock, 360 shares	27,557	33,210
	Nordstrom Inc Com	Common Stock, 405 shares	30,453	30,861
	Priceline.com Incorporated	Common Stock, 20 shares	16,887	20,190
	Starbucks Corp Com	Common Stock, 443 shares	25,020	38,776
	Anheuser-Busch Inbev NV	Common Stock, 350 shares	35,925	42,725
	CVS Health Corporation	Common Stock, 485 shares	43,685	47,608
	Dr Pepper Snapple Group Inc	Common Stock, 555 shares	41,933	42,885
	Pepsico Inc Com	Common Stock, 500 shares	31,805	46,890
	Philip Morris Intl Inc	Common Stock, 240 shares	15,351	19,258
	California Resources Corp	Common Stock, 4 shares	32	20
	Chevron Corp	Common Stock, 365 shares	35,954	37,423
	Exxon Mobil Corp	Common Stock, 325 shares	29,830	28,412

(Continued)

GMP - BUFFALO CHINA, INC. PENSION PLAN FOR EMPLOYEES WHO ARE MEMBERS OF LOCAL 76A

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

Plan No. 003

Employer Identification No. 16-0979731

January 31, 2015

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	<u>Common Stocks, Continued</u>			
	Kinder Morgan Inc	Common Stock, 490 shares	19,519	20,115
	Occidental Petroleum Corp Common	Common Stock, 435 shares	38,004	34,800
	Ace Limited	Common Stock, 355 shares	40,040	38,326
	American Tower Corp Cl A	Common Stock, 447 shares	34,442	43,337
	Citigroup Inc	Common Stock, 770 shares	37,681	36,152
	JPMorgan Chase & Co	Common Stock, 955 shares	36,488	51,933
	Metlife Inc	Common Stock, 360 shares	10,527	16,740
	PNC Financial Services Group Inc	Common Stock, 431 shares	31,942	36,437
	T. Rowe Price Group Inc Common	Common Stock, 420 shares	21,037	33,062
	Wells Fargo & Co	Common Stock, 1,105 shares	39,553	57,372
	Amgen Inc Com	Common Stock, 190 shares	13,254	28,929
	Biogen Idec Inc	Common Stock, 94 shares	28,501	36,581
	Express Scripts Holding C	Common Stock, 496 shares	24,903	40,032
	Gilead Sciences Inc Com	Common Stock, 365 shares	29,317	38,263
	Johnson & Johnson	Common Stock, 275 shares	17,192	27,539
	Merck & Co Inc	Common Stock, 875 shares	38,470	52,745
	Regeneron Pharmaceuticals	Common Stock, 90 shares	27,465	37,499
	Zoetis Inc	Common Stock, 457 shares	14,013	19,528
	Analog Devices Inc	Common Stock, 365 shares	19,715	19,018
	Apple Inc	Common Stock, 1,155 shares	27,602	135,320
	Cisco Systems Inc	Common Stock, 1,130 shares	25,936	29,792
	EMC Corp Mass Com	Common Stock, 705 shares	17,746	18,281

(Continued)

GMP - BUFFALO CHINA, INC. PENSION PLAN FOR EMPLOYEES WHO ARE MEMBERS OF LOCAL 76A

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

Plan No. 003

Employer Identification No. 16-0979731

January 31, 2015

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
<u>Common Stocks, Continued</u>				
	Google Inc Cl A	Common Stock, 65 shares	19,664	34,941
	Google Inc Class C	Common Stock, 65 shares	19,715	34,744
	Mastercard Inc Cl A	Common Stock, 500 shares	37,784	41,014
	Oracle Corporation Com	Common Stock, 1,220 shares	33,185	51,105
	Qualcomm Inc Com	Common Stock, 495 shares	22,328	30,917
			<u>1,447,346</u>	<u>1,903,726</u>
<u>Mutual Funds</u>				
	FPA New Income Fund	Mutual Fund, 27,061 shares	277,269	274,943
	Ridgeworth SEIX Floating Rate High Income	Mutual Fund, 19,534 shares	171,674	170,726
	Scout Unconstrained Bond	Mutual Fund, 14,524 shares	171,920	160,059
	Diamond Hill Large Cap	Mutual Fund, 19,217 shares	420,823	416,231
	LSV Value Equity Fund Strategy	Mutual Fund, 17,314 shares	272,845	396,327
	MSIF Growth Portfolio	Mutual Fund, 34,403 shares	1,134,627	1,346,185
	MSIF Small Company Growth	Mutual Fund, 23,503 shares	449,173	370,647
	T. Rowe Price Institutional Large Cap Growth	Mutual Fund, 31,915 shares	651,641	872,555
	Vanguard S/C Value Index	Mutual Fund, 223 shares	9,168	9,774
*	Wilmington Mid Cap Growth Fund	Mutual Fund, 9,277 shares	123,677	157,426
	IShares Global Energy ETF	Mutual Fund, 2,201 shares	82,983	77,871
	IShares Russell Mid-Cap ETF	Mutual Fund, 1,966 shares	330,144	323,525
	IShares Russell 2000 ETF	Mutual Fund, 7,840 shares	931,880	907,088
	Vanguard REIT ETF	Mutual Fund, 1,665 shares	107,543	144,106

GMP - BUFFALO CHINA, INC. PENSION PLAN FOR EMPLOYEES WHO ARE MEMBERS OF LOCAL 76A

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

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<u>Mutual Funds, Continued</u>				
	SPDR DJ International Real Estate ETF	Mutual Fund, 2,616 shares	110,126	112,645
	Harbor International Fund	Mutual Fund, 9,761 shares	572,874	631,463
	Litman Gregory Masters International	Mutual Fund, 18,797 shares	258,064	325,748
	MFS International New Discovery	Mutual Fund, 4,880 shares	136,447	135,671
	Wells Fargo Adv Emerging Market	Mutual Fund, 5,437 shares	119,051	112,764
			<u>6,331,929</u>	<u>6,945,754</u>
			<u>\$ 10,092,758</u>	<u>\$ 11,217,666</u>

* Party-in-interest as defined by ERISA

See accompanying independent auditor's report.