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
ADVANCED MANUFACTURING AND DEVELOPMENT, INC. RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1994

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)
ADVANCED MANUFACTURING AND DEVELOPMENT, INC.

200 N. LENORE AVE
WILLITS, CA 95490

2b Employer Identification Number (EIN)
94-2378705

2c Plan Sponsor's telephone number
707-456-2175

2d Business code (see instructions)
332900

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.	10/13/2016	BILLIE GUTIERREZ
	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**	116
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)**	97
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	108
b	Retired or separated participants receiving benefits	**6b**	2
c	Other retired or separated participants entitled to future benefits	**6c**	26
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	136
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	136
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	110
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

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

a Pension Schedules

(1)	[X]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[ ]	**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)	[ ]	**A** (Insurance Information)
(4)	[X]	**C** (Service Provider Information)
(5)	[ ]	**D** (DFE/Participating Plan Information)
(6)	[ ]	**G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 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
ADVANCED MANUFACTURING AND DEVELOPMENT, INC. RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ADVANCED MANUFACTURING AND DEVELOPMENT, INC.

D Employer Identification Number (EIN)
94-2378705

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

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

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

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

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

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

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

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

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65	RECORDKEEPER	3543	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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 [ ]

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALZGI NFJ DIV VL ADM - BOSTON FINA 330 W. 9TH STREET KANSAS CITY, MO 66160	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ARTISAN MID CAP VAL - STATE STREET 04-0025081	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COL/ACORN SELECT Z - COLUMBIA MGT P.O. BOX 8081 BOSTON, MA 02266	0.40%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CONESTOGA SM CAP INV - MUTUAL SHAR 34-1896033	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LOOMIS SM CAP VAL R - BOSTON FINAN P.O. BOX 8480 BOSTON, MA 02266	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NORTHERN SM CAP VAL - NORTHERN TRU 36-1561860	0.40%

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
ADVANCED MANUFACTURING AND DEVELOPMENT, INC. RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ADVANCED MANUFACTURING AND DEVELOPMENT, INC.

D Employer Identification Number (EIN)
94-2378705

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	233348	193364
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	312617	274822
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5881789	6104072
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	6427754	6572258
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	6427754	6572258

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)	135346	
(B) Participants	2a(1)(B)	283182	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		418528
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	32	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	16221	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		16253
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	344953	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		344953
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-353760
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		425974
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	277925	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		277925
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	2	
(4) Other	2i(4)	3543	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3545
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		281470
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		144504
l Transfers of assets:			
(1) To this plan	2l(1)		0
(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: THOMAS, PORCH, AND GULLICKSON **(2)** EIN: 68-0323663

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			100000
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		X		
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
ADVANCED MANUFACTURING AND DEVELOPMENT, INC. RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ADVANCED MANUFACTURING AND DEVELOPMENT, INC.

D Employer Identification Number (EIN)
94-2378705

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): 04-6568107

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

ADVANCED MANUFACTURING AND DEVELOPMENT, INC.
RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS

For the years ended December 31, 2015 and 2014

C O N T E N T S

	Page
INDEPENDENT AUDITORS' REPORT	**1 - 2**
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	**3**
Statements of Changes in Net Assets Available for Benefits	**4**
Notes to Financial Statements	**5 - 11**
SUPPLEMENTAL INFORMATION	
Schedule I – Assets Held at End of Year	**12**

THOMAS, PORCH & GULLICKSON
CERTIFIED PUBLIC ACCOUNTANTS
A PROFESSIONAL CORPORATION

Main Office
5213 El Mercado Parkway, Suite E
Santa Rosa, California 95403
Tel: 707·575·4236 / Fax: 707·575·4336
E-mail: office@tpgcpas.com

Montana Office
P.O. Box 566
Polson, Montana 59860
Toll free: 866·883·5235
Fax: 406·883·0805

INDEPENDENT AUDITORS' REPORT

To the Trustee of the
Advanced Manufacturing and Development, Inc.
Retirement Savings Plan
Willits, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Advanced Manufacturing and Development, Inc. Retirement Savings Plan, which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with

respect to the information summarized in Note E, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of 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

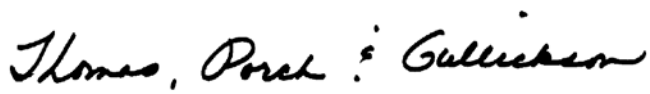
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of Assets Held at End of Year 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.



Santa Rosa, California
October 5, 2016

ADVANCED MANUFACTURING AND DEVELOPMENT, INC.
RETIREMENT SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2015 and 2014

	2015	2014
ASSETS		
INVESTMENTS, at fair value		
Participant-directed investments	$ 6,297,436	$ 6,115,137
RECEIVABLES		
Notes receivable from participants	274,822	312,617
NET ASSETS AVAILABLE FOR BENEFITS	$ 6,572,258	$ 6,427,754

See accompanying Notes to Financial Statements.

ADVANCED MANUFACTURING AND DEVELOPMENT, INC.
RETIREMENT SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the years ended December 31, 2015 and 2014

	2015	2014
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income		
Interest and dividend income	$ 344,985	$ 306,529
Net (depreciation) appreciation in fair value of investments	(353,760)	87,091
Interest income on notes receivable from participants	16,221	19,251
Contributions		
Participant	283,182	261,202
Employer	135,346	120,598
	425,974	794,671
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Distributions to participants	277,925	139,116
Administrative expenses	3,545	2,595
	281,470	141,711
Net increase	144,504	652,960
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	6,427,754	5,774,794
NET ASSETS AVAILABLE FOR BENEFITS, end of year	$ 6,572,258	$ 6,427,754

See accompanying Notes to Financial Statements.

NOTE A. SUMMARY OF PLAN AND PROVISIONS

The Advanced Manufacturing and Development, Inc. Retirement Savings Plan (the "Plan") was established on January 1, 1994. The Plan is a defined contribution plan.

All employees of Advanced Manufacturing and Development, Inc. (the "Company") as of January 1, 1994, the effective date of the Plan, are eligible to participate in the Plan. All employees hired after the effective date of the Plan are eligible to participate on the first day of the month after completing three months of service.

Contributions

Participants may contribute the lesser of 90% of pre-tax compensation or the annual limit in compliance with the requirements of the Employee Retirement Income Security Act (ERISA). The Company may make discretionary matching contributions amounting to a percentage of participants' salary deferrals. Effective January 1, 2008, the Company is making Safe Harbor matching contributions equal to 100% of the first 4% of eligible compensation that participants contribute to the Plan. Company matching contributions are funded at the same time as the participant contributions, following each pay period.

Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

Participant Accounts

The Plan maintains separate accounts for each eligible participant. Each participant's account is credited with an allocation of (i) participant deferral contributions, (ii) the Company's matching contributions, and (iii) the net income (loss) for the plan year. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Participants direct the investment of the contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds and money market accounts.

Vesting

Participants have a 100% non-forfeitable interest in their deferral contributions account, employer discretionary matching contributions, employer Safe Harbor matching contributions, and the actual earnings thereon.

NOTE A. SUMMARY OF PLAN AND PROVISIONS (continued)

Payment of Benefits

Generally, no distribution from the Plan will be made until a participant reaches normal retirement age (59½), dies, or otherwise terminates employment with the Company. The Plan does allow for certain hardship withdrawals as defined in the Basic Plan Document subject to a minimum withdrawal of $500. Hardship withdrawals can only be made from the participant deferral portion of their account.

Notes Receivable from Participants

Participants may borrow from their accounts an amount not to exceed the lesser of $50,000 or 50% of the value of the participant's vested interest in their account.

Right to Terminate the Plan

Although they have not expressed any intent to do so, the Company has the right to terminate the Plan at any time, subject to the provisions of ERISA. In the event of plan termination, participants will be 100% vested in their accounts. The trust will be maintained until the capital accumulations of all participants have been distributed.

NOTE B. SIGNIFICANT ACCOUNTING POLICIES

A summary of the significant accounting policies utilized in the preparation of the accompanying financial statements follows:

Basis of Accounting

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

Date of Management's Review

Management has evaluated subsequent events through October 5, 2016, the date the financial statements were available to be issued, and has deemed that no additional disclosures were necessary.

NOTE B. SIGNIFICANT ACCOUNTING POLICIES (continued)

Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Quoted market prices are used to value investments. Shares of mutual funds are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end.

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

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 on terms of the Plan document.

Distributions to Participants

Distributions to participants are recorded when paid.

Income Tax Status

The Plan is qualified under Section 401(a) of the Internal Revenue Code and is exempt from federal income tax under Section 501(a) of the Code. The Plan is also exempt from applicable state tax.

The Plan obtained its most recent favorable tax determination letter from the Internal Revenue Service in March 2008. The plan administrator believes the Plan is currently designed and being operated in compliance with applicable requirements of the Internal Revenue Code. The Plan's income tax returns are subject to examination by the Internal Revenue Service for a period of three years from the date of filing. As of December 31, 2015, the 2012, 2013, 2014, and 2015 federal tax returns are subject to examination.

NOTE C. ADMINISTRATION OF PLAN ASSETS

Certain administrative functions are performed by officers or employees of the Company. No such officers or employees receive compensation from the Plan. In addition, certain administrative expenses of the Plan were paid by the Company for the years ended December 31, 2015 and 2014.

NOTE D. FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement accounting literature establishes 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, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and 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 2 and Level 3 inputs are only used when Level 1 inputs are not available.

Level 1 Fair Value Measurements

The fair value of short-term cash investments and mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.

NOTE D. FAIR VALUE MEASUREMENTS (continued)

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2015 and 2014:

December 31, 2015	Fair Value	Fair Value Measurements at End of Period Using Quoted Prices in Active Markets for Identical Assets (Level 1)
Short-term cash investments	$ 193,364	$ 193,364
Mutual funds	6,104,072	6,104,072
Total	$ 6,297,436	$ 6,297,436
December 31, 2014		
Short-term cash investments	$ 233,348	$ 233,348
Mutual funds	5,881,789	5,881,789
Total	$ 6,115,137	$ 6,115,137

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the years ended December 31, 2015 and 2014 are reported in net appreciation in fair value of investments.

NOTE E. INFORMATION CERTIFIED BY THE PLAN TRUSTEE

The statements of net assets available for benefits, the investment activities included in the statements of changes in net assets available for benefits, and the accompanying notes to the financial statements and supplemental schedule for 2015 and 2014 were prepared, in part or entirely, from information certified by the trustee in accordance with 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 information certified includes total investments of $6,297,436 and $6,115,137 as of December 31, 2015 and 2014, respectively, and the related investment (loss) income of $(8,775) and $393,620 for 2015 and 2014, respectively. Also included in the certified information are the notes receivable from participants of $274,822 and $312,617 as of December 31, 2015 and 2014, respectively, and the related interest income on these notes of $16,221 and $19,251 for 2015 and 2014, respectively.

NOTE F. INVESTMENTS

The following presents the fair values of investments that represent 5% or more of the Plan's net assets at December 31, 2015 and 2014.

	2015	2014
Investments at fair value as determined by quoted market price:		
Mutual funds		
Fidelity Leveraged Co Stk	$ 319,643	$ 362,672
Fidelity Real Estate Invs	631,114	589,987
Fidelity Intl Discovery	495,239	463,599
Fidelity Freedom Fund 2020	575,233	524,328
Fidelity Freedom Fund 2025	752,210	668,612
Fidelity Freedom Fund 2030	390,318	363,276
Fidelity Freedom Fund 2035	332,537	287,282
Loomis Sm Cap Val R	297,177	348,895

Net change in fair value of assets

During 2015 and 2014, the Plan's investments, including gains and losses on investments bought and sold, as well as held during the period, (depreciated) appreciated in value by $(353,760) and $87,091, as follows:

	2015	2014
Net changes in fair value of investments as determined by quoted market price:		
Mutual funds	$ (353,760)	$ 87,091
Net change in fair value	$ (353,760)	$ 87,091

NOTE G. RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Fidelity Management Trust Company. Fidelity Management Trust Company is the trustee as defined by the

NOTE G. RELATED PARTY TRANSACTIONS (continued)

Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services amounted to $3,545 and $2,595 for 2015 and 2014, respectively.

NOTE H. RISKS AND UNCERTAINTIES

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

SUPPLEMENTAL INFORMATION

Schedule I

ADVANCED MANUFACTURING AND DEVELOPMENT, INC.
RETIREMENT SAVINGS PLAN

ASSETS HELD AT END OF YEAR
December 31, 2015

Form 5500, Schedule H, Line 4(i) - Schedule of Assets Held at End of Year
Federal Identification Number 94-2378705
Plan Number 001

(a)	(b) Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
*	Fidelity Retirement Money Market	Money market account	$ 193,364	$ 193,364
	Loomis Sm Cap Val R	Equity fund	299,340	297,177
	Northern Sm Cap Val	Equity fund	79,530	75,034
	Alzgi NFJ Div Vl Adm	Equity fund	159,191	155,679
	Artisan Mid Cap Val	Equity fund	178,274	143,354
	Col/Acorn Select Z	Equity fund	24,783	16,488
	Conestoga Sm Cap Inv	Equity fund	98,710	102,269
*	Fidelity GNMA	Bond fund	78,599	79,766
*	Fidelity Capital & Income	Equity fund	70,057	64,745
*	Fidelity Levergd Co Stk	Equity fund	262,787	319,643
*	Fidelity Real Estate Invs	Equity fund	465,810	631,114
*	Fidelity Balanced	Equity fund	30,559	33,257
*	Fidelity Intl Discovery	Equity fund	485,757	495,239
*	Fidelity Capital Apprec	Equity fund	343,044	328,448
*	Fidelity Disciplnd Eqty	Equity fund	49,186	55,827
*	Fidelity Freedom Income	Blended investment	178,948	168,307
*	Fidelity Freedom 2010	Blended investment	136,257	137,964
*	Fidelity Freedom 2020	Blended investment	584,484	575,233
*	Fidelity Freedom 2030	Blended investment	365,957	390,318
*	Fidelity Freedom 2040	Blended investment	101,206	100,613
*	Fidelity Total Bond	Bond fund	203,641	199,198
*	Fidelity Freedom 2015	Blended investment	254,059	252,332
*	Fidelity Freedom 2025	Blended investment	728,571	752,210
*	Fidelity Freedom 2035	Blended investment	332,903	332,537
*	Spartan Intl Index Adv	Equity fund	118	111
*	Spartan 500 Index Adv	Equity fund	213,259	293,824
*	Fidelity Freedom 2045	Blended investment	12,505	11,705
*	Fidelity Freedom 2050	Blended investment	41,207	41,008
*	Fidelity Freedom 2055	Blended investment	46,925	46,180
*	Fidelity Freedom 2060	Blended investment	4,605	4,492
	Participant Loans	Interest at 3.25% through 7.5%	-	274,822

(*) Indicates party-in-interest

ADVANCED MANUFACTURING AND DEVELOPMENT, INC.
RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS

For the years ended December 31, 2015 and 2014

C O N T E N T S

	Page
INDEPENDENT AUDITORS' REPORT	**1 - 2**
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	**3**
Statements of Changes in Net Assets Available for Benefits	**4**
Notes to Financial Statements	**5 - 11**
SUPPLEMENTAL INFORMATION	
Schedule I – Assets Held at End of Year	**12**

THOMAS, PORCH & GULLICKSON
CERTIFIED PUBLIC ACCOUNTANTS
A PROFESSIONAL CORPORATION

Main Office
5213 El Mercado Parkway, Suite E
Santa Rosa, California 95403
Tel: 707·575·4236 / Fax: 707·575·4336
E-mail: office@tpgcpas.com

Montana Office
P.O. Box 566
Polson, Montana 59860
Toll free: 866·883·5235
Fax: 406·883·0805

INDEPENDENT AUDITORS' REPORT

To the Trustee of the
Advanced Manufacturing and Development, Inc.
Retirement Savings Plan
Willits, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Advanced Manufacturing and Development, Inc. Retirement Savings Plan, which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with

respect to the information summarized in Note E, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of 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

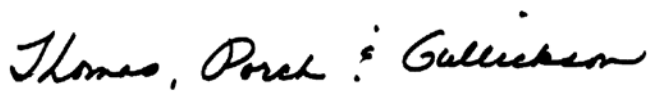
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of Assets Held at End of Year 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.



Santa Rosa, California
October 5, 2016

ADVANCED MANUFACTURING AND DEVELOPMENT, INC.
RETIREMENT SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2015 and 2014

	2015	2014
ASSETS		
INVESTMENTS, at fair value		
Participant-directed investments	$ 6,297,436	$ 6,115,137
RECEIVABLES		
Notes receivable from participants	274,822	312,617
NET ASSETS AVAILABLE FOR BENEFITS	$ 6,572,258	$ 6,427,754

See accompanying Notes to Financial Statements.

ADVANCED MANUFACTURING AND DEVELOPMENT, INC.
RETIREMENT SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the years ended December 31, 2015 and 2014

	2015	2014
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income		
Interest and dividend income	$ 344,985	$ 306,529
Net (depreciation) appreciation in fair value of investments	(353,760)	87,091
Interest income on notes receivable from participants	16,221	19,251
Contributions		
Participant	283,182	261,202
Employer	135,346	120,598
	425,974	794,671
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Distributions to participants	277,925	139,116
Administrative expenses	3,545	2,595
	281,470	141,711
Net increase	144,504	652,960
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	6,427,754	5,774,794
NET ASSETS AVAILABLE FOR BENEFITS, end of year	$ 6,572,258	$ 6,427,754

See accompanying Notes to Financial Statements.

NOTE A. SUMMARY OF PLAN AND PROVISIONS

The Advanced Manufacturing and Development, Inc. Retirement Savings Plan (the "Plan") was established on January 1, 1994. The Plan is a defined contribution plan.

All employees of Advanced Manufacturing and Development, Inc. (the "Company") as of January 1, 1994, the effective date of the Plan, are eligible to participate in the Plan. All employees hired after the effective date of the Plan are eligible to participate on the first day of the month after completing three months of service.

Contributions

Participants may contribute the lesser of 90% of pre-tax compensation or the annual limit in compliance with the requirements of the Employee Retirement Income Security Act (ERISA). The Company may make discretionary matching contributions amounting to a percentage of participants' salary deferrals. Effective January 1, 2008, the Company is making Safe Harbor matching contributions equal to 100% of the first 4% of eligible compensation that participants contribute to the Plan. Company matching contributions are funded at the same time as the participant contributions, following each pay period.

Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

Participant Accounts

The Plan maintains separate accounts for each eligible participant. Each participant's account is credited with an allocation of (i) participant deferral contributions, (ii) the Company's matching contributions, and (iii) the net income (loss) for the plan year. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Participants direct the investment of the contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds and money market accounts.

Vesting

Participants have a 100% non-forfeitable interest in their deferral contributions account, employer discretionary matching contributions, employer Safe Harbor matching contributions, and the actual earnings thereon.

NOTE A. SUMMARY OF PLAN AND PROVISIONS (continued)

Payment of Benefits

Generally, no distribution from the Plan will be made until a participant reaches normal retirement age (59½), dies, or otherwise terminates employment with the Company. The Plan does allow for certain hardship withdrawals as defined in the Basic Plan Document subject to a minimum withdrawal of $500. Hardship withdrawals can only be made from the participant deferral portion of their account.

Notes Receivable from Participants

Participants may borrow from their accounts an amount not to exceed the lesser of $50,000 or 50% of the value of the participant's vested interest in their account.

Right to Terminate the Plan

Although they have not expressed any intent to do so, the Company has the right to terminate the Plan at any time, subject to the provisions of ERISA. In the event of plan termination, participants will be 100% vested in their accounts. The trust will be maintained until the capital accumulations of all participants have been distributed.

NOTE B. SIGNIFICANT ACCOUNTING POLICIES

A summary of the significant accounting policies utilized in the preparation of the accompanying financial statements follows:

Basis of Accounting

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

Date of Management's Review

Management has evaluated subsequent events through October 5, 2016, the date the financial statements were available to be issued, and has deemed that no additional disclosures were necessary.

NOTE B. SIGNIFICANT ACCOUNTING POLICIES (continued)

Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Quoted market prices are used to value investments. Shares of mutual funds are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end.

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

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 on terms of the Plan document.

Distributions to Participants

Distributions to participants are recorded when paid.

Income Tax Status

The Plan is qualified under Section 401(a) of the Internal Revenue Code and is exempt from federal income tax under Section 501(a) of the Code. The Plan is also exempt from applicable state tax.

The Plan obtained its most recent favorable tax determination letter from the Internal Revenue Service in March 2008. The plan administrator believes the Plan is currently designed and being operated in compliance with applicable requirements of the Internal Revenue Code. The Plan's income tax returns are subject to examination by the Internal Revenue Service for a period of three years from the date of filing. As of December 31, 2015, the 2012, 2013, 2014, and 2015 federal tax returns are subject to examination.

NOTE C. ADMINISTRATION OF PLAN ASSETS

Certain administrative functions are performed by officers or employees of the Company. No such officers or employees receive compensation from the Plan. In addition, certain administrative expenses of the Plan were paid by the Company for the years ended December 31, 2015 and 2014.

NOTE D. FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement accounting literature establishes 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, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and 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 2 and Level 3 inputs are only used when Level 1 inputs are not available.

Level 1 Fair Value Measurements

The fair value of short-term cash investments and mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.

NOTE D. FAIR VALUE MEASUREMENTS (continued)

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2015 and 2014:

December 31, 2015	Fair Value	Fair Value Measurements at End of Period Using Quoted Prices in Active Markets for Identical Assets (Level 1)
Short-term cash investments	$ 193,364	$ 193,364
Mutual funds	6,104,072	6,104,072
Total	$ 6,297,436	$ 6,297,436
December 31, 2014		
Short-term cash investments	$ 233,348	$ 233,348
Mutual funds	5,881,789	5,881,789
Total	$ 6,115,137	$ 6,115,137

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the years ended December 31, 2015 and 2014 are reported in net appreciation in fair value of investments.

NOTE E. INFORMATION CERTIFIED BY THE PLAN TRUSTEE

The statements of net assets available for benefits, the investment activities included in the statements of changes in net assets available for benefits, and the accompanying notes to the financial statements and supplemental schedule for 2015 and 2014 were prepared, in part or entirely, from information certified by the trustee in accordance with 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 information certified includes total investments of $6,297,436 and $6,115,137 as of December 31, 2015 and 2014, respectively, and the related investment (loss) income of $(8,775) and $393,620 for 2015 and 2014, respectively. Also included in the certified information are the notes receivable from participants of $274,822 and $312,617 as of December 31, 2015 and 2014, respectively, and the related interest income on these notes of $16,221 and $19,251 for 2015 and 2014, respectively.

NOTE F. INVESTMENTS

The following presents the fair values of investments that represent 5% or more of the Plan's net assets at December 31, 2015 and 2014.

	2015	2014
Investments at fair value as determined by quoted market price:		
Mutual funds		
Fidelity Leveraged Co Stk	$ 319,643	$ 362,672
Fidelity Real Estate Invs	631,114	589,987
Fidelity Intl Discovery	495,239	463,599
Fidelity Freedom Fund 2020	575,233	524,328
Fidelity Freedom Fund 2025	752,210	668,612
Fidelity Freedom Fund 2030	390,318	363,276
Fidelity Freedom Fund 2035	332,537	287,282
Loomis Sm Cap Val R	297,177	348,895

Net change in fair value of assets

During 2015 and 2014, the Plan's investments, including gains and losses on investments bought and sold, as well as held during the period, (depreciated) appreciated in value by $(353,760) and $87,091, as follows:

	2015	2014
Net changes in fair value of investments as determined by quoted market price:		
Mutual funds	$ (353,760)	$ 87,091
Net change in fair value	$ (353,760)	$ 87,091

NOTE G. RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Fidelity Management Trust Company. Fidelity Management Trust Company is the trustee as defined by the

NOTE G. RELATED PARTY TRANSACTIONS (continued)

Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services amounted to $3,545 and $2,595 for 2015 and 2014, respectively.

NOTE H. RISKS AND UNCERTAINTIES

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

SUPPLEMENTAL INFORMATION

Schedule I

ADVANCED MANUFACTURING AND DEVELOPMENT, INC.
RETIREMENT SAVINGS PLAN

ASSETS HELD AT END OF YEAR
December 31, 2015

Form 5500, Schedule H, Line 4(i) - Schedule of Assets Held at End of Year
Federal Identification Number 94-2378705
Plan Number 001

(a)	(b) Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
*	Fidelity Retirement Money Market	Money market account	$ 193,364	$ 193,364
	Loomis Sm Cap Val R	Equity fund	299,340	297,177
	Northern Sm Cap Val	Equity fund	79,530	75,034
	Alzgi NFJ Div Vl Adm	Equity fund	159,191	155,679
	Artisan Mid Cap Val	Equity fund	178,274	143,354
	Col/Acorn Select Z	Equity fund	24,783	16,488
	Conestoga Sm Cap Inv	Equity fund	98,710	102,269
*	Fidelity GNMA	Bond fund	78,599	79,766
*	Fidelity Capital & Income	Equity fund	70,057	64,745
*	Fidelity Levergd Co Stk	Equity fund	262,787	319,643
*	Fidelity Real Estate Invs	Equity fund	465,810	631,114
*	Fidelity Balanced	Equity fund	30,559	33,257
*	Fidelity Intl Discovery	Equity fund	485,757	495,239
*	Fidelity Capital Apprec	Equity fund	343,044	328,448
*	Fidelity Disciplnd Eqty	Equity fund	49,186	55,827
*	Fidelity Freedom Income	Blended investment	178,948	168,307
*	Fidelity Freedom 2010	Blended investment	136,257	137,964
*	Fidelity Freedom 2020	Blended investment	584,484	575,233
*	Fidelity Freedom 2030	Blended investment	365,957	390,318
*	Fidelity Freedom 2040	Blended investment	101,206	100,613
*	Fidelity Total Bond	Bond fund	203,641	199,198
*	Fidelity Freedom 2015	Blended investment	254,059	252,332
*	Fidelity Freedom 2025	Blended investment	728,571	752,210
*	Fidelity Freedom 2035	Blended investment	332,903	332,537
*	Spartan Intl Index Adv	Equity fund	118	111
*	Spartan 500 Index Adv	Equity fund	213,259	293,824
*	Fidelity Freedom 2045	Blended investment	12,505	11,705
*	Fidelity Freedom 2050	Blended investment	41,207	41,008
*	Fidelity Freedom 2055	Blended investment	46,925	46,180
*	Fidelity Freedom 2060	Blended investment	4,605	4,492
	Participant Loans	Interest at 3.25% through 7.5%	-	274,822

(*) Indicates party-in-interest