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

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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
STANGENES INDUSTRIES, INC. PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1976

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

STANGENES INDUSTRIES, INC.

1052 EAST MEADOW CIRCLE
PALO ALTO, CA 94303

2b Employer Identification Number (EIN)
94-2247016

2c Plan Sponsor's telephone number
650-493-0814

2d Business code (see instructions)
333610

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2016	KAREN WARREN
	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)

Preparer's telephone number

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**	189
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)**	155
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	157
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	30
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	187
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	187
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	180
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2J 2F 3D 2G 2K 2T

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(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)** [ ] **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)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
STANGENES INDUSTRIES, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
94-2247016

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA LIFE INS CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0989781	86231	997276	180	01/01/2015	12/31/2015

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
37050	

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

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

JOHN KETTMANN

MERRILL LYNCH LIFE AGENCY INC
4804 DEER LAKE DR E
JACKSONVILLE, FL 32246

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
37050			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	12850014

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☒ other ▶ STABLE VALUE

b	Balance at the end of the previous year			7b	1989332
c	Additions: (1) Contributions deposited during the year	7c(1)	207262		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	25567		
	(4) Transferred from separate account	7c(4)	521355		
	(5) Other (specify below)	7c(5)	212584		
	▶ CONVERSION ASSETS, FORF. CREDITS, LOAN PAYMENTS				
	(6) Total additions			7c(6)	966768
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	2956100
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	488710		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	236553		
	(4) Other (specify below)	7e(4)	79241		
	▶ FORF. AMOUNT, FORF. WITHDRAWALS, FEES, LOAN ISSUED				
	(5) Total deductions			7e(5)	804504
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	2151596

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	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.**	**2015** **This Form is Open to Public Inspection.**

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
STANGENES INDUSTRIES, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
94-2247016

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).. . . . . [X] 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

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

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

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

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

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

(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?
15 37 52 62 64 67	RECORDKEEPER	1130	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

(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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
STANGENES INDUSTRIES, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
STANGENES INDUSTRIES, INC.

D Employer Identification Number (EIN)
94-2247016

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: AEGON BALANCED RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781-119	P	221568

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES BOND RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781-150	P	270603

a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS FORTY RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781-199	P	767796

a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER GLOBAL RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781-216	P	628851

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS MID VALUE RE

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781-427	P	804402

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS CORE BOND RE

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781-435	P	185513

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR SMALL CAP INV OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
39-0989781-445	P	851987

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS FUNDAMENTAL INVESTO

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-009	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 324507

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS GROWTH FUND OF AMER

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-015	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 808258

a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN FLEX CAP GROWTH INV OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-020	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 186175

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL SMALL CAP INDEX RET O

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-033	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 86451

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P MID CAP INDEX RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-036	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 348882

a Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERMAN LARGE CAP VALUE I

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-044	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 74347

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL SMALL CAP VALUE INDEX

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-046	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 167036

a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TARGET RETIREMENT INCO

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-047	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 264307

a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TARGET RETIREMENT 2015

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-048	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1099182

a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TARGET RETIREMENT 2025

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-049	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2222707

a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TARGET RETIREMENT 2035

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-050	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 639121

a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TARGET RETIREMENT 2045

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-051	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 631916

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPACIFIC GROWTH

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-068	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 79371

a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN REAL ESTATE SECURITIES RET

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-075	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 191052

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES INVESTMENT GRADE BON

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-086	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 684299

a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TARGET RETIREMENT 2010

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-109	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 72913

a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TARGET RETIREMENT 2020

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-110	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 331562

a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TARGET RETIREMENT 2030

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-111	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 318809

a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TARGET RETIREMENT 2040

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-112	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12444

a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TARGET RETIREMENT 2050

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-113	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 148785

a Name of MTIA, CCT, PSA, or 103-12 IE: IVY SCIENCE & TECHNOLOGY RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-271	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 135331

a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL JENNISON NATURAL RESOUR

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-272	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32987

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO PRECIOUS METALS RET OP

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-276	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43051

a Name of MTIA, CCT, PSA, or 103-12 IE: FIRST EAGLE OVERSEAS RET OPT

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-291	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 104324

a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER DEVELOPING MARKETS RET

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-471	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38278

a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TARGET RETIREMENT 2055

b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-505	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 73200

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

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b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
STANGENES INDUSTRIES, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
94-2247016

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	28218	79618
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	12445903	12850014
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1989332	2151596
(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	14463453	15081228
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	14463453	15081228

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)	849819	
	(B) Participants	2a(1)(B)	363857	
	(C) Others (including rollovers)	2a(1)(C)	56701	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1270377
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	1369	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1369
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(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)		-53773
(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)		
c Other income	2c		25567
d Total income. Add all **income** amounts in column (b) and enter total	2d		1243540
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	624635	
(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)		624635
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	1130	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1130
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		625765
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		617775
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: ORLANDO MITTS MOORE AND CO **(2)** EIN: 94-2773669

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	N/A	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	N/A	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			1000000
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		X		
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				
o	Did the plan trust incur unrelated business taxable income?	4o				
p	Were in-service distributions made during the plan year?	4p				

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

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

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

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

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
STANGENES INDUSTRIES, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
94-2247016

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**

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): 13-3689044

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 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):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A

22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____ (See instructions for tax law changes and codes).

22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____/_____/_____ and the letter's serial number _____.

22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____/_____/_____.

23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

STANGENES INDUSTRIES, INC.
PROFIT SHARING PLAN

Financial Statements

December 31, 2015 and 2014

(With Independent Auditors'
Report Thereon)

LAURIE ORLANDO
Partner

[illegible]
Partner

RUTH A MOORE
Partner

ORLANDO, MITTS, MOORE & COMPANY
AN ACCOUNTANCY CORPORATION

To the Administrative Committee of
The Stangenes Industries, Inc., Profit Sharing Plan

INDEPENDENT AUDITORS' REPORT

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Stangenes Industries, Inc. Profit Sharing Plan, which comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits (modified cash basis) 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 the modified cash basis of accounting described in Note 1; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Transamerica Retirement Services', the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2015 and 2014, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

975 North First Street, Suite 1200, San Jose, CA 95112
(408) 278-0300, Fax (408) 278-0319

Basis of Accounting

We draw attention to Note 1 to the financial statements, which describes the basis of accounting. The financial statements and supplemental schedule are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Other Matter

The supplemental schedule 1 (modified cash basis) Schedule H Part IV Line 4 (I) Schedule of Assets (Held at Year End) as of December 31, 2015 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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



San Jose, California
September 30, 2016

STANGENES INDUSTRIES, INC.
PROFIT SHARING PLAN

Statements of Net Assets Available for Benefits (Modified Cash Basis)

December 31, 2015 and 2014

ASSETS	2015	2014
Investments, at fair market value	$ 15,081,228	$ 14,463,453
Employee contribution receivable	-	-
Net assets available for benefits	$ 15,081,228	$ 14,463,453

See accompanying notes.

STANGENES INDUSTRIES, INC.
PROFIT SHARING PLAN

Statements of Changes in Net Assets Available for Benefits (Modified Cash Basis)

Years Ended December 31, 2015 and 2014

	2015	2014
ADDITIONS		
Additions to net assets attributable to:		
Investment income:		
Interest	$ 26,936	$ 29,106
Net increase(decrease) in the fair value of investments	(53,773)	778,194
	(26,837)	807,300
Contributions:		
Participants'	363,857	320,626
Employer's	862,321	989,914
Rollovers	56,701	-
Forfeitures	-	-
	1,282,879	1,310,540
Total additions	1,256,042	2,117,840
DEDUCTIONS		
Deductions to net assets attributable to:		
Benefits paid to participants	624,635	1,431,442
Administrative expenses	1,130	525
Forfeitures	12,502	33,642
Net reduction in the fair value of investments	-	-
Total deductions	638,267	1,465,609
Net increase (decrease)	617,775	652,231
Net assets available for benefits		
Beginning of year	14,463,453	13,811,222
End of year	$ 15,081,228	$ 14,463,453

See accompanying notes.

STANGENES INDUSTRIES, INC.
PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2015 and 2014

(1) Summary of the Plan and its significant accounting policies

The following description of the Stangenes Industries, Inc., Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

The Plan is a defined contribution plan covering all employees of Stangenes Industries, Inc., (the Company) who are twenty-one years of age or older and complete one year of service (as defined in the Plan). Employees who are twenty-one or older become eligible for the employer discretionary profit sharing contribution after a minimum of one year of service and 1,000 hours on an annual basis.

The Plan is intended to qualify under Section 401(k) of the Internal Revenue Code and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Administration -

Under the terms of the Plan, two designated employees of the Company act as the administrator and trustee. The trustees have contracted with Transamerica Retirement Services (Transamerica or TRS) to act as the custodian of the Plan. Transamerica, as custodian, holds the Plan's assets, executes investments and performs recordkeeping for the Plan.

Vesting -

Participants are immediately vested in their voluntary contributions and earnings. Vesting in the employer discretionary profit sharing contribution is as follows:

20% vested after 2 years of service
40% vested after 3 years of service
60% vested after 4 years of service
80% vested after 5 years of service
100% vested after 6 years of service

Years of service are defined in the Plan.

(1) Summary of the Plan and its significant accounting policies - continued

Use of estimates -

The preparation of financial statements requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Basis of accounting -

The financial statements and supplemental schedules of the Plan are prepared using the modified cash basis of accounting, consequently, certain income and contributions are recognized when received, and certain expenses and payments are recognized when disbursed.

Investments -

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attributable for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts form fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis (see note 3, contract value is fair value).

All investments of the Plan are held by Transamerica and invested in various funds as directed by the participant. Plan assets are valued at fair market value as of the last day of the Plan year, as measured by quoted market prices, or contract value based on the terms of the contract.

The fair value or the guaranteed investment contract is valued daily using publicly available quoted market prices.

STANGENES INDUSTRIES, INC.
PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2015 and 2014

(1) Summary of the Plan and its significant accounting policies - continued

Income taxes -

The Plan has received a favorable tax determination letter from the Internal Revenue Service. The Plan administrator believes the Plan is exempt from federal income and state franchise taxes.

Subsequent Events -

The Plan has evaluated subsequent events through September 30, 2016, the date the financial statements were available to be issued.

Notes Receivable from Participants -

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Administrative Expenses -

Substantially all administrative expenses are paid by the Company.

(2) Participation and benefits

Employee contributions -

Participants may elect to contribute a percentage, from 1% to 65%, of their pre-tax compensation up to the amount allowable under current income tax regulations.

Employer contributions -

The Company is allowed to make discretionary matching or non-matching contributions as defined in the Plan and as approved by the Board of Directors of the Company. The Company made discretionary non-matching profit sharing contributions to the Plan that amounted to $849,818 (net of forfeitures of approximately $77,000) and $956,272 for the years ended December 31, 2015 and 2014, respectively.

(2) Participation and benefits - continued

Participant accounts -

Each participant's account is credited with the participant's contribution and allocation of: a) A pro-rata portion, based upon annual compensation to total compensation of all eligible employees, of the discretionary profit sharing contribution by the Company, if any, b) the Plan earnings, and c) the forfeitures of terminated participants' nonvested accounts, and d) Plan expenses. Allocations are based on participant earnings or account balances, as defined in the Plan agreement.

Payment of benefits -

Upon termination and election of the participant, benefits are paid in full in a lump-sum amount equal to the value of participant's account.

Notes Receivable from Participants -

The Plan provides a hardship provision, which allows a participant to borrow a maximum of $50,000 (minimum $1,000) or 50% of their vested account balance. The loans are secured by the participant's vested balance. Such loans bear interest at the Federal prime rate plus 1% and typically have a 5 year term. The Plan administrator establishes the specific terms and conditions of such hardship loans.

Forfeitures -

At December 31, 2015 and 2014, there were approximately $12,000 and $77,000, respectively, of forfeited nonvested employer profit sharing contributions which can be used first to pay plan expenses and then allocated to the remaining eligible employees based upon the pro-rata portion of their eligible compensation to total eligible employee compensation.

(3) Investment contract with Insurance Company

In 2007, the Plan entered into a benefit-responsive investment contract with Transamerica Retirement Services' (TRS). The stable value fund option of Transamerica Retirement Services' Group Annuity Contract changed its name effective January 29, 2007 from the Transamerica Stable Value Fund to the Transamerica Stable Value Option. Characteristics of the contract are as follows:

(3) Investment contract with Insurance Company - continued

- The Stable Value Option is a non-tradable obligation of Transamerica Retirement Services. The investment's contract or proceeds cannot nor will not be assigned or sold to another party without the consent of Transamerica.

- The repayment of principal and interest credited to participants holding the investment is a financial obligation of Transamerica. However, if an event should ever occur such that realization of full contract value for a particular investment contract is no longer probable (for example, a significant decline in creditworthiness of Transamerica), the Stable Value Option investment choice may no longer be considered fully benefit-responsive.

- The terms of Transamerica's Group Annuity Contract require all permitted participant initiated transactions involving the investment to occur at contract value with no conditions, limits or restrictions. Permitted participant initiated transactions are those allowed by the underlying defined contribution plan such as withdrawals for benefits, loans or transfers to other investment choices within the Plan.

- Since the Stable Value Option investment choice is an obligation of Transamerica, the occurrence of an event that limits the ability of the investment to transact at contract value between Transamerica and a participant holding the investment is not probable.

- The Stable Value Option investment choice allows a participant reasonable access to their assets.

The Transamerica Stable Value Option investment choices are backed by the general account of Transamerica Life Insurance Company (TLIC) or Transamerica Financial Life Insurance Company (TFLIC). While TLIC or TFLIC declare rates periodically and back the principal and interest of these investment choices, any guarantees are subject to the claims paying ability of the insurance company. This investment choice is not guaranteed by the FDIC or any other government agency. Although plan participants generally may with draw assets from the Stable Value Option investment choice without restrictions, TLIC or TFLIC may impose a hold period at the contract level in the event of a full contract discontinuance or partial contract discontinuance.

(3) Investment contract with Insurance Company – continued

These investment choices seek to protect against any loss of principal while providing returns in excess of money market funds and one-year U.S. Treasury bills. The investment choices have a portfolio investment rate design in which all deposits in the particular investment choice are credited with the same interest rate on a daily basis, and with no set maturity. The effective guaranteed credited interest rate is set on a semi-annual basis and announced at least 45 days in advance of the date the new rate becomes effective. The guaranteed rate of interest shall not change during the six month period for which it is effective. The Stable Value Option investment choices are not considered a Guaranteed Interest Contract (GIC) and there is no stated minimum or maximum interest rate. Contract charges may reduce this return. This type of investment is considered fairly valued at contract value.

Assets held in Stable Value Option investment choices are commingled with assets in the general account. There is no specific portfolio of assets in which the Stable Value Option investment choices invest. The credited interest rate is backed by the income received from assets held in the general account.

The Stable Value Option performance for 2015 and 2014 was:

	2015	2014
Minimum rate	1.25%	1.35%
Average rate	1.30%	1.35%
Rate credited to participants	1.25%	1.35%

(4) Plan termination

The Company intends to continue the Plan indefinitely for the benefit of its employees; however, it reserves the right to terminate the plan at any time by resolution of its Board of Directors and subject to the provisions of ERISA. Upon termination of the Plan, participants will become fully vested in their accounts.

(5) 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 the investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

(6) Certified Information (Unaudited)

The December 31, 2015 and 2014 Statements of Net Assets Available for Benefits, the investment activities included on the Statement of Changes in Net Assets Available for Benefits for the years ended December 31, 2015 and 2014, and the accompanying notes to the financial statements were prepared in part or entirely from information certified by the Custodian in accordance with 29 CRF 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 following table presents investment funds including those which represent 5 percent or more of the Plan's net assets:

	Assets at Fair Value as of December 31, 2015 (Note 8)				Assets at Fair Value as of December 31, 2014 (Note 8)			
	Level 1	Level 2	Level 3	Total	Level 1	Level 2	Level 3	Total
Certified								
AEGON Balanced	$ -	221,568	$ -	$ 221,568	$ -	$ 201,974	$ -	$ 201,974
Loomis Sayles Bond	-	270,603	-	270,603	-	258,028	-	258,028
Oppenheimer Global	-	628,851	-	628,851	-	595,271	-	595,271
Janus Forty Ret Opt	-	767,796	-	767,796	690,738	-	-	690,738
Transamerica Partners Mid Value	-	804,402	-	804,402	-	812,386	-	812,386
Nuveen Real Estate Sec	191,052	-	-	191,052	163,604	-	-	163,604
Transamerica Partners Core Bond	-	185,512	-	185,512	-	186,076	-	186,076
Fidelity Advisor Small Cap	851,987	-	-	851,987	841,389	-	-	841,389
Transamerica Stable Value	-	2,151,596	-	2,151,596	-	1,989,332	-	1,989,332
American Funds Fundamental Inv	324,507	-	-	324,507	315,630	-	-	315,630
American Funds EuroPac Growth	79,371	-	-	79,371	71,566	-	-	71,566
American Funds Growth Fund of America Inv Opt	808,258	-	-	808,258	640,138	-	-	640,138
Franklin Flex Cap Growth	186,175	-	-	186,175	175,985	-	-	175,985
SSgA RussellSmall-Cap Index	-	86,451	-	86,451	-	89,641	-	89,641
SSgA Mid-Cap Index	-	348,882	-	348,882	-	277,617	-	277,617
Neuberger Berman Partners	74,347	-	-	74,347	90,793	-	-	90,793
SSgA Russell Small Cap Value Index Ret Opt	-	167,036	-	167,036	-	168,886	-	168,886
Loomis Sayles Inv Grade Bond	-	684,299	-	684,299	-	677,663	-	677,663
Wells Fargo Precious Metals Ret Opt	43,051	-	-	43,051	31,653	-	-	31,653
Prudential Jennison Natural Res	32,987	-	-	32,987	37,274	-	-	37,274
TA Vanguard Target Ret Income	264,307	-	-	264,307	289,804	-	-	289,804
TA Vanguard Target Ret 2010	72,913	-	-	72,913	62,843	-	-	62,843
TA Vanguard Target Ret 2015	1,099,182	-	-	1,099,182	1,205,093	-	-	1,205,093
TA Vanguard Target Ret 2020	331,562	-	-	331,562	297,279	-	-	297,279
TA Vanguard Target Ret 2025	2,222,707	-	-	2,222,707	2,115,263	-	-	2,115,263
TA Vanguard Target Ret 2030	338,809	-	-	338,809	400,445	-	-	400,445
TA Vanguard Target Ret 2035	639,121	-	-	639,121	611,850	-	-	611,850
TA Vanguard Target Ret 2040	12,444	-	-	12,444	10,646	-	-	10,646
TA Vanguard Target Ret 2045	631,916	-	-	631,916	596,826	-	-	596,826
TA Vanguard Target Ret 2050	148,785	-	-	148,785	125,272	-	-	125,272
TA Vanguard Target Ret 2055	73,200	-	-	73,200	64,242	-	-	64,242
First Eagle Overseas Ret Opt	104,324	-	-	104,324	90,931	-	-	90,931
Inv Science & Technology Ret Opt	135,331	-	-	135,331	217,515	-	-	217,515
Oppenheimer Developing Markets Ret Opt	38,278	-	-	38,278	31,582	-	-	31,582
	8,684,614	6,316,996	-	15,001,610	9,178,361	5,256,874	-	14,435,235
Uncertified								
Participant Loan Fund	-	-	79,618	79,618	-	-	28,218	28,218
Total investment at fair market value	$ 8,684,614	$ 6,316,996	$ 79,618	$ 15,081,228	$ 9,178,361	$ 5,256,874	$ 28,218	$ 14,463,453

For level 3 investments (loans) there was 2 new loans totaling $60,000 in 2015 and 1 new loan totaling $20,000 in 2014. Loans were reduced by principal payments of $8,600 in 2015 ($10,129 in 2014).

The following investment choices in the retirement plan changed its name effective September 30, 2015:

Current Investment Choice Name	New Investment Choice Name
Vanguard Target Retirement 2010 Ret Opt	TA Vanguard Target Retirement 2010 Ret Opt
Vanguard Target Retirement 2015 Ret Opt	TA Vanguard Target Retirement 2015 Ret Opt
Vanguard Target Retirement 2020 Ret Opt	TA Vanguard Target Retirement 2020 Ret Opt
Vanguard Target Retirement 2025 Ret Opt	TA Vanguard Target Retirement 2025 Ret Opt
Vanguard Target Retirement 2030 Ret Opt	TA Vanguard Target Retirement 2030 Ret Opt
Vanguard Target Retirement 2035 Ret Opt	TA Vanguard Target Retirement 2035 Ret Opt
Vanguard Target Retirement 2040 Ret Opt	TA Vanguard Target Retirement 2040 Ret Opt
Vanguard Target Retirement 2045 Ret Opt	TA Vanguard Target Retirement 2045 Ret Opt
Vanguard Target Retirement 2050 Ret Opt	TA Vanguard Target Retirement 2050 Ret Opt
Vanguard Target Retirement 2055 Ret Opt	TA Vanguard Target Retirement 2055 Ret Opt
Vanguard Target Retirement 2060 Ret Opt	TA Vanguard Target Retirement 2060 Ret Opt
Vanguard Target Retirement Income Ret Opt	TA Vanguard Target Retirement Income Ret Opt

The following investment choice in the retirement plan changed its name effective December 15, 2015:

Current Investment Choice Name	New Investment Choice Name
Wells Fargo Advantage Precious Metals Ret Opt	Wells Fargo Precious Metals Ret Opt

The following investment choice in the retirement plan changed its name effective December 31, 2015:

Current Investment Choice Name	New Investment Choice Name
Janus Capital Appreciation Ret Opt	Janus Forty Ret Opt

STANGENES INDUSTRIES, INC
PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2015 and 2014

(11) Detail of changes in net assets by fund

Detail of changes in net assets by fund are shown below as elected by participants to distribute their contributions.
The activity of these funds for the year ended December 31, 2015 is as follows:

	AB GHS Balanced	Premier Stables Bond	Oppenheimer Global	Janus Forty Ret Opt	Dimensional Partners Mid Value	Nuveen Real Estate Sec	Dimensional Partners Core Bond	Fidelity Advisor Small Cap	Dimensional Stable Value	American Funds Fundamental Inv	American Funds EuroPac Growth
Net assets available for benefits at December 31, 2014	$ 203,924	$ 258,928	$ 593,271	$ 690,736	$ 812,386	$ 163,604	$ 186,076	$ 841,389	$ 1,989,332	$ 315,930	$ 21,366
Contributions-rollovers-forfeitures	16,981	37,044	43,614	28,383	62,872	28,537	33,836	56,674	142,584	21,431	4,805
Withdrawals and distributions-hardships-forfeitures-loans				(5,420)	(23,901)		(640)	(585)	(488,711)	(2,272)	
Dividends, interest and other									25,860		
Net appreciation-depreciation in fair market value of investments	(967)	(10,512)	27,810	80,641	(9,321)	3,879	(651)	(17,273)		8,907	(1,143)
Charges and fees					(123)		(350)		(350)	(33)	
Net loan activities			564	69	563		495	69	3,390		
Transfers in-out from/to affiliated plan	3,126	43	(21,403)	(28,323)	(62,270)	3,032	(14,050)	(28,287)	429,865	(39,186)	4,143
Net assets available for benefits at December 31, 2015	$ 221,568	$ 286,603	$ 643,831	$ 767,796	$ 860,403	$ 199,052	$ 185,512	$ 851,987	$ 2,151,596	$ 324,507	$ 29,371

	American Funds Growth Fund of America Ret Opt	Franklin Flex Cap Growth	SSgA Russell Small Cap Index	SSgA Mid Cap Index	Neuberger Berman Partners	SSgA Russell Small Cap Value Index	Lazard Stocks for Goals Fund	Wells Fargo Precious Metals Ret Opt	Prudential Jennison Natural Resources	TA Vanguard Target Retirement Inc Ret Opt	First Eagle Overseas Ret Opt
Net assets available for benefits at December 31, 2014	$ 660,118	$ 175,985	$ 89,641	$ 277,617	$ 90,793	$ 168,886	$ 677,063	$ 31,053	$ 37,274	$ 289,804	$ 98,931
Contributions-rollovers-forfeitures	31,522	8,214	9,396	23,023	33,931	18,841	40,290	16,512	12,986	9,864	15,977
Withdrawals distributions-hardships-forfeitures-loans		(597)			(2,539)		(2,834)			(33,788)	
Dividends, interest and other											
Net appreciation-depreciation in fair market value of investments	(7,355)	6,846	(4,764)	(33,046)	(11,961)	(14,147)	(18,726)	(8,718)	(10,854)	(2,158)	2,232
Charges and fees	(80)					(25)	(80)			(1,958)	
Net loan activities	431	494					494				
Transfers in-out from/to affiliated plan	98,915	(4,767)	(7,882)	61,250	(11,209)	(5,254)	(112,556)	3,603	(5,430)	688	(4,816)
Net assets available for benefits at December 31, 2015	$ 808,258	$ 186,175	$ 86,431	$ 346,883	$ 74,347	$ 167,976	$ 682,292	$ 42,651	$ 32,987	$ 264,307	$ 103,324

	TA Vanguard Target Ret 2010	TA Vanguard Target Ret 2015	TA Vanguard Target Ret 2020	TA Vanguard Target Ret 2025	TA Vanguard Target Ret 2030	TA Vanguard Target Ret 2035	TA Vanguard Target Ret 2040	TA Vanguard Target Ret 2045	TA Vanguard Target Ret 2050	TA Vanguard Target Ret 2055	Oppenheimer Developing Mkts Ret Opt
Net assets available for benefits at December 31, 2014	$ 62,813	$ 1,205,093	$ 297,279	$ 2,113,263	$ 480,135	$ 611,859	$ 10,630	$ 596,825	$ 125,272	$ 34,242	$ 41,582
Contributions-rollovers-forfeitures	19,604	80,432	145,476	158,244	54,254	46,950	3,021	59,242	30,715	16,510	5,208
Withdrawals distributions-hardships-forfeitures-loans	-	(162,973)	(93,571)	(37,639)		(5,302)	-	-	(4,365)	(9,742)	-
Dividends, interest and other	-	-	-	-	-	-	-	-	-	-	-
Net appreciation-depreciation in fair market value of investments	(340)	(12,549)	(11,014)	(33,149)	(9,101)	(11,273)	(223)	(13,258)	(2,838)	(810)	(5,226)
Charges and fees	-	(130)	(30)	-	-	-	-	-	(30)	-	
Net loan activities	-	3,665	-		-	558	-	-	-	-	-
Transfers in-out from/to affiliated plan	2	(22,337)	(34,729)	(9,963)	(126,689)	(6,012)	-	(39,914)	-	-	6,614
Net assets available for benefits at December 31, 2015	$ 72,913	$ 1,090,182	$ 303,562	$ 2,222,707	$ 348,809	$ 639,121	$ 13,444	$ 601,916	$ 148,785	$ 73,200	$ 48,278

	JA Science & Technology Ret Opt	Participant Receivable	Grand Total
Net assets available for benefits at December 31, 2014	$ 213,515	$ 28,218	$ 13,463,455
Contributions-rollovers-forfeitures	30,249	-	$ 1,270,377 *
Withdrawals-distributions-hardships-forfeitures-loans	-	-	$ (821,329)
Dividends, interest and other		1,370	$ 26,976
Net appreciation-depreciation in fair market value of investments	2,159	-	$ (57,777)
Charges and fees	-	-	$ (1,130)
Net loan activities	-	(9,970)	$
Transfers in-out from/to affiliated plan	(111,532)	60,458	$ 196,694
Net assets available for benefits at December 31, 2015	$ 133,331	$ 79,518	$ 13,991,228

* Net of forfeitures used of $72,070

STANDARD INSURANCE CO
PROFIT SHARING PLAN

Notes to Financial Statements

December 31, 2013 and 2013

(*) - Detailed changes in net assets by fund

Detailed changes in net assets by fund for all contributions elected by participants to dedicate their contributions
The activity of the funds for the year ended December 31, 2014 is as follows:

	AllianceBernstein Balanced	Columbia Small Cap Value I Fund	Oppenheimer Global	Janus Capital Appreciation	Transamerica Partners Mid Value	Mainstay Real Estate Sec	Transamerica Partners Core Bond	Fidelity Advisor Small Cap	Transamerica Stable Value	American Funds Fundamental Inv	American Funds EuroPac Growth
Net assets available for benefits at December 31, 2013	$ 1,063,699	$ 212,742	$ 603,649	$ 667,264	$ 824,296	$ 139,719	$ 255,474	$ 961,243	$ 2,301,839	$ 153,058	$ 91,259
Contributions/rollovers/forfeitures	8,953	34,088	28,726	24,023	70,801	15,663	15,312	52,928	233,362	17,748	2,983
Withdrawals/distributions/hardships/forfeitures/loans	(31,613)	(10,283)	(34,164)	(31,425)	(6,352)	(19,144)	(35,801)	(42,701)	(547,389)	(27,677)	(1,449)
Dividends/interest/other	-	-	-	-	-	-	-	-	27,668	-	-
Net appreciation/depreciation in fair market value of investments	20,613	16,098	32,405	36,133	83,262	48,260	12,983	63,450	276	24,912	(2,963)
Net transfers	-	-	-	-	-	-	-	-	-	-	-
Loan Issues/Payments/Interest receipts	(6,678)	25,365	(35,901)	(31,241)	30,451	(13,331)	(82,720)	(33,551)	(26,375)	51,411	(19,261)
Net assets available for benefits at December 31, 2014	$ 1,054,974	$ 278,010	$ 593,715	$ 680,735	$ 812,380	$ 171,611	$ 196,176	$ 841,369	$ 1,989,332	$ 119,630	$ 71,569

	American Funds Growth Fund of America Inv Opt	Franklin Flex Cap Growth	Sages Russell Small Cap Index	SSgA Mid Cap Index	Neuberger Berman Partners	SSgA Russell Small Cap Value Index	Loomis Sayles Inv Grade Bond	Wells Fargo Advtg Precious Metals	Prudential Jennison Natural Resources	Vanguard Target Ret Inc	First Eagle Overseas Ret Opt
Net assets available for benefits at December 31, 2013	$ 762,263	$ 206,251	$ 82,311	$ 177,562	$ 82,063	$ 128,672	$ 630,790	$ 24,755	$ 52,793	$ 342,849	$ 93,386
Contributions/rollovers/forfeitures	29,825	8,759	9,134	19,658	10,556	17,753	44,739	11,493	12,531	11,681	13,913
Withdrawals/distributions/hardships/forfeitures/loans	-	(40,317)	-	(7,371)	(3,930)	(13,965)	(42,845)	-	(28,655)	(76,624)	(10,394)
Dividends/interest/other	-	-	-	-	-	-	-	-	-	-	-
Net appreciation/depreciation in fair market value of investments	47,856	31,237	3,677	22,745	8,201	6,226	38,043	(3,465)	10,698	13,856	765
Net loan activities	-	-	-	-	-	-	-	-	-	-	-
Transfers in/out/reinvestment/others	(39,808)	19,683	15,261	59,395	(91)	18,198	28,892	15,350	6,671	-	24,221
Net assets available for benefits at December 31, 2014	$ 799,136	$ 225,613	$ 110,383	$ 271,613	$ 91,799	$ 160,886	$ 677,653	$ 47,633	$ 54,038	$ 291,843	$ 96,893

	Vanguard Target Ret 2010	Vanguard Target Ret 2015	Vanguard Target Ret 2020	Vanguard Target Ret 2025	Vanguard Target Ret 2030	Vanguard Target Ret 2035	Vanguard Target Ret 2040	Vanguard Target Ret 2045	Vanguard Target Ret 2050	Vanguard Target Ret 2055	Oppenheimer Developing Mkts Ret Opt
Net assets available for benefits at December 31, 2013	$ 76,330	$ 1,135,215	$ 268,926	$ 2,403,697	$ 216,742	$ 578,312	$ 6,110	$ 443,952	$ 88,529	$ 34,037	$ 348
Contributions/rollovers/forfeitures	30,183	96,910	82,358	137,516	35,526	63,539	1,112	56,611	30,855	27,136	6,869
Withdrawals/distributions/hardships/forfeitures/loans	(26,612)	(95,385)	(11,228)	(114,133)	-	(151,801)	-	(28,651)	-	-	-
Dividends/interest/and other	-	-	-	-	-	-	-	-	-	-	-
Net appreciation/depreciation in fair market value of investments	2,956	62,324	14,273	123,935	21,693	35,486	314	34,833	5,847	2,355	(1,297)
Net loan activities	-	-	-	-	-	-	-	-	-	-	-
Transfers in/out/reinvestment/others	-	1,909	-	154,914	110,268	84,312	1	13,860	-	-	25,062
Net assets available for benefits at December 31, 2014	$ 82,843	$ 1,205,973	$ 297,279	$ 2,815,263	$ 484,445	$ 611,850	$ 60,641	$ 390,826	$ 125,275	$ 64,242	$ 31,557

	Dry Service & Technology Portfolio	Participant Receivable	Grand Total
Net assets available for benefits at December 31, 2013	$ 125,724	$ 18,347	$ 13,811,222
Contributions/rollovers/forfeitures	20,851	$ -	$ 1,276,896
Withdrawals/distributions/hardships/forfeitures/loans	-	$ -	$ (1,431,442)
Dividends/interest/and other	-	$ 906	$ 28,574 **
Net appreciation/depreciation in fair market value of investments	6,961	$ -	$ 758,394 **
Net loan activities	-	$ 9,963	$ 9,963
Transfers in/out/reinvestment/others	12,722	$ -	$ 15,358
Net assets available for benefits at December 31, 2014	$ 217,534	$ 28,218	$ 14,463,153

** Totals include fees of $525

(8) Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefit

		Fair Value Measurements Using:		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2015				
Investment Funds				
Bonds	$ 1,140,414	$ -	$ 1,140,414	$ -
Hybrid	6,171,845	5,950,277	221,568	-
Equity	1,318,940	1,318,940	-	-
Small company equity	1,105,474	851,987	253,487	-
Large/mid blend equity	423,229	74,347	348,882	-
Large/mid value equity	1,572,198	-	1,572,198	-
Specialty	267,090	267,090	-	-
International equity	221,973	221,973	-	-
Global equity	628,851	-	628,851	-
Investment contract with insurance company (Stable Value), balanced	2,151,596	-	2,151,596	-
Participant receivable	79,618	-	-	79,618
Total	$ 15,081,228	$ 8,684,614	$ 6,316,996	$ 79,618
December 31, 2014				
Investment Funds				
Bonds	$ 1,121,767	$ -	$ 1,121,767	$ -
Hybrid	5,981,537	5,779,563	201,974	-
Equity	816,123	816,123	-	-
Small company equity	1,099,916	841,389	258,527	-
Large/mid blend equity	684,040	406,423	277,617	-
Large/mid value equity	1,503,124	690,738	812,386	-
Specialty	481,628	481,628	-	-
International equity	162,497	162,497	-	-
Global equity	595,271	-	595,271	-
Investment contract with insurance company (Stable Value), balanced	1,989,332	-	1,989,332	-
Participant receivable	28,218	-	-	28,218
Total	$ 14,463,453	$ 9,178,361	$ 5,256,874	$ 28,218

Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

(8) Fair Value Measurements-continued

Level 1 Fair Value Measurements

The fair value of mutual funds are based on quoted net asset values of the shares held by the Plan at year-end

Level 2 Fair Value Measurements

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 assets or liabilities; inputs tat 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

The value of the investment contract (Stable Value) are invested in the general account of the insurance company issuing the contract that offers the particular Stable Value Option investment choice. All assets in the Stable value Option investment choices are credited with interest using a declared monthly rate determined by Transamerica and stated in advance.

Level 3 Fair Value Measurements

Participant loans are not actively traded and significant other observable inputs are not available. The fair value of participant loans is equal to the amortized cost of the loans because the loans are secured by each respective participant's account balance.

Fair value measurements using significant unobservable inputs (Level 3)

	Participant Receivable	Total
December 31, 2015		
Beginning Balance	$ 28,218	$ 28,218
Total gains and losses (realized and unrealized) included in net assets available for benefits	-	-
Purchases, sales, issuances, and settlements (net)	51,400	51,400
	$ 79,618	$ 79,618

(8) Fair Value Measurements-continued

December 31, 2014	Participant Receivable	Total
Beginning Balance	$ 18,347	$ 18,347
Total gains and losses (realized and unrealized) included in net assets available for benefits	-	-
Purchases, sales, issuances, and settlements (net)	9,871	9,871
	$ 28,218	$ 28,218

During 2015 the participants transferred from Level 1 investments to the Stable Value fund (Level 2) approximately $521,000 ($109,000 in 2014) and transferred from the Stable Value fund (Level 2) into Mutual Funds (Level 1) approximately $236,000 ($138,000 in 2014). Additionally, net transfers from Level 1 investments into the Level 2 Bond Funds for 2015 approximated $12,000 ($15,000 in 2014).

FORM 5500

SUPPLEMENTAL SCHEDULE

STANGENES INDUSTRIES, INC.
PROFIT SHARING PLAN
94-2247016 Plan 001

Schedule I (Modified Cash Basis)

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

December 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
*	Transamerica Life Insurance Co.	AEGON Balanced	$ 221,568	$ 221,568
*	Transamerica Life Insurance Co.	Loomis Sayles Bond	270,603	270,603
*	Transamerica Life Insurance Co.	Janus Forty Ret Opt	767,796	767,796
*	Transamerica Life Insurance Co.	Oppenheimer Global	628,851	628,851
*	Transamerica Life Insurance Co.	Transamerica Partners Mid Value	804,402	804,402
*	Transamerica Life Insurance Co.	Transamerica Partners Core Bond	185,512	185,512
*	Transamerica Life Insurance Co.	Fidelity Advisor Small Cap	851,987	851,987
*	Transamerica Life Insurance Co.	American Funds Fundamental Inv	324,507	324,507
*	Transamerica Life Insurance Co.	American Funds Growth Fund of America Inv Opt	808,258	808,258
*	Transamerica Life Insurance Co.	Franklin Flex Cap Growth	186,175	186,175
*	Transamerica Life Insurance Co.	SSgA Russell Small-Cap Index	86,451	86,451
*	Transamerica Life Insurance Co.	SSgA Mid-Cap Index	348,882	348,882
*	Transamerica Life Insurance Co.	Neuberger Berman Partners	74,347	74,347
*	Transamerica Life Insurance Co	SSgA Russell Small Cap Value Index Ret Opt	167,036	167,036
*	Transamerica Life Insurance Co.	TA Vanguard Target Retirement Income Ret Opt	264,307	264,307
*	Transamerica Life Insurance Co.	TA Vanguard Target Ret 2015	1,099,182	1,099,182
*	Transamerica Life Insurance Co.	TA Vanguard Target Ret 2025	2,222,707	2,222,707
*	Transamerica Life Insurance Co.	TA Vanguard Target Ret 2035	639,121	639,121
*	Transamerica Life Insurance Co.	TA Vanguard Target Ret 2045	631,916	631,916
*	Transamerica Life Insurance Co.	American Funds EuroPac Growth	79,371	79,371
*	Transamerica Life Insurance Co.	Nuveen Real Estate Sec	191,052	191,052
*	Transamerica Life Insurance Co.	Loomis Sayles Inv Grade Bond	684,299	684,299
*	Transamerica Life Insurance Co.	TA Vanguard Target Ret 2010	72,913	72,913
*	Transamerica Life Insurance Co.	TA Vanguard Target Ret 2020	331,562	331,562
*	Transamerica Life Insurance Co.	TA Vanguard Target Ret 2030	318,809	318,809
*	Transamerica Life Insurance Co.	TA Vanguard Target Ret 2040	12,444	12,444
*	Transamerica Life Insurance Co.	TA Vanguard Target Ret 2050	148,785	148,785
*	Transamerica Life Insurance Co.	Ivy Science & Technology	135,331	135,331
*	Transamerica Life Insurance Co.	Prudential Jennison Natural Res	32,987	32,987
*	Transamerica Life Insurance Co.	Wells Fargo Precious Metals Ret Opt	43,051	43,051
*	Transamerica Life Insurance Co.	First Eagle Overseas	104,324	104,324
*	Transamerica Life Insurance Co.	Oppenheimer Developing Markets	38,278	38,278
*	Transamerica Life Insurance Co.	TA Vanguard Target Ret 2055	73,200	73,200
*	Transamerica Life Insurance Co.	Transamerica Stable Value	-	2,151,596
*	Notes Receivable from Participants	Notes Receivable from Participants (4.25%)	-	79,618
				$ 15,081,228

* Party-in-interest to the Plan

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

Plan Name: **Stangenes Industries, Inc. Profit Sharing Plan**
Contract #: 997276
EIN: 94-2247016

Plan #: 001
Period: 01/01/2015 - 12/31/2015

(A)	(B)	(C)	(D)	(E)
	Identity of issue, borrower, lessor, or similar a party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
*	TRANSAMERICA LIFE INSURANCE COMPANY	PARTICIPANT LOANS		$79,618
*	TRANSAMERICA LIFE INSURANCE COMPANY	STABLE VALUE FUND		$2,151,596
*	TRANSAMERICA LIFE INSURANCE COMPANY	AEGON BALANCED RET OPT		$221,568
*	TRANSAMERICA LIFE INSURANCE COMPANY	LOOMIS SAYLES BOND RET OPT		$270,603
*	TRANSAMERICA LIFE INSURANCE COMPANY	JANUS FORTY RET OPT		$767,796
*	TRANSAMERICA LIFE INSURANCE COMPANY	OPPENHEIMER GLOBAL RET OPT		$628,851
*	TRANSAMERICA LIFE INSURANCE COMPANY	TRANSAMERICA PARTNERS MID VALUE RET OPT		$804,402
*	TRANSAMERICA LIFE INSURANCE COMPANY	TRANSAMERICA PARTNERS CORE BOND RET OPT		$185,513
*	TRANSAMERICA LIFE INSURANCE COMPANY	FIDELITY ADVISOR SMALL CAP INV OPT		$851,987
*	TRANSAMERICA LIFE INSURANCE COMPANY	AMERICAN FUNDS FUNDAMENTAL INVESTORS INV OPT		$324,507
*	TRANSAMERICA LIFE INSURANCE COMPANY	AMERICAN FUNDS GROWTH FUND OF AMERICA INV OPT		$808,258
*	TRANSAMERICA LIFE INSURANCE COMPANY	FRANKLIN FLEX CAP GROWTH INV OPT		$186,175
*	TRANSAMERICA LIFE INSURANCE COMPANY	SSGA RUSSELL SMALL CAP INDEX RET OPT		$86,451
*	TRANSAMERICA LIFE INSURANCE COMPANY	SSGA S&P MID CAP INDEX RET OPT		$348,882
*	TRANSAMERICA LIFE INSURANCE COMPANY	NEUBERGER BERMAN LARGE CAP VALUE INV OPT		$74,347
*	TRANSAMERICA LIFE INSURANCE COMPANY	SSGA RUSSELL SMALL CAP VALUE INDEX RET OPT		$167,036
*	TRANSAMERICA LIFE INSURANCE COMPANY	TA VANGUARD TARGET RETIREMENT INCOME RET OPT		$264,307
*	TRANSAMERICA LIFE INSURANCE COMPANY	TA VANGUARD TARGET RETIREMENT 2015 RET OPT		$1,099,182
*	TRANSAMERICA LIFE INSURANCE COMPANY	TA VANGUARD TARGET RETIREMENT 2025 RET OPT		$2,222,707
*	TRANSAMERICA LIFE INSURANCE COMPANY	TA VANGUARD TARGET RETIREMENT 2035 RET OPT		$639,121
*	TRANSAMERICA LIFE INSURANCE COMPANY	TA VANGUARD TARGET RETIREMENT 2045 RET OPT		$631,916
*	TRANSAMERICA LIFE INSURANCE COMPANY	AMERICAN FUNDS EUROPACIFIC GROWTH RET OPT		$79,371
*	TRANSAMERICA LIFE INSURANCE COMPANY	NUVEEN REAL ESTATE SECURITIES RET OPT		$191,052
*	TRANSAMERICA LIFE INSURANCE COMPANY	LOOMIS SAYLES INVESTMENT GRADE BOND RET OPT		$684,299
*	TRANSAMERICA LIFE INSURANCE COMPANY	TA VANGUARD TARGET RETIREMENT 2010 RET OPT		$72,913
*	TRANSAMERICA LIFE INSURANCE COMPANY	TA VANGUARD TARGET RETIREMENT 2020 RET OPT		$331,562
*	TRANSAMERICA LIFE INSURANCE COMPANY	TA VANGUARD TARGET RETIREMENT 2030 RET OPT		$318,809
*	TRANSAMERICA LIFE INSURANCE COMPANY	TA VANGUARD TARGET RETIREMENT 2040 RET OPT		$12,444
*	TRANSAMERICA LIFE INSURANCE COMPANY	TA VANGUARD TARGET RETIREMENT 2050 RET OPT		$148,785
*	TRANSAMERICA LIFE INSURANCE COMPANY	IVY SCIENCE & TECHNOLOGY RET OPT		$135,331
*	TRANSAMERICA LIFE INSURANCE COMPANY	PRUDENTIAL JENNISON NATURAL RESOURCES RET OPT		$32,987
*	TRANSAMERICA LIFE INSURANCE COMPANY	WELLS FARGO PRECIOUS METALS RET OPT		$43,051
*	TRANSAMERICA LIFE INSURANCE COMPANY	FIRST EAGLE OVERSEAS RET OPT		$104,324
*	TRANSAMERICA LIFE INSURANCE COMPANY	OPPENHEIMER DEVELOPING MARKETS RET OPT		$38,278
*	TRANSAMERICA LIFE INSURANCE COMPANY	TA VANGUARD TARGET RETIREMENT 2055 RET OPT		$73,200