Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
RETIREMENT INCOME PLAN FOR EMPLOYEES OF BUFFALO CHINA, INC. AND ALLEGHENY BUFFALO CHINA, INC.

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1956

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

519 N. PIERCE AVENUE
LANCASTER, OH 43130

2b Employer Identification Number (EIN)
16-0979731

2c Plan Sponsor's telephone number
740-681-6122

2d Business code (see instructions)
423990

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.	11/12/2015	JEFF VOGEL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	169
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	0
a(2) Total number of active participants at the end of the plan year	**6a(2)**	0
b Retired or separated participants receiving benefits	**6b**	66
c Other retired or separated participants entitled to future benefits	**6c**	92
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	158
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	6
f Total. Add lines **6d** and **6e**.	**6f**	164
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 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)	[X]	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)	[X]	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)	[X]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[X]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[ ]	0	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[ ]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 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
RETIREMENT INCOME PLAN FOR EMPLOYEES OF BUFFALO CHINA, INC. AND ALLEGHENY BUFFALO CHINA, INC.

B Three-digit plan number (PN) ▶ 001

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: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 02 Day 01 Year 2014

2 Assets:

a Market value	**2a**	8857882
b Actuarial value	**2b**	8857882

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	71	4793350	4793350
b For terminated vested participants	96	4064508	4064508
c For active participants	0	0	0
d Total	167	8857858	8857858

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**	6.51%
6 Target normal cost	**6**	105000

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

Signature of actuary — Date: 11/10/2015

SHEILA L. YOENSKY, A.S.A., E.A. — Type or print name of actuary

14-05276 — Most recent enrollment number

HARBRIDGE CONSULTING GROUP, L.L.C. — Firm name

315-703-8923 — Telephone number (including area code)

ONE LINCOLN CENTER, 12TH FLOOR
SYRACUSE, NY 13202-9972

Address of the firm

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

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 13.56%	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)		3580
	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 6.71 %		240
	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		3820
	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	100.00 %
15	Adjusted funding target attainment percentage	15	100.00 %
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	93.23 %
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
10/16/2014	72851	0			
03/02/2015	26320	0			
10/15/2015	12665	0			
			Totals ► 18(b)	111836	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	104976

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [X] 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:	2nd segment:	3rd segment:	
4.99 %	6.32 %	6.99 %	☐ N/A, full yield curve used

b Applicable month (enter code) — **21b**: 0

22 Weighted average retirement age — **22**: 65

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**	105000
b Excess assets, if applicable, but not greater than line 31a	**31b**	24

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**	104976

	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**	104976
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	104976

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**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☒ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☒ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

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

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

A Name of plan
RETIREMENT INCOME PLAN FOR EMPLOYEES OF BUFFALO CHINA, INC. AND ALLEGHENY BUFFALO CHINA, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BUFFALO CHINA, INC.

D Employer Identification Number (EIN)
16-0979731

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

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

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

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	38813	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	16900	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

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

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

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

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

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

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

(complete as many entries as needed)

a	Name:	**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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

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

A Name of plan
RETIREMENT INCOME PLAN FOR EMPLOYEES OF BUFFALO CHINA, INC. AND ALLEGHENY BUFFALO CHINA, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BUFFALO CHINA, INC.

D Employer Identification Number (EIN)
16-0979731

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	93188	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	398694	38984
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	7510	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	446263
(2) U.S. Government securities	1c(2)	451727	814081
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	511216	608005
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	1311018	1465966
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6102454	5514567
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	8875807	8887866
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 through1j)	1k	7720	8250
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	8868087	8879616

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)	111835	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		111835
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)	9420	
(C) Corporate debt instruments	2b(1)(C)	15823	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		25243
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	31991	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	70386	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		102377
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	957679	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	924674	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		33005
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	140060	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		140060

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		210881
c Other income	2c		191
d Total income. Add all **income** amounts in column (b) and enter total	2d		623592
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	503651	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		503651
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	16900	
(2) Contract administrator fees	2i(2)	8000	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	83512	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		108412
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		612063
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		11529
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: 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:

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

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

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

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

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

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

Part V Trust Information (optional)

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

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

A Name of plan
RETIREMENT INCOME PLAN FOR EMPLOYEES OF BUFFALO CHINA, INC. AND ALLEGHENY BUFFALO CHINA, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BUFFALO CHINA, INC.

D Employer Identification Number (EIN)
16-0979731

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

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** 0

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

RETIREMENT INCOME PLAN FOR EMPLOYEES OF BUFFALO CHINA, INC.

Financial Statements and Supplemental Schedules

January 31, 2015 and 2014

RETIREMENT INCOME PLAN FOR EMPLOYEES OF BUFFALO CHINA, INC.

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Fust Charles Chambers LLP
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the EveryWare Global Benefits Committee and
Plan Administrator of the Retirement Income Plan
for Employees of Buffalo China, Inc.:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Retirement Income Plan for Employees of Buffalo China, Inc. (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)

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

RETIREMENT INCOME PLAN FOR EMPLOYEES OF BUFFALO CHINA, INC.

Statements of Net Assets Available for Benefits

January 31, 2015 and 2014

	2015	2014
Assets:		
Investments, at fair value:		
Money market account	$ 447,186	93,188
Mutual funds	5,514,567	6,102,454
U.S. treasury obligations	814,081	451,727
Corporate and foreign bonds	608,005	511,216
Common stocks	1,465,966	1,311,018
Total investments	8,849,805	8,469,603
Receivables:		
Employer contributions	38,985	398,694
Accrued interest	-	7,510
Total receivables	38,985	406,204
Total assets	8,888,790	8,875,807
Liabilities:		
Accrued administrative expenses	8,250	7,720
Accrued other payables	924	-
Total liabilities	9,174	7,720
Net assets available for benefits	$ 8,879,616	8,868,087

See accompanying notes to the financial statements.

RETIREMENT INCOME PLAN FOR EMPLOYEES OF BUFFALO CHINA, INC.

Statements of Changes in Net Assets Available for Benefits

Years ended January 31, 2015 and 2014

	2015	2014
Additions:		
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	$ 384,137	843,277
Interest and dividends	127,621	166,819
	511,758	1,010,096
Employer contributions	111,836	398,694
Total additions	623,594	1,408,790
Deductions:		
Deductions from net assets attributed to:		
Benefits paid to participants	503,651	478,293
Administrative expenses	108,414	105,603
Total deductions	612,065	583,896
Net increase	11,529	824,894
Net assets available for benefits:		
Beginning of year	8,868,087	8,043,193
End of year	$ 8,879,616	8,868,087

See accompanying notes to the financial statements.

RETIREMENT INCOME PLAN FOR EMPLOYEES OF BUFFALO CHINA, INC.

Notes to Financial Statements

January 31, 2015 and 2014

(1) Description of Plan

The following description of the Retirement Income Plan for Employees of Buffalo China, Inc. (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 salaried employees 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. On June 7, 2004, the Plan was frozen. Accordingly, all individuals hired subsequent to this date are not eligible to participate in the Plan. Furthermore, no participant shall be credited with a year of credited service with respect to service performed on or after June 7, 2004. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

(b) Pension Benefits

Retirement benefits are based upon a participant's salary and length of service. The basic form of benefits under the Plan are a straight-life annuity and a joint and survivor annuity. Various optional forms of payment under the Plan may be elected by participants with spousal approval. If employees terminate before rendering five years of continuous service, they forfeit the right to receive the benefits accumulated.

Normal retirement is any day of any month which is coincident with or immediately following the participant's 65th birthday. An employee can continue employment and postpone retirement indefinitely, subject to the provisions of mandatory retirement dates.

A participant with five or more years of service may elect early retirement upon or after reaching age 55. The annual benefit of a participant electing an early retirement date represents a reduction from the normal benefit based on the number of months retirement preceding the participant's 65th birthday.

The Plan also provides for a vested termination pension for participants terminated after having completed five or more years of service. The benefit is similar to that of early retirement.

(Continued)

(1) Description of Plan, Continued

(c) Death and Disability Benefits

If a vested participant dies before the participant annuity start date and is survived by a spouse to whom the participant was legally married for at least twelve months on the date of the participant's death, the participant's accrued benefit shall be paid to such surviving spouse in the form of a pre-retirement survivor annuity, which shall be fully subsidized by the Plan and cannot be waived by the participant. No other pre-retirement death benefit shall be payable under the Plan.

(d) Vesting

Employees shall be entitled to a vested right in their accrued retirement benefits when they have five or more years of service.

(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.

(Continued)

(2) Summary of Significant Accounting Policies, Continued

(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.

(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 and non-annuitants with projected mortality improvements using Scale AA), (b) retirement age assumptions (the assumed average retirement age was 65), (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.

(Continued)

(2) Summary of Significant Accounting Policies, Continued

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

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

	2014	2013
Vested benefits:		
Participants currently receiving benefits	$ 4,242,941	3,961,831
Other vested participants	3,307,819	3,510,524
Total actuarial present value of accumulated plan benefits	$ 7,550,760	7,472,355

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

	2014	2013
Actuarial present value of accumulated plan benefits as of the beginning of the year	$ 7,472,355	7,265,950
Change during the year attributable to:		
Increase for interest due to the decrease in the discount period	578,657	562,819
Changes in actuarial assumptions	14,330	14,373
Benefits accumulated, including actuarial gain or loss	(36,289)	90,630
Benefits paid	(478,293)	(461,417)
Net increase	78,405	206,405
Actuarial present value of accumulated plan benefits as of the end of the year	$ 7,550,760	7,472,355

(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.

(Continued)

(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 2015 and 2014, the Plan sponsor made contributions of $111,836 and $398,694, respectively. 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.

(Continued)

(5) Investments

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

	2015		2014	
	Number of shares	Fair value	Number of shares	Fair value
T. Rowe Price Large Cap Growth	25,358	$ 693,276	20,692	$ 558,674
Harbor International Fund	7,749	501,307	7,317	494,073
MSIF Growth Portfolio	27,322	1,069,111	-	-
IShares Russell 2000 ETF	6,233	721,158	-	-
Wilmington Prime Money Market Fund	447,186	447,186	-	-
LSV Value Equity	-	-	27,229	562,820
Morgan Stanley Focus Growth Fund	-	-	10,819	585,868
Diamond Hill Large Cap	-	-	21,574	448,308
MSIF Small Company Growth	-	-	33,907	683,224

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:

	2015	2014
Mutual funds	$ 210,881	683,821
U.S. treasury obligations	17,476	(9,160)
U.S. government agency obligations	-	(3,029)
Corporate and foreign bonds	3,560	(14,268)
Common stocks	152,220	185,913
	$ 384,137	843,277

(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 under the FASB ASC 820 are described as follows:

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

(Continued)

(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.

(Continued)

(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:

	Assets at fair value as of January 31, 2015			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Domestic equity	$ 2,834,684	-	-	2,834,684
International equity	1,047,450	-	-	1,047,450
Closed end equity	1,154,873	-	-	1,154,873
Fixed income	477,560	-	-	477,560
Total mutual funds	5,514,567	-	-	5,514,567
Money market account	-	447,186	-	447,186
U.S. treasury obligations	-	814,081	-	814,081
Corporate and foreign bonds	-	608,005	-	608,005
Common stocks:				
Materials	61,338	-	-	61,338
Industrials	167,037	-	-	167,037
Consumer discretionary	214,962	-	-	214,962
Consumer staples	153,068	-	-	153,068
Energy	92,367	-	-	92,367
Financials	241,610	-	-	241,610
Healthcare	216,676	-	-	216,676
Information technology	304,540	-	-	304,540
Telecommunication Services	14,368	-	-	14,368
Total common stocks	1,465,966	-	-	1,465,966
Total assets at fair value	$ 6,980,533	1,869,272	-	8,849,805

(Continued)

(6) Fair Value Measurements, Continued

	Assets at fair value as of January 31, 2014			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Domestic equity	$ 3,635,943	-	-	3,635,943
International equity	1,387,706	-	-	1,387,706
Closed end equity	107,038	-	-	107,038
Fixed income	971,767	-	-	971,767
Total mutual funds	6,102,454	-	-	6,102,454
Money market account	-	93,188	-	93,188
U.S. treasury obligations	-	451,727	-	451,727
Corporate and foreign bonds	-	511,216	-	511,216
Common stocks:				
Materials	25,969	-	-	25,969
Industrials	181,893	-	-	181,893
Consumer discretionary	153,120	-	-	153,120
Consumer staples	119,236	-	-	119,236
Energy	130,414	-	-	130,414
Financials	211,724	-	-	211,724
Healthcare	230,466	-	-	230,466
Information technology	230,401	-	-	230,401
Telecommunication Services	27,795	-	-	27,795
Total common stocks	1,311,018	-	-	1,311,018
Total assets at fair value	$ 7,413,472	1,056,131	-	8,469,603

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 evaluated 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.

(Continued)

(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:

	January 31, 2015	January 31, 2014
Investments, at fair value	$ 8,849,805	8,469,603
Accrued interest	$ -	7,510

	Year ended January 31, 2015	Year ended January 31, 2014
Investment income:		
Net appreciation in fair value of investments	384,137	843,277
Interest and dividends	127,621	166,819
	$ 511,758	1,010,096

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 March 9, 2010, 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, believe 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.

(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 $41,300 and $45,600, 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	$	8,868,087
Plus current year accrued administrative expenses		7,720
Net assets available for benefits per the Form 5500	$	8,875,807

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

Net increase per the financial statements	$	824,894
Plus current year accrued administrative expenses		7,720
Less prior year accrued administrative expenses		(7,477)
Net income per the Form 5500	$	825,137

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.

Cost Method: As required by PPA, the Traditional Unit Credit Cost Method is 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
6.51%

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.

Retirement Incidence: Employees were assumed to retire at age 65 or attained age if higher.

Turnover: Rates of turnover were assumed as follows:

Age	Rate
25	7.75%
35	5.00%
45	2.50%
55	0.00%
65	0.00%

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.

Spouse Assumptions: 100% of participants not currently collecting benefits are assumed to be married, with male and female spouses assumed to be the same age as the participant.

Disability: Rates of disablement were not assumed.

Post-Disablement Mortality: Rates of disablement were not assumed.

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 Present Value of Benefits remain the same as described for the Funding Target Liability above.

RETIREMENT INCOME PLAN FOR EMPLOYEES OF BUFFALO CHINA, INC.

Schedule H, line 4j - Schedule of Reportable Transactions

Plan No. 001

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)
Single transaction in Excess of 5% of Plan Assets								
Ishares Russell 2000 ETF	Mutual Fund	$ 740,868	-	-	-	740,868	740,868	-
Wilmington Prime Money Market Fund	Money Market Fund	755,112	-	-	-	755,112	755,112	-
Wilmington Prime Money Market Fund	Money Market Fund	709,082	-	-	-	709,082	709,082	-
Wilmington Prime Money Market Fund	Money Market Fund	-	748,745	-	-	748,745	748,745	-
Series of security transactions in Excess of 5% of Plan Assets								
MSIF Small Company Growth	Mutual Fund	76,577	357,000	-	-	545,267	478,577	(66,690)
Vanguard S/C Value Index	Mutual Fund	7,797	448,515	-	-	411,645	456,312	44,667
Wilmington Prime Money Market Fund	Money Market Fund	3,403,354	3,049,352	-	-	6,452,706	6,452,706	-

See accompanying independent auditor's report.

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

▶ **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 RETIREMENT INCOME PLAN FOR EMPLOYEES OF BUFFALO CHINA, INC. AND ALLEGHENY BUFFALO CHINA, INC.	**B** Three-digit plan number (PN) ▶ 001
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: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 02 Day 01 Year 2014

2 Assets:

a Market value	2a	8857882
b Actuarial value	2b	8857882

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	71	4793350	4793350
b For terminated vested participants	96	4064508	4064508
c For active participants	0	0	0
d Total	167	8857858	8857858

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	6.51%
6 Target normal cost	6	105000

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

Sheila L Yoensky — Signature of actuary

11/10/15 — Date

SHEILA L. YOENSKY, A.S.A., E.A. — Type or print name of actuary

1405276 — Most recent enrollment number

HARBRIDGE CONSULTING GROUP, L.L.C. — Firm name

315-703-8923 — Telephone number (including area code)

ONE LINCOLN CENTER, 12TH FLOOR

SYRACUSE NY 13202-9972 — Address of the firm

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

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 13.56 %	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)		3580
	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 6.71%		240
	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		3820
	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	100.00 %
15	Adjusted funding target attainment percentage	15	100.00 %
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	93.23 %
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
10/16/2014	72851	0			
03/02/2015	26320	0			
10/15/2015	12665	0			
		Totals ► 18(b)	111836	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	104976

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [X] 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:	2nd segment:	3rd segment:	
4.99%	6.32%	6.99%	☐ N/A, full yield curve used

b Applicable month (enter code)	21b	0
22 Weighted average retirement age	22	65

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	105000
b Excess assets, if applicable, but not greater than line 31a	31b	24

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	104976

	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	104976
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	104976
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	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected	☐ 2 plus 7 years	☒ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☒ 2010	☐ 2011

42 Amount of acceleration adjustment	42	
43 Excess installment acceleration amount to be carried over to future plan years	43	

The Retirement Income Plan for Employees of Buffalo China, Inc. and Allegheny Buffalo China, Inc.
Schedule SB, Line 22 - Description of Weighted Average Retirement Age
EIN/PN: 16-0979731/001

All participants were assumed to retire at age 65.

The Retirement Income Plan for Employees of Buffalo China, Inc. and Allegheny Buffalo China, Inc.
Schedule SB, Line 19 - Discounted Employer Contributions
EIN/PN: 16-0979731/001

Date Due	Date Made	Plan year	Contribution Amount	Applicable Effective Interest Rate	Interest Adjusted Contribution
05/15/2014	10/15/2014	2014	$23,620	11.51%	$22,154
08/15/2014	10/15/2014	2014	$23,620	11.51%	$22,415
11/15/2014	10/15/2014	2014	$23,620	6.51%	$22,588
02/15/2015	10/15/2014	2014	$1,991	6.51%	$1,904
02/15/2015	03/02/2015	2014	$21,629	11.51%	$20,163
10/15/2015	03/02/2015	2014	$4,691	6.51%	$4,381
10/15/2015	10/15/2015	2014	$12,665	6.51%	$11,371
Totals			$111,836		$104,976

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

February 1, 1956 as amended and restated through February 1, 1989.

Eligibility:

Participation

Salaried Employees who have attained age 21 and completed one year of service. Participation was frozen as of June 7, 2004.

Amount of Pension:

Normal Retirement

A monthly benefit equal to (a) plus (b), but not greater than (c), where:

(a) is 1.25 percent of high three year average monthly compensation times years of service
(b) is 0.65 percent of average monthly compensation in excess of $350.00 times years of service up to a maximum of 35 years, and
(c) is the greater of $750.00 or 1 percent of average monthly compensation multiplied by years of service up to 230.

Benefit accruals were frozen as of June 7, 2004.

Early Retirement

The accrued benefit is available after age 55 with 5 years of service. The benefit payable immediately is equal to the accrued benefit reduced .41667 percent for each month prior to normal retirement date.

Termination of Employment

Full vesting is available after 5 years of service.

Pre-Retirement Survivor Annuity

Available to Members with 5 of more years of service on an approximately actuarially equivalent basis.

RETIREMENT INCOME PLAN FOR EMPLOYEES OF BUFFALO CHINA, INC.

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

Plan No. 001

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
	Money Market Account			
*	Wilmington Prime Money Market Fund	Money Market Fund, 447,186 shares	447,186	447,186
	U.S. Treasury Obligations			
	U.S. Treasury notes	Notes, 1.75%, maturing 5/15/23, $15,000 par value	14,607	15,176
	U.S. Treasury notes	Notes, 0.50%, maturing 6/30/16, $10,000 par value	9,997	10,029
	U.S. Treasury notes	Notes, 0.625%, maturing 2/15/17, $50,000 par value	49,895	50,121
	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, $100,000 par value	99,762	100,332
	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 12/31/17, $100,000 par value	99,875	99,953
	U.S. Treasury notes	Notes, 0.875%, maturing 4/30/17, $20,000 par value	20,052	20,147
	U.S. Treasury notes	Notes, 0.875%, maturing 10/15/17, $40,000 par value	40,071	40,194
	U.S. Treasury notes	Notes, 0.875%, maturing 11/15/17, $5,000 par value	4,984	5,021
	U.S. Treasury notes	Notes, 1.125%, maturing 3/31/20, $50,000 par value	53,271	49,719
	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 11/30/19, $10,000 par value	9,975	10,151
	U.S. Treasury notes	Notes, 1.50%, maturing 12/31/18, $20,000 par value	19,969	20,366
	U.S. Treasury notes	Notes, 1.625%, maturing 3/31/19, $5,000 par value	4,973	5,113
	U.S. Treasury notes	Notes, 1.875%, maturing 6/30/20, $55,000 par value	54,687	56,740
	U.S. Treasury notes	Notes, 2.25%, maturing 11/15/24, $100,000 par value	100,782	105,125
	U.S. Treasury notes	Notes, 2.375%, maturing 5/31/18, $35,000 par value	35,222	36,701
	U.S. Treasury notes	Notes, 2.375%, maturing 8/15/24, $20,000 par value	19,855	21,244
	U.S. Treasury notes	Notes, 2.375%, maturing 12/31/20, $5,000 par value	5,055	5,284
	U.S. Treasury notes	Notes, 2.50%, maturing 5/15/24, $15,000 par value	14,992	16,090

(Continued)

RETIREMENT INCOME PLAN FOR EMPLOYEES OF BUFFALO CHINA, INC.

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

Plan No. 001

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.S. Treasury Obligations, Continued			
	U.S. Treasury notes	Notes, 2.75%, maturing 11/15/23, $10,000 par value	10,017	10,928
	U.S. Treasury notes	Notes, 3.375%, maturing 11/15/19, $55,000 par value	54,914	60,663
	U.S. Treasury notes	Notes, 3.625%, maturing 2/15/20, $20,000 par value	19,912	22,370
	U.S. Treasury notes	Notes, 3.875%, maturing 5/15/18, $25,000 par value	24,992	27,443
			792,824	814,081
	Corporate and Foreign Bonds			
	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, $5,000 par value	4,981	5,107
	American Tower Corp	Bond, 5.00%, maturing 2/15/24, $20,000 par value	21,283	21,917
	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, $5,000 par value	5,000	5,000
	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, $5,000 par value	5,092	5,111
	Celgene Corp	Bond, 4.00%, maturing 8/15/23, $10,000 par value	10,318	10,846
	Citigroup Inc	Bond, 1.25%, maturing 1/15/16, $5,000 par value	4,987	5,016

(Continued)

RETIREMENT INCOME PLAN FOR EMPLOYEES OF BUFFALO CHINA, INC.

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

Plan No. 001

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
	Corporate and Foreign Bonds, Continued			
	Comcast Corp	Bond, 6.30%, maturing 11/15/17, $25,000 par value	28,308	28,432
	Consolidated Edison	Bond, 5.50%, maturing 9/15/16, $10,000 par value	10,745	10,755
	Digital Realty LP	Bond, 3.625%, maturing 10/1/22, $5,000 par value	4,785	5,090
	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, $5,000 par value	5,000	5,119
	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	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, $10,000 par value	11,219	11,446
	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, $25,000 par value	25,577	25,571
	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, $5,000 par value	4,979	5,358
	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
	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, $5,000 par value	4,982	5,374
	John Deere Cap Mtn	Bond, 1.85%, maturing 9/15/16, $10,000 par value	10,186	10,200

(Continued)

RETIREMENT INCOME PLAN FOR EMPLOYEES OF BUFFALO CHINA, INC.

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

Plan No. 001

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
	Corporate and Foreign Bonds, Continued			
	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/The	Bond, 2.30%, maturing 1/15/19, $5,000 par value	4,993	5,091
	L-3 Comm 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, $5,000 par value	5,419	5,445
	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, $5,000 par value	5,088	5,121
	PNC Financial	Bond, 3.90%, maturing 4/29/24, $10,000 par value	10,170	10,593
	Procter & Gamble Co	Bond, 1.45%, maturing 8/15/16, $10,000 par value	10,134	10,146
	Schwab Charles	Bond, 0.85%, maturing 12/4/15, $5,000 par value	5,000	5,015
	Suntrust Bank V-Q	Bond, 0.522%, maturing 8/24/15, $5,000 par value	4,915	4,997
	Suntrust Banks	Bond, 2.50%, maturing 5/1/19, $10,000 par value	9,991	10,214
	Thermo Fisher Sci	Bond, 2.25%, maturing 8/15/16, $10,000 par value	10,163	10,175
	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, $5,000 par value	5,000	4,968
	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

(Continued)

RETIREMENT INCOME PLAN FOR EMPLOYEES OF BUFFALO CHINA, INC.

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

Plan No. 001

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
	Corporate and Foreign Bonds, Continued			
	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, $10,000 par value	10,120	10,122
	Waste Management Inc	Bond, 2.60%, maturing 9/1/16, $10,000 par value	10,230	10,248
	Wellpoint Inc	Bond, 3.70%, maturing 8/15/21, $25,000 par value	26,316	26,776
	Wells Fargo Co V-Q	Bond, 0.786%, maturing 7/20/16, $5,000 par value	5,000	5,016
			598,846	608,005
	Common Stocks			
	Air Products & Chemicals Inc	Common Stock, 247 shares	23,771	35,966
	Scotts Miracle-Gro Company	Common Stock, 400 shares	24,238	25,372
	Danaher Corp Com	Common Stock, 460 shares	26,777	37,895
	Delta Air Lines Inc	Common Stock, 440 shares	17,905	20,816
	FedEx Corp Com	Common Stock, 180 shares	28,493	30,440
	General Electric Company	Common Stock, 1,265 shares	27,784	30,221
	Union Pacific Corp Com	Common Stock, 202 shares	11,191	23,676
	United Technologies Corp Com	Common Stock, 209 shares	16,750	23,989
	Vodafone Group Spons Adr	Common Stock, 409 shares	20,074	14,368
	Coach Inc Common	Common Stock, 408 shares	23,175	15,174
	Comcast Corp New A	Common Stock, 705 shares	20,447	37,467
	Disney Walk Co	Common Stock, 495 shares	43,099	45,025
	Lowes Companies Inc	Common Stock, 340 shares	14,959	23,038
	Nike Inc Cl B	Common Stock, 278 shares	21,280	25,646

(Continued)

RETIREMENT INCOME PLAN FOR EMPLOYEES OF BUFFALO CHINA, INC.

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

Plan No. 001

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
	Common Stocks, Continued			
	Nordstrom Inc Com	Common Stock, 310 shares	23,309	23,622
	Priceline.com Incorporated	Common Stock, 15 shares	12,923	15,142
	Starbucks Corp Com	Common Stock, 341 shares	19,252	29,848
	Anheuser-Busch Inbev NV	Common Stock, 270 shares	27,719	32,959
	CVS Health Corporation	Common Stock, 370 shares	33,322	36,319
	Dr Pepper Snapple Group Inc	Common Stock, 425 shares	32,114	32,840
	Pepsico Inc Com	Common Stock, 385 shares	24,490	36,105
	Philip Morris Intl Inc	Common Stock, 185 shares	11,926	14,844
	California Resources Corp	Common Stock, 2 shares	16	10
	Chevron Corp	Common Stock, 280 shares	27,581	28,708
	Exxon Mobil Corp	Common Stock, 250 shares	22,946	21,855
	Kinder Morgan Inc	Common Stock, 375 shares	14,938	15,394
	Occidental Pretroleum Corp Common	Common Stock, 330 shares	28,829	26,400
	Ace Limited	Common Stock, 275 shares	31,017	29,689
	American Tower Corp CL A	Common Stock, 345 shares	26,559	33,448
	Citigroup Inc	Common Stock, 590 shares	28,861	27,701
	JPMorgan Chase & Co	Common Stock, 735 shares	28,072	39,969
	Metlife Inc	Common Stock, 280 shares	8,188	13,020
	PNC Financial Services Group Inc	Common Stock, 332 shares	24,643	28,067
	T. Rowe Price Group Inc Common	Common Stock, 325 shares	16,337	25,584
	Wells Fargo & Co	Common Stock, 850 shares	30,396	44,132
	Amgen Inc Com	Common Stock, 145 shares	10,115	22,078
	Biogen Idec Inc	Common Stock, 73 shares	22,108	28,409
	Express Scripts Holding C	Common Stock, 383 shares	19,250	30,912

(Continued)

RETIREMENT INCOME PLAN FOR EMPLOYEES OF BUFFALO CHINA, INC.

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

Plan No. 001

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
	Common Stocks, Continued			
	Gilead Sciences Inc Com	Common Stock, 280 shares	22,458	29,352
	Johnson & Johnson	Common Stock, 210 shares	13,129	21,029
	Merck & Co Inc	Common Stock, 675 shares	29,680	40,689
	Regeneron Pharmaceuticals	Common Stock, 70 shares	21,353	29,166
	Zoetis Inc	Common Stock, 352 shares	10,797	15,041
	Analog Devices Inc	Common Stock, 280 shares	15,124	14,589
	Apple Inc	Common Stock, 890 shares	21,134	104,272
	Cisco Systems Inc	Common Stock, 870 shares	19,968	22,938
	EMC Corp Mass Com	Common Stock, 545 shares	13,724	14,132
	Google Inc CL A	Common Stock, 50 shares	14,984	26,878
	Google Inc Class C	Common Stock, 50 shares	15,023	26,726
	Mastercard Inc CL A	Common Stock, 385 shares	29,095	31,582
	Oracle Corporation Com	Common Stock, 940 shares	25,605	39,377
	Qualcomm Inc Com	Common Stock, 385 shares	17,476	24,047
			1,114,404	1,465,966
	Mutual Funds			
	Diamond Hill Large Cap	Mutual Fund, 15,267 shares	334,344	330,684
	LSV Value Equity	Mutual Fund, 13,739 shares	212,313	314,485
	MSIF Growth Portfolio	Mutual Fund, 27,322 shares	901,186	1,069,111
	MSIF Small Company Growth	Mutual Fund, 18,637 shares	356,150	293,900
	T. Rowe Price Large Cap Growth	Mutual Fund, 25,358 shares	530,861	693,276
	Vanguard S/C Value Index	Mutual Fund, 171 shares	7,033	7,502

(Continued)

RETIREMENT INCOME PLAN FOR EMPLOYEES OF BUFFALO CHINA, INC.

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

Plan No. 001

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
	Mutual Funds, Continued			
*	Wilmington Mid Cap Growth	Mutual Fund, 7,409 shares	99,988	125,726
	Ishares Global Energy ETF	Mutual Fund, 1,750 shares	66,010	61,915
	Ishares Russell Mid-Cap ETF	Mutual Fund, 1,563 shares	262,674	257,207
	Ishares Russell 2000 ETF	Mutual Fund, 6,233 shares	740,868	721,158
	Vanguard REIT ETF	Mutual Fund, 1,324 shares	85,440	114,592
	SPDR DJ International Real Estate ETF	Mutual Fund, 2,080 shares	87,619	89,565
	Harbor International Fund	Mutual Fund, 7,749 shares	449,001	501,307
	Litman Gregory Masters International	Mutual Fund, 14,935 shares	189,255	258,825
	MFS International New Discovery	Mutual Fund, 3,886 shares	108,681	108,041
	Wells Fargo Adv Emerging Market	Mutual Fund, 4,326 shares	94,535	89,712
	FPA New Income Fund	Mutual Fund, 21,624 shares	221,533	219,705
	Ridgeworth SEIX Floating Rate High Income	Mutual Fund, 14,923 shares	131,255	130,423
	Scout Unconstrained Bond	Mutual Fund, 11,564 shares	136,861	127,433
			5,015,607	5,514,567
			$ 7,968,867	$ 8,849,805

* Party-in-interest as defined by ERISA

See accompanying independent auditor's report.