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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2011</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                                   | Annual Report Identification Information                                                                                                                                                                                                  |
| For calendar plan year 2011 or fiscal plan year beginning <u>11/01/2011</u> and ending <u>10/31/2012</u> |                                                                                                                                                                                                                                           |
| A This return/report is for:                                                                             | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| B This return/report is:                                                                                 | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| C If the plan is a collectively-bargained plan, check here. . . . .                                      | <input checked="" type="checkbox"/>                                                                                                                                                                                                       |
| D Check box if filing under:                                                                             | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                                                       |                                                                     |                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------|
| Part II                                                                                                                                                                                                                               | Basic Plan Information—enter all requested information              |                                                             |
| <b>1a</b> Name of plan<br><u>SIFCO CUSTOM MACHINING COMPANY RETIREMENT INC PLAN</u>                                                                                                                                                   | <b>1b</b> Three-digit plan number (PN) ▶ <u>009</u>                 | <b>1c</b> Effective date of plan<br><u>11/01/1988</u>       |
| <b>2a</b> Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)<br><br><u>SIFCO CUSTOM MACHINING COMPANY</u><br><br><u>2430 NORTH WINNETKA AVE.</u><br><u>MINNEAPOLIS, MN 55427</u> | <b>2b</b> Employer Identification Number (EIN)<br><u>41-0742016</u> | <b>2c</b> Sponsor's telephone number<br><u>216-881-8600</u> |
|                                                                                                                                                                                                                                       |                                                                     | <b>2d</b> Business code (see instructions)<br><u>332110</u> |

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

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

|              |                                                   |            |                                                              |
|--------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN<br>HERE | Filed with authorized/valid electronic signature. | 08/13/2013 | D PAUL HIDO                                                  |
|              | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE | Filed with authorized/valid electronic signature. | 08/13/2013 | D PAUL HIDO                                                  |
|              | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>HERE |                                                   |            |                                                              |
|              | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2011)  
v.012611

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>SIFCO INDUSTRIES, INC.<br><br>970 EAST 64TH ST.<br>CLEVELAND, OH 44103                                                                                                                                                                                                                                                                     |           | <b>3b</b> Administrator's EIN<br>34-0553950                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       |           | <b>3c</b> Administrator's telephone number<br>216-881-8600                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><br><b>a</b> Sponsor's name                                                                                                                                                                                                                 |           | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                               | <b>5</b>  | 111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                                                                |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>a</b> Active participants.....                                                                                                                                                                                                                                                                                                                                                                                                     | <b>6a</b> | 39                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                                    | <b>6b</b> | 35                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                                     | <b>6c</b> | 26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                              | <b>6d</b> | 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                                                                                                                                                                                                                                                                                                             | <b>6e</b> | 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                               | <b>6f</b> | 108                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                                                                                                                                        | <b>6g</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                                            | <b>6h</b> | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                  | <b>7</b>  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:<br>1G 1B                                                                                                                                                                                                                                                                  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:                                                                                                                                                                                                                                                                            |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                              |           | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                         |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                     |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |           | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                           |                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><hr/> <small>Department of Labor<br/>Employee Benefits Security Administration</small><br><hr/> <small>Pension Benefit Guaranty Corporation</small> | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b><br><br>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><hr/> <b>2011</b><br><br><hr/> <b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2011 or fiscal plan year beginning **11/01/2011** and ending **10/31/2012**

|                                                                                                        |                                                                    |            |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><b>SIFCO CUSTOM MACHINING COMPANY RETIREMENT INC PLAN</b>                     | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <b>009</b> |
|                                                                                                        |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>SIFCO CUSTOM MACHINING COMPANY</b> | <b>D</b> Employer Identification Number (EIN)<br><b>41-0742016</b> |            |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> 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  
**THE PRUDENTIAL INSURANCE COMPANY OF AMERICA**

| (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     |
| 22-1211670 | 68241         | 030255870130                          | 111                                                                         | 11/01/2011              | 10/31/2012 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 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 |
|                                      |                               |

**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

| (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 |                       |
|                                               |                                 |             |                       |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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.

|                                                                                                        |          |         |
|--------------------------------------------------------------------------------------------------------|----------|---------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |         |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 2890218 |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**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 ▶

|                                                                                             |              |   |
|---------------------------------------------------------------------------------------------|--------------|---|
| <b>b</b> Balance at the end of the previous year .....                                      | <b>7b</b>    |   |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                       | <b>7c(1)</b> |   |
| (2) Dividends and credits .....                                                             | <b>7c(2)</b> |   |
| (3) Interest credited during the year .....                                                 | <b>7c(3)</b> |   |
| (4) Transferred from separate account .....                                                 | <b>7c(4)</b> |   |
| (5) Other (specify below) .....                                                             | <b>7c(5)</b> |   |
| ▶                                                                                           |              |   |
| (6) Total additions .....                                                                   | <b>7c(6)</b> |   |
| <b>d</b> Total of balance and additions (add <b>b</b> and <b>c(6)</b> ) .....               | <b>7d</b>    |   |
| <b>e</b> Deductions:                                                                        |              |   |
| (1) Disbursed from fund to pay benefits or purchase annuities during year .....             | <b>7e(1)</b> |   |
| (2) Administration charge made by carrier .....                                             | <b>7e(2)</b> |   |
| (3) Transferred to separate account .....                                                   | <b>7e(3)</b> |   |
| (4) Other (specify below) .....                                                             | <b>7e(4)</b> |   |
| ▶                                                                                           |              |   |
| (5) Total deductions .....                                                                  | <b>7e(5)</b> |   |
| <b>f</b> Balance at the end of the current year (subtract <b>e(5)</b> from <b>d</b> ) ..... | <b>7f</b>    | 0 |

**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:

|                                                                                                                                                   |                 |                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--|
| <b>a</b> Premiums: (1) Amount received.....                                                                                                       | <b>9a(1)</b>    |                 |  |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |  |
| (3) Increase (decrease) in unearned premium reserve.....                                                                                          | <b>9a(3)</b>    |                 |  |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    |  |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |  |
| (2) Increase (decrease) in claim reserves.....                                                                                                    | <b>9b(2)</b>    |                 |  |
| (3) Incurred claims (add (1) and (2)).....                                                                                                        |                 | <b>9b(3)</b>    |  |
| (4) Claims charged.....                                                                                                                           |                 | <b>9b(4)</b>    |  |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |  |
| (A) Commissions.....                                                                                                                              | <b>9c(1)(A)</b> |                 |  |
| (B) Administrative service or other fees.....                                                                                                     | <b>9c(1)(B)</b> |                 |  |
| (C) Other specific acquisition costs.....                                                                                                         | <b>9c(1)(C)</b> |                 |  |
| (D) Other expenses.....                                                                                                                           | <b>9c(1)(D)</b> |                 |  |
| (E) Taxes.....                                                                                                                                    | <b>9c(1)(E)</b> |                 |  |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |  |
| (G) Other retention charges.....                                                                                                                  | <b>9c(1)(G)</b> |                 |  |
| (H) Total retention.....                                                                                                                          |                 | <b>9c(1)(H)</b> |  |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |  |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....                                |                 | <b>9d(1)</b>    |  |
| (2) Claim reserves.....                                                                                                                           |                 | <b>9d(2)</b>    |  |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |  |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....                                                 |                 | <b>9e</b>       |  |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier.....                                                                                                                                                            | <b>10a</b> |  |
| <b>b</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, item 2 above, report amount. .... | <b>10b</b> |  |

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. ▶

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2011 or fiscal plan year beginning 11/01/2011 and ending 10/31/2012

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

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

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>SIFCO CUSTOM MACHINING COMPANY RETIREMENT INC PLAN</u>                                                        | <b>B</b> Three-digit plan number (PN) ▶ <u>009</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>SIFCO CUSTOM MACHINING COMPANY</u>                         | <b>D</b> Employer Identification Number (EIN)<br><u>41-0742016</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|               |                                                                                                                                                                                                                  |
|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Basic Information</b>                                                                                                                                                                                         |
| <b>1</b>      | Enter the valuation date: Month <u>11</u> Day <u>01</u> Year <u>2011</u>                                                                                                                                         |
| <b>2</b>      | Assets:                                                                                                                                                                                                          |
| <b>a</b>      | Market value ..... <b>2a</b> <u>4128651</u>                                                                                                                                                                      |
| <b>b</b>      | Actuarial value ..... <b>2b</b> <u>4073250</u>                                                                                                                                                                   |
| <b>3</b>      | Funding target/participant count breakdown:                                                                                                                                                                      |
|               | (1) Number of participants (2) Funding Target                                                                                                                                                                    |
| <b>a</b>      | For retired participants and beneficiaries receiving payment ..... <b>3a</b> <u>42</u> <u>3412843</u>                                                                                                            |
| <b>b</b>      | For terminated vested participants ..... <b>3b</b> <u>23</u> <u>693141</u>                                                                                                                                       |
| <b>c</b>      | For active participants:                                                                                                                                                                                         |
| (1)           | Non-vested benefits ..... <b>3c(1)</b> <u>105811</u>                                                                                                                                                             |
| (2)           | Vested benefits ..... <b>3c(2)</b> <u>1239534</u>                                                                                                                                                                |
| (3)           | Total active ..... <b>3c(3)</b> <u>46</u> <u>1345345</u>                                                                                                                                                         |
| <b>d</b>      | Total ..... <b>3d</b> <u>111</u> <u>5451329</u>                                                                                                                                                                  |
| <b>4</b>      | If the plan is in at-risk status, check the box and complete lines (a) and (b) ..... <input type="checkbox"/>                                                                                                    |
| <b>a</b>      | Funding target disregarding prescribed at-risk assumptions ..... <b>4a</b>                                                                                                                                       |
| <b>b</b>      | Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... <b>4b</b> |
| <b>5</b>      | Effective interest rate ..... <b>5</b> <u>5.55 %</u>                                                                                                                                                             |
| <b>6</b>      | Target normal cost ..... <b>6</b> <u>110559</u>                                                                                                                                                                  |

**Statement by Enrolled Actuary**

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

|                                                                             |                                        |
|-----------------------------------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                                            | <u>07/31/2013</u>                      |
| Signature of actuary                                                        | Date                                   |
| <u>GAIL R. STEWARD</u>                                                      | <u>11-06835</u>                        |
| Type or print name of actuary                                               | Most recent enrollment number          |
| <u>FINDLEY DAVIES, INC.</u>                                                 | <u>216-875-1900</u>                    |
| Firm name                                                                   | Telephone number (including area code) |
| <u>1300 EAST NINTH STREET, SUITE 850</u><br><u>CLEVELAND, OH 44114-1516</u> |                                        |
| Address of the firm                                                         |                                        |

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

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

**Schedule SB (Form 5500) 2011**  
**v.012611**

| Part II Beginning of year carryover and prefunding balances |                                                                                                                          | (a) Carryover balance | (b) Prefunding balance |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| 7                                                           | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                          |                       |                        |
| 8                                                           | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                       |                       |                        |
| 9                                                           | Amount remaining (line 7 minus line 8) .....                                                                             |                       |                        |
| 10                                                          | Interest on line 9 using prior year's actual return of <u>5.95</u> % .....                                               |                       |                        |
| 11                                                          | Prior year's excess contributions to be added to prefunding balance:                                                     |                       |                        |
| a                                                           | Present value of excess contributions (line 38 from prior year) .....                                                    |                       |                        |
| b                                                           | Interest on (a) using prior year's effective rate of <u>6.39</u> % except as otherwise provided (see instructions) ..... |                       | 0                      |
| c                                                           | Total available at beginning of current plan year to add to prefunding balance .....                                     |                       |                        |
| d                                                           | Portion of (c) to be added to prefunding balance .....                                                                   |                       |                        |
| 12                                                          | Other reductions in balances due to elections or deemed elections .....                                                  |                       |                        |
| 13                                                          | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                       |                       |                        |

| Part III Funding percentages |                                                                                                                                                                  |    |         |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|
| 14                           | Funding target attainment percentage .....                                                                                                                       | 14 | 74.72 % |
| 15                           | Adjusted funding target attainment percentage .....                                                                                                              | 15 | 74.72 % |
| 16                           | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | 16 | 75.71 % |
| 17                           | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | 17 | %       |

| Part IV Contributions and liquidity shortfalls                                    |                                   |                                 |                          |                                   |                                 |
|-----------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 18 Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                          | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 02/15/2012                                                                        | 82093                             |                                 |                          |                                   |                                 |
| 05/15/2012                                                                        | 82093                             |                                 |                          |                                   |                                 |
| 08/15/2012                                                                        | 82093                             |                                 |                          |                                   |                                 |
| 11/15/2012                                                                        | 82093                             |                                 |                          |                                   |                                 |
| 06/14/2013                                                                        | 113526                            |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 | Totals ►                 | 18(b) 441898                      | 18(c)                           |

|                                                                                                                               |                                                                                                                |                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |                                                                                                                |                                                                     |
| a                                                                                                                             | Contributions allocated toward unpaid minimum required contributions from prior years .....                    | 19a                                                                 |
| b                                                                                                                             | Contributions made to avoid restrictions adjusted to valuation date .....                                      | 19b                                                                 |
| c                                                                                                                             | Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | 19c 420897                                                          |
| 20 Quarterly contributions and liquidity shortfalls:                                                                          |                                                                                                                |                                                                     |
| a                                                                                                                             | Did the plan have a "funding shortfall" for the prior year? .....                                              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b                                                                                                                             | If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| c If 20a is "Yes," see instructions and complete the following table as applicable:                                           |                                                                                                                |                                                                     |
| Liquidity shortfall as of end of quarter of this plan year                                                                    |                                                                                                                |                                                                     |
| (1) 1st                                                                                                                       | (2) 2nd                                                                                                        | (3) 3rd                                                             |
|                                                                                                                               |                                                                                                                |                                                                     |
|                                                                                                                               |                                                                                                                | (4) 4th                                                             |

**Part V Assumptions used to determine funding target and target normal cost**

|                                                                                                                                                                                              |                       |                       |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                       |                       |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>2.18% | 2nd segment:<br>5.36% | 3rd segment:<br>6.33 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                       |                       |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                       |                       |                        | <b>22</b> 63                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                       |                       |                        |                                                     |

**Part VI Miscellaneous items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....                   | <b>27</b>                                                           |

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

|                                                                                                                                     |           |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> |

**Part VIII Minimum required contribution for current year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 110559             |               |
| <b>b</b> Excess assets, if applicable, but not greater than 31a .....                                                                                                                | <b>31b</b>          |                    |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 1378079             | 283221             |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       |                     |                    |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                            | <b>34</b>           | 393780             |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                |                     |                    |               |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 393780             |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 420897             |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 27117              |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          |                    |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           |                    |               |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                   | <b>40</b>           | 0                  |               |

**Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)**

|                                                                                                                 |                                                                                                                         |  |  |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>41</b> If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule: |                                                                                                                         |  |  |
| <b>a</b> Schedule elected .....                                                                                 | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....                                | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |  |
| <b>42</b> Amount of acceleration adjustment .....                                                               | <b>42</b>                                                                                                               |  |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years .....                  | <b>43</b>                                                                                                               |  |  |

|                                                                                                                                                                                                               |                                                                                                                                                                                                                |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                | <b>2011</b>                                    |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2011 or fiscal plan year beginning 11/01/2011 and ending 10/31/2012

|                                                                                                        |                                                                    |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>SIFCO CUSTOM MACHINING COMPANY RETIREMENT INC PLAN</u>                     | <b>B</b> Three-digit plan number (PN) ▶ <u>009</u>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>SIFCO CUSTOM MACHINING COMPANY</u> | <b>D</b> Employer Identification Number (EIN)<br><u>41-0742016</u> |

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

|                                                                                                                   |                                                               |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                                               |
| <u>QUANTITATIVE MANAGEMENT ASSOC. LLC</u>                                                                         | <u>TWO GATEWAY CTR., 6TH FLOOR</u><br><u>NEWARK, NJ 07102</u> |
| <u>33-1077887</u>                                                                                                 |                                                               |

|                                                                                                                  |                                                      |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation |                                                      |
| <u>PRU INVESTMENT MANAGEMENT CO.</u>                                                                             | <u>213 WASHINGTON ST.</u><br><u>NEWARK, NJ 07102</u> |
| <u>22-2540245</u>                                                                                                |                                                      |

|                                                                                                                   |                                                        |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                                        |
| <u>PRUDENTIAL INSURANCE CO.</u>                                                                                   | <u>80 LIVINGSTON AVE.</u><br><u>ROSELAND, NJ 07068</u> |
| <u>22-1211670</u>                                                                                                 |                                                        |

|                                                                                                                   |                                                        |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                                        |
| <u>PRUDENTIAL TRUST CO.</u>                                                                                       | <u>80 LIVINGSTON AVE.</u><br><u>ROSELAND, NJ 07068</u> |
| <u>23-6994310</u>                                                                                                 |                                                        |

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

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JENNISON ASSOCIATES LLC

466 LEXINGTON AVE.  
NEW YORK, NY 10017

52-2069785

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

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

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

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

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

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

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

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

PRUDENTIAL INSURANCE CO.

80 LIVINGSTON AVE.  
ROSELAND, NJ 07068

22-1211670

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13                     | CONTRACT ADMINISTRATOR                                                                            | 3128                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

CBIZ FINANCIAL SOLUTIONS INC.

6050 OAK TREE BLVD.  
INDEPENDENCE, OH 44131

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | INVESTMENT ADVISOR                                                                                | 8598                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
|                                                                     |                                                                                                                                                                    |                                           |
| (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<br>(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<br>(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)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                           |                                                                                                                                                                                                                              |                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection.</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2011 or fiscal plan year beginning 11/01/2011 and ending 10/31/2012

|                                                                                                               |                                                                    |            |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>SIFCO CUSTOM MACHINING COMPANY RETIREMENT INC PLAN</u>                            | <b>B</b> Three-digit plan number (PN)                              | <u>009</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>SIFCO CUSTOM MACHINING COMPANY</u> | <b>D</b> Employer Identification Number (EIN)<br><u>41-0742016</u> |            |

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

|                                                                                         |                               |                                                                                                                    |  |
|-----------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>QUANTITATIVE CORE EQUITY ACCOUNT</u>  |                               |                                                                                                                    |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRUDENTIAL INSURANCE CO.</u>       |                               |                                                                                                                    |  |
| <b>c</b> EIN-PN <u>22-1211670-004</u>                                                   | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1584325</u> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERNATIONAL STOCK INDEX ACCOUNT</u> |                               |                                                                                                                    |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRUDENTIAL INSURANCE CO.</u>       |                               |                                                                                                                    |  |
| <b>c</b> EIN-PN <u>22-1211670-001</u>                                                   | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>135563</u>  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIDEX 500 ACCOUNT</u>                |                               |                                                                                                                    |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRUDENTIAL INSURANCE CO.</u>       |                               |                                                                                                                    |  |
| <b>c</b> EIN-PN <u>22-1211670-011</u>                                                   | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>522076</u>  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIVEST ACCOUNT</u>                   |                               |                                                                                                                    |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRUDENTIAL INSURANCE CO.</u>       |                               |                                                                                                                    |  |
| <b>c</b> EIN-PN <u>22-1211670-020</u>                                                   | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>486028</u>  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SHORT TERM ACCOUNT</u>                |                               |                                                                                                                    |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRUDENTIAL INSURANCE CO.</u>       |                               |                                                                                                                    |  |
| <b>c</b> EIN-PN <u>22-1211670-044</u>                                                   | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>45702</u>   |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MIDCAP QUANT CORE EQUITY ACCOUNT</u>  |                               |                                                                                                                    |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRUDENTIAL INSURANCE CO.</u>       |                               |                                                                                                                    |  |
| <b>c</b> EIN-PN <u>22-1211670-010</u>                                                   | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5291</u>    |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VALUE EQUITY ACCOUNT</u>              |                               |                                                                                                                    |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRUDENTIAL INSURANCE CO.</u>       |                               |                                                                                                                    |  |
| <b>c</b> EIN-PN <u>22-1211670-009</u>                                                   | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>111233</u>  |  |

|                                                                        |                        |                                                                                                            |
|------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CORE BOND FUND          |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): PRUDENTIAL TRUST CO. |                        |                                                                                                            |
| <b>c</b> EIN-PN 23-6994310-125                                         | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 547886 |

|                                                                            |                        |                                                                                                            |
|----------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CORE CONSERVATIVE BOND FUND |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): PRUDENTIAL TRUST CO.     |                        |                                                                                                            |
| <b>c</b> EIN-PN 23-6694310-126                                             | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 264924 |

|                                                                            |                        |                                                                                                            |
|----------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JENNISON GROWTH EQUITY FUND |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): PRUDENTIAL TRUST CO.     |                        |                                                                                                            |
| <b>c</b> EIN-PN 23-6694310-057                                             | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 116342 |

|                                                                              |                        |                                                                                                            |
|------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INFLATION PROTECTED BOND FUND |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): PRUDENTIAL TRUST CO.       |                        |                                                                                                            |
| <b>c</b> EIN-PN 23-6694310-121                                               | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 229826 |

|                                                                        |                        |                                                                                                           |
|------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD FUND         |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): PRUDENTIAL TRUST CO. |                        |                                                                                                           |
| <b>c</b> EIN-PN 23-6694310-127                                         | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 68991 |

|                                                                          |                        |                                                                                                           |
|--------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: EMERGING MARKET DEBT FUND |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): PRUDENTIAL TRUST CO.   |                        |                                                                                                           |
| <b>c</b> EIN-PN 23-6694310-128                                           | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 57780 |

|                                                                                   |                        |                                                                                                           |
|-----------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MERCATOR INTERNATIONAL EQUITY FUND |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): PRUDENTIAL TRUST CO.            |                        |                                                                                                           |
| <b>c</b> EIN-PN 23-6694310-041                                                    | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 67078 |

|                                                                                    |                        |                                                                                                            |
|------------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: QUANTITATIVE CORE INT'L EQUITY FUND |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): PRUDENTIAL TRUST CO.             |                        |                                                                                                            |
| <b>c</b> EIN-PN 52-1679020-120                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 222943 |

|                                                                                    |                        |                                                                                                           |
|------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: QUANTITATIVE EMERGING MARKETS EQ FD |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): PRUDENTIAL TRUST CO.             |                        |                                                                                                           |
| <b>c</b> EIN-PN 23-6994310-119                                                     | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22819 |

|                                                                                  |                        |                                                                                                         |
|----------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JENNISON US SMALL CAP EQUITY FUND |                        |                                                                                                         |
| <b>b</b> Name of sponsor of entity listed in (a): PRUDENTIAL TRUST CO.           |                        |                                                                                                         |
| <b>c</b> EIN-PN 23-6994310-046                                                   | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 763 |

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2011 or fiscal plan year beginning <u>11/01/2011</u> and ending <u>10/31/2012</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><u>SIFCO CUSTOM MACHINING COMPANY RETIREMENT INC PLAN</u>                                                                                                                                                                                       | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>009</u>                                                                                               |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>SIFCO CUSTOM MACHINING COMPANY</u>                                                                                                                                                                   | <b>D</b> Employer Identification Number (EIN)<br><br><u>41-0742016</u>                                                                                                                                                                                                       |                                                                                                          |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement                                                              |                 | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                                                                                            |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Assets</b>                                                                              |                 |                       |                 |
| <b>a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Total noninterest-bearing cash .....                                                       | <b>1a</b>       |                       |                 |
| <b>b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Receivables (less allowance for doubtful accounts):                                        |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (1) Employer contributions .....                                                           | <b>1b(1)</b>    | 146810                | 195619          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (2) Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (3) Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | General investments:                                                                       |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (1) Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (2) U.S. Government securities.....                                                        | <b>1c(2)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (3) Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (A) Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (B) All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (4) Corporate stocks (other than employer securities):                                     |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (A) Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (B) Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (5) Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (6) Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (7) Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (8) Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (9) Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    | 1570883               | 1599352         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (10) Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   | 2414146               | 2890218         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (11) Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (12) Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (13) Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (14) Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (15) Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 4131839               | 4685189         |

**Liabilities**

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

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 4131839 | 4685189 |
|-----------------------------------------------------------|-----------|---------|---------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 441898     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 441898    |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            |           |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            |           |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 4257530    |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 4065711    |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 191819    |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> | 137708     |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 137708    |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            | 34492     |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            | 58564     |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            |           |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 864481    |

**Expenses**

|                                                                                            |              |        |        |
|--------------------------------------------------------------------------------------------|--------------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 299405 |        |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> |        |        |
| (3) Other .....                                                                            | <b>2e(3)</b> |        |        |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |        | 299405 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |        |        |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |        |        |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |        |        |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> |        |        |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> |        |        |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> |        |        |
| (4) Other .....                                                                            | <b>2i(4)</b> | 11726  |        |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |        | 11726  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |        | 311131 |

**Net Income and Reconciliation**

|                                                                               |              |  |        |
|-------------------------------------------------------------------------------|--------------|--|--------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 553350 |
| <b>l</b> Transfers of assets:                                                 |              |  |        |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  |        |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |        |

**Part III Accountant's Opinion**

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: SKODA MINOTTI

(2) EIN: 34-1945206

**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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

|                                                                                                                                                                                                                                                                                                                 | Yes | No | Amount |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>a</b> 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.).....                 |     | X  |        |
| <b>b</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.)..... |     | X  |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                            |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....                                                                                                                  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 413183 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                      |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                            |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....                                                                                    | X   |    |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     | X  |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                        |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                       |     |    |        |

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

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

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

**5b(1)** Name of plan(s)

| 5b(2) EIN(s) | 5b(3) PN(s) |
|--------------|-------------|
|              |             |
|              |             |
|              |             |
|              |             |
|              |             |

|                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                                      | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2011</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2011 or fiscal plan year beginning 11/01/2011 and ending 10/31/2012                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| A Name of plan<br>SIFCO CUSTOM MACHINING COMPANY RETIREMENT INC PLAN                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                 | B Three-digit plan number (PN) ▶<br>009                                                         |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>SIFCO CUSTOM MACHINING COMPANY                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                 | D Employer Identification Number (EIN)<br>41-0742016                                            |
| 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):<br><br>EIN(s): 22-1211670                                                                                                                 |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                 | 3 0                                                                                             |
| Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A                                                                                                                                                        |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____                                                                                                                                            |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                 | 6a                                                                                              |
| b Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                 | 6b                                                                                              |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                 | 6c                                                                                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| Part III Amendments                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> No         |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                       |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| Schedule R (Form 5500) 2011 v.012611                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                 |                                                                                                 |

**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 items 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 items 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 items 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 items 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 items 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 items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

- 19** If the total number of participants is 1,000 or more, complete items (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 item 19(b)?  
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_



SIFCO CUSTOM MACHINING COMPANY  
RETIREMENT INCOME PLAN

FINANCIAL STATEMENTS

YEARS ENDED OCTOBER 31, 2012 AND 2011



**SKODA MINOTTI**

CPAs, BUSINESS & FINANCIAL ADVISORS

Delivering on the Promise.

**SIFCO CUSTOM MACHINING COMPANY  
RETIREMENT INCOME PLAN**

**YEARS ENDED OCTOBER 31, 2012 AND 2011**

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**SKODA MINOTTI**

CPAs, BUSINESS & FINANCIAL ADVISORS

Delivering on the Promise.

## INDEPENDENT AUDITORS' REPORT

To the Retirement Plan Committee  
SIFCO Custom Machining Company Retirement Income Plan

We were engaged to audit the financial statements of the SIFCO Custom Machining Company Retirement Income Plan as of October 31, 2012 and 2011, and for the years then ended, and the supplementary schedules as of and for the year ended October 31, 2012 as listed in the accompanying table of contents. These financial statements and supplementary schedules are the responsibility of the Plan's administrator.

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 2 (Investment Valuation and Income Recognition), Note 4, and Note 5, which was certified by The Prudential Insurance Co. of America, the custodian of the pooled separate accounts, and The Prudential Trust Company, the trustee of the common/collective trusts, except for comparing the information with the related information included in the financial statements and supplementary schedules. We have been informed by the Plan administrator that the custodian and trustee hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained certifications from the custodian and trustee as of and for the years ended October 31, 2012 and 2011, that the information provided to the Plan administrator by the custodian and trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplementary schedules taken as a whole. The form and content of the information included in the financial statements and supplementary schedules, other than that derived from the information certified by the custodian and 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.

SKODA MINOTTI

Cleveland, Ohio  
July 10, 2013

**SIFCO CUSTOM MACHINING COMPANY  
RETIREMENT INCOME PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

**OCTOBER 31, 2012 AND 2011**

|                                              | <u>2012</u>                    | <u>2011</u>                    |
|----------------------------------------------|--------------------------------|--------------------------------|
| <b>INVESTMENTS, AT FAIR VALUE</b>            |                                |                                |
| Pooled separate accounts                     | \$ 2,890,218                   | \$ 2,414,146                   |
| Common/collective trusts                     | <u>1,599,352</u>               | <u>1,570,883</u>               |
|                                              | 4,489,570                      | 3,985,029                      |
| <br><b>RECEIVABLES</b>                       |                                |                                |
| Company's contribution                       | <u>195,619</u>                 | <u>146,810</u>                 |
| <br><b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <br><u><u>\$ 4,685,189</u></u> | <br><u><u>\$ 4,131,839</u></u> |

The accompanying notes are an integral part of these financial statements.

**SIFCO CUSTOM MACHINING COMPANY  
RETIREMENT INCOME PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

**YEARS ENDED OCTOBER 31, 2012 AND 2011**

|                                                                                               | <u>2012</u>                | <u>2011</u>                |
|-----------------------------------------------------------------------------------------------|----------------------------|----------------------------|
| <b>ADDITIONS TO NET ASSETS ATTRIBUTED TO:</b>                                                 |                            |                            |
| Company's contributions                                                                       | \$ 441,898                 | \$ 346,685                 |
| Net appreciation in fair value of investments                                                 | 329,527                    | 129,724                    |
| Earnings on units of participation - pooled separate accounts and<br>common/collective trusts | <u>93,056</u>              | <u>93,657</u>              |
| Total additions                                                                               | <u>864,481</u>             | <u>570,066</u>             |
| <br><b>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:</b>                                          |                            |                            |
| Benefits paid to participants                                                                 | 299,405                    | 276,697                    |
| Administrative expenses                                                                       | <u>11,726</u>              | <u>12,093</u>              |
| Total deductions                                                                              | <u>311,131</u>             | <u>288,790</u>             |
| <b>NET INCREASE</b>                                                                           | 553,350                    | 281,276                    |
| <br><b>NET ASSETS AVAILABLE FOR BENEFITS:</b>                                                 |                            |                            |
| <b>BEGINNING OF YEAR</b>                                                                      | <u>4,131,839</u>           | <u>3,850,563</u>           |
| <b>END OF YEAR</b>                                                                            | <u><u>\$ 4,685,189</u></u> | <u><u>\$ 4,131,839</u></u> |

The accompanying notes are an integral part of these financial statements.

# **SIFCO CUSTOM MACHINING RETIREMENT INCOME PLAN**

## **NOTES TO THE FINANCIAL STATEMENTS**

### **1. DESCRIPTION OF THE PLAN**

SIFCO Custom Machining Company (the Company), is a wholly-owned subsidiary of SIFCO Industries, Inc. The following description of the SIFCO Custom Machining Company Retirement Income Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

#### **General**

The Plan is a defined benefit pension plan covering all eligible employees who are covered under the terms of a collective bargaining agreement between the Company and Local 1140 of the International Union of Electronic, Electrical Workers and Communications Workers of America, American Federation of Labor and Congress of Industrial Organizations (the Union). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

#### **Pension Benefits**

Participants with five or more years of Plan participation are entitled to a monthly pension benefit beginning at normal retirement age (65). The pension benefit is based on the number of years of service and the monthly benefit rate specified in the collective bargaining agreement between the Company and the Union. The Plan permits an early retirement pension benefit if one has terminated service with the Company after attaining age 55 and has completed five years of credited vesting service. The amount is computed in the same manner as a normal retirement pension and is subject to the following reductions in the monthly benefit. There shall be no reduction for the first 36 months (age 62) that precede the participant's normal retirement date. A participant that retires prior to attaining age 62 will have a reduction of  $1/12^{\text{th}}$  of 1% for each of the first 36 months the benefit commencement date precedes his or her normal retirement date. For each additional month in excess of 36 that the participant's early retirement precedes his or her normal retirement date the benefit will be reduced by 0.5%.

A participant that ceases to be an active participant after completing at least five years of credited vesting service, but prior to being eligible for normal or early retirement, is eligible to receive a deferred retirement pension commencing on the participant's normal retirement date.

#### **Death and Disability Benefits**

If a participant dies after the date on which they would have been eligible for an early retirement pension, the amount payable to the beneficiary will be the amount that the beneficiary would have received had the participant elected early retirement on the day before the date of the participant's death and chosen a 50% joint and survivor option.

If a participant dies on or before the date on which he or she would have been eligible for an early retirement pension, the amount payable to the beneficiary will be equal to 50% of the participant's deferred retirement pension reduced for (1) early benefit commencement to the earliest retirement age and (2) election of a 50% joint and survivor option had the participant:

1. Separated from service on the date of his or her death,
2. Survived to the earliest retirement age and started to receive benefits on such date, and
3. Died on the day after the date on which he or she would have attained his early retirement age.

# **SIFCO CUSTOM MACHINING RETIREMENT INCOME PLAN**

## **NOTES TO THE FINANCIAL STATEMENTS**

### **1. DESCRIPTION OF THE PLAN – CONTINUED**

#### **Death and Disability Benefits - continued**

A participant will be eligible to receive a disability retirement pension, which will begin on the date the participant becomes entitled to receive a Social Security disability pension, if the participant becomes qualified to receive a Social Security disability pension while he or she is an active participant or within two years after ceasing to be an active participant, and the participant has 10 or more years of credited benefit service.

#### **Severance Benefits**

An employee is eligible to receive a severance benefit if the employee has ceased to be an active participant for at least three months, has incurred a one-year break in service, has at least three years of credited benefit service of which one year is future benefit service credit, and the employee is not eligible for any other benefit payable from the Plan.

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

#### **Basis of Accounting**

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

#### **Use of Estimates**

The presentation of financial statements in conformity with U.S. generally accepted accounting principles (GAAP) requires the Company to make estimates and assumptions that affect certain reported amounts of net assets available for benefits and changes therein; and the actuarial present value of accumulated plan benefits at the date of the financial statements and changes therein. Actual results may differ from those estimates.

#### **New Accounting Standards Adopted**

In January 2010, the Financial Accounting Standards Board ("FASB") issued an Accounting Standard Update ("ASU") 2010-6 to expand disclosures about the framework on fair value measurement and disclosures. The ASU was effective for the first reporting period beginning after December 15, 2009. The requirement related to level 3 activities was effective for fiscal years beginning on or after December 15, 2010. As of October 31, 2012, this ASU was fully adopted.

#### **Investment Valuation and Income Recognition**

Quantitative Management Associates, a registered investment advisor and wholly-owned subsidiary of Prudential Financial, Inc., manages the Plan's investments according to the Plan's investment guidelines. The Plan's assets are invested in pooled separate accounts and common/collective trusts through contracts with The Prudential Insurance Co. of America (the Custodian) and The Prudential Trust Company (the Trustee), respectively. The Plan's investments and investment activity were certified as complete and accurate by the Custodian and Trustee.

# **SIFCO CUSTOM MACHINING RETIREMENT INCOME PLAN**

## **NOTES TO THE FINANCIAL STATEMENTS**

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

#### **Investment Valuation and Income Recognition - continued**

The Plan's investments in pooled separate accounts and common/collective trusts are stated at fair value. See Note 4 for discussion on the fair value measurements for the investments. The investment income earned by pooled separate accounts and common/collective trusts is net of investment management expenses.

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

#### **Actuarial Present Value of Accumulated Plan Benefits**

Accumulated plan benefits are those future periodic payments, including lump sum distributions, which are attributable under the Plan's provisions to service rendered by the employees up to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) present employees, (b) retired or terminated employees with vested rights, and (c) beneficiaries of present, retired or terminated employees. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

#### **Benefit Payments**

Benefit payments to participants are recorded when paid.

#### **Administrative Expenses**

The Plan's trustee, management and investment advisory expenses were paid by the Plan. The Plan's other administrative expenses were paid by the Company.

#### **Subsequent Events**

The Plan has evaluated subsequent events and transactions that occurred through July 10, 2013, the date these financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosure in these financial statements.

### **3. FUNDING POLICY**

Contributions are made by the Company based on guidelines set by the Plan's independent actuary. The Company's funding policy is to contribute an amount at least equal to the minimum required contribution under ERISA. The Company's contributions for 2012 and 2011 met the minimum funding requirements.

# SIFCO CUSTOM MACHINING RETIREMENT INCOME PLAN

## NOTES TO THE FINANCIAL STATEMENTS

### 4. FAIR VALUE MEASUREMENTS

The Plan provides disclosures consistent with the FASB fair value measurements guidance which establishes a framework. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The hierarchy gives the highest priority to observable inputs (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Level 1 – Observable inputs such as quoted prices in an active market for identical assets or liabilities.

Level 2 – Inputs to the valuation methodology that are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities; quoted prices for identical or similar assets or liabilities in inactive markets; or other inputs that are observable or can be corroborated by observable market data for substantially the full terms of the assets or liabilities.

Level 3 – Inputs to the valuation methodology that are unobservable and supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

The fair value measurement level of assets and liabilities within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The following is a description based on information provided to the Company by the custodian of the pooled separate accounts and the trustee of the common/collective trusts and it describes the valuation methodologies used for assets measured at fair value as of October 31, 2012 and 2011.

The Plan holds investments in pooled separate accounts and common/collective trusts, in which the fair value of assets of the underlying funds, are determined in the following ways:

- U.S. stock funds are comprised of domestic equities that are valued using the closing price of the applicable nationally recognized stock exchange.
- International stock funds are comprised of international equities that are valued using the closing price of the applicable foreign stock exchange.
- U.S. bond funds are comprised of domestic fixed income securities that are valued by interactive data using inputs such as benchmark yields, reported trades, broker/dealer quotes, or issuer spreads.
- International bond fund is comprised of international fixed income securities that are valued by interactive data using inputs such as benchmark yields, reported trades, broker/dealer quotes, or issuer spreads.
- Short-term investment fund is comprised of short-term securities and cash equivalent securities, which seek to provide high current income consistent with the preservation of principal and liquidity. Such securities are valued at cost.

# SIFCO CUSTOM MACHINING RETIREMENT INCOME PLAN

## NOTES TO THE FINANCIAL STATEMENTS

### 4. FAIR VALUE MEASUREMENTS – CONTINUED

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Company 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 result.

The following table sets forth by measurement level, within the fair value hierarchy as determined by the Company to the best of its knowledge, the Plan's assets at fair value as of October 31, 2012:

|                                   | 2012             |                     |                     |
|-----------------------------------|------------------|---------------------|---------------------|
|                                   | Level 1          | Level 2             | Total               |
| <b>U.S. stock funds</b>           |                  |                     |                     |
| Large value                       | \$ -             | \$ 111,233          | \$ 111,233          |
| Large blend                       | -                | 2,106,401           | 2,106,401           |
| Large growth                      | -                | 116,342             | 116,342             |
| Mid blend                         | -                | 5,291               | 5,291               |
| Small blend                       | -                | 763                 | 763                 |
| <b>International stock funds</b>  |                  |                     |                     |
| Foreign large blend               | -                | 425,584             | 425,584             |
| Diversified emerging markets      | -                | 22,819              | 22,819              |
| <b>U.S. bond funds</b>            |                  |                     |                     |
| Inflation protected bond          | -                | 229,826             | 229,826             |
| Intermediate term bond            | -                | 1,298,838           | 1,298,838           |
| High yield bond                   | -                | 68,991              | 68,991              |
| <b>International bond fund</b>    |                  |                     |                     |
| Emerging markets bond             | -                | 57,780              | 57,780              |
| <b>Short-term investment fund</b> |                  |                     |                     |
| Short-term bond                   | 45,702           | -                   | 45,702              |
| <b>Total assets at fair value</b> | <b>\$ 45,702</b> | <b>\$ 4,443,868</b> | <b>\$ 4,489,570</b> |

# SIFCO CUSTOM MACHINING RETIREMENT INCOME PLAN

## NOTES TO THE FINANCIAL STATEMENTS

### 4. FAIR VALUE MEASUREMENTS – CONTINUED

The following table sets forth by measurement level, within the fair value hierarchy as determined by the Company to the best of its knowledge, the Plan's assets at fair value as of October 31, 2011:

|                                   | 2011             |                     |                     |
|-----------------------------------|------------------|---------------------|---------------------|
|                                   | Level 1          | Level 2             | Total               |
| <b>U.S. stock funds</b>           |                  |                     |                     |
| Large value                       | \$ -             | \$ 51,403           | \$ 51,403           |
| Large blend                       | -                | 1,767,953           | 1,767,953           |
| Large growth                      | -                | 217,320             | 217,320             |
| Mid blend                         | -                | 10,680              | 10,680              |
| Small blend                       | -                | 9,571               | 9,571               |
| <b>International stock funds</b>  |                  |                     |                     |
| Foreign large blend               | -                | 339,326             | 339,326             |
| Diversified emerging markets      | -                | 38,126              | 38,126              |
| <b>U.S. bond funds</b>            |                  |                     |                     |
| Inflation protected bond          | -                | 111,540             | 111,540             |
| Intermediate term bond            | -                | 1,241,419           | 1,241,419           |
| High yield bond                   | -                | 77,276              | 77,276              |
| <b>International bond fund</b>    |                  |                     |                     |
| Emerging markets bond             | -                | 61,391              | 61,391              |
| <b>Short-term investment fund</b> |                  |                     |                     |
| Short-term bond                   | 59,024           | -                   | 59,024              |
| <b>Total assets at fair value</b> | <b>\$ 59,024</b> | <b>\$ 3,926,005</b> | <b>\$ 3,985,029</b> |

### 5. INVESTMENTS

Individual investments representing 5% or more of the Plan's net assets are identified as follows:

|                                  | 2012         | 2011         |
|----------------------------------|--------------|--------------|
| Quantitative Core Equity Account | \$ 1,584,325 | \$ 1,332,124 |
| PRIDEX 500 Account               | 522,076      | 435,829      |
| PRIVEST Account                  | 486,028      | 460,470      |
| Core Bond Fund                   | 547,886      | 498,722      |
| Core Conservative Bond Fund      | 264,924      | 282,228      |
| Jennison Growth Equity Fund      | *            | 217,320      |

\* Does not exceed 5% of Plan net assets.

# SIFCO CUSTOM MACHINING RETIREMENT INCOME PLAN

## NOTES TO THE FINANCIAL STATEMENTS

### 5. INVESTMENTS – CONTINUED

During the years ended October 31, 2012 and 2011, the Plan's investments (including investments bought and sold as well as held during the year) appreciated in value as follows:

|                          | <u>2012</u>       | <u>2011</u>       |
|--------------------------|-------------------|-------------------|
| Pooled separate accounts | \$ 263,550        | \$ 126,764        |
| Common/collective trusts | <u>65,977</u>     | <u>2,960</u>      |
|                          | <u>\$ 329,527</u> | <u>\$ 129,724</u> |

### 6. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

The significant assumptions underlying the actuarial computation are as follows:

|                         | <u>2012</u>                                | <u>2011</u>                                |
|-------------------------|--------------------------------------------|--------------------------------------------|
| Effective interest rate | 6.98% per year                             | 5.55% per year                             |
| Mortality basis         | Healthy: RP-2000 Static<br>Mortality Table | Healthy: RP-2000 Static<br>Mortality Table |
| Normal retirement age   | Weighted average<br>retirement age 63      | Weighted average<br>retirement age 63      |

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary, who uses the Unit Credit funding method to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

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

|                                                            | <u>2012</u>         | <u>2011</u>         |
|------------------------------------------------------------|---------------------|---------------------|
| Vested benefits:                                           |                     |                     |
| Participants currently receiving benefits                  | \$ 3,422,066        | \$ 3,412,843        |
| Other participants                                         | <u>2,151,457</u>    | <u>1,932,675</u>    |
|                                                            | 5,573,523           | 5,345,518           |
| Non-vested benefits                                        | <u>105,417</u>      | <u>105,811</u>      |
| Total actuarial present value of accumulated plan benefits | <u>\$ 5,678,940</u> | <u>\$ 5,451,329</u> |

## SIFCO CUSTOM MACHINING RETIREMENT INCOME PLAN

### NOTES TO THE FINANCIAL STATEMENTS

#### 6. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS – CONTINUED

The following summarizes the changes in the actuarial present value of accumulated plan benefits:

|                                                                          | <u>2012</u>         | <u>2011</u>         |
|--------------------------------------------------------------------------|---------------------|---------------------|
| Actuarial present value of accumulated plan benefits - beginning of year | \$ 5,451,329        | \$ 4,794,753        |
| Increase (decrease) during the year attributable to:                     |                     |                     |
| Additional benefits accumulated (gains and losses)                       | (100,908)           | 152,123             |
| Interest due to decrease in discount period                              | 293,548             | 296,808             |
| Change in assumptions                                                    | 334,376             | 484,342             |
| Benefits paid                                                            | <u>(299,405)</u>    | <u>(276,697)</u>    |
| Actuarial present value of accumulated plan benefits - end of year       | <u>\$ 5,678,940</u> | <u>\$ 5,451,329</u> |

The actuarial present value of accumulated plan benefits increased \$227,611 during the 2012 plan year, in part as a result of a change in two actuarial assumptions. The two assumptions that changed were (1) the effective interest rate used was 6.98% compared to 5.55% in the prior year and (2) the mortality used as required under the 2006 Pension Protection Act.

#### 7. INCOME TAX STATUS

On September 15, 2011, the Internal Revenue Service (IRS) determined that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). Subsequent to receiving the tax determination letter from the IRS, the Plan was amended. The Company believes that the Plan as amended continues to qualify as exempt from income taxes and consequently, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires the Company to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken a tax position that more likely than not would not be sustained upon examination by the IRS. The Company has analyzed the tax positions taken by the Plan and has concluded that as of October 31, 2012, there are no tax positions taken that would require recognition of a liability (or asset) and disclosure in the financial statements. The Plan is subject to routine audits by various jurisdictions. At October 31, 2012, the Plan is not under audit by any jurisdiction. The Company believes the Plan is no longer subject to income tax examinations for years prior to the year ended October 31, 2009.

#### 8. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan is terminated, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in order of priority determined in accordance with ERISA, applicable regulations thereunder, and the Plan.

## **SIFCO CUSTOM MACHINING RETIREMENT INCOME PLAN**

### **NOTES TO THE FINANCIAL STATEMENTS**

#### **8. PLAN TERMINATION – CONTINUED**

The Pension Benefit Guaranty Corporation (the PBGC) insures certain benefits under the Plan if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits, should the Plan be terminated at some future time, will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guarantee while other benefits may not be provided for at all.

#### **9. PARTY-IN-INTEREST TRANSACTIONS**

Certain Plan investments and related transactions include shares of the custodian of the pooled separate accounts as well as shares of the trustee of the common/collective trusts. Therefore, these transactions are considered to be party-in-interest transactions.

#### **10. RISKS AND UNCERTAINTIES**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risk. 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 such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

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

**SIFCO CUSTOM MACHINING COMPANY  
RETIREMENT INCOME PLAN**

PLAN NUMBER: 009  
EIN: 41-0742016

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

**OCTOBER 31, 2012**

| (a) | (b)                                                        | (c)                                                                                                             | (d)                 | (e)                 |
|-----|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------|---------------------|
|     | Identity of issue,<br>borrower, lessor or<br>similar party | Description of investment<br>including maturity date,<br>rate of interest, collateral,<br>par or maturity value | Cost                | Current<br>value    |
|     | <b><i>Pooled separate accounts</i></b>                     |                                                                                                                 |                     |                     |
| *   | Quantitative Core Equity Account                           | 77,177 shares                                                                                                   | \$ 1,380,309        | \$ 1,584,325        |
| *   | International Stock Index Account                          | 13,830 shares                                                                                                   | 128,064             | 135,563             |
| *   | PRIDEX 500 Account                                         | 60,651 shares                                                                                                   | 461,040             | 522,076             |
| *   | PRIVEST Account                                            | 20 shares                                                                                                       | 435,312             | 486,028             |
| *   | Short-term Account                                         | 3,765 shares                                                                                                    | 45,702              | 45,702              |
| *   | MidCap Quant. Core Equity Account                          | 128 shares                                                                                                      | 4,759               | 5,291               |
| *   | Value Equity Account                                       | 2,348 shares                                                                                                    | 103,652             | 111,233             |
|     | <b><i>Common/collective trusts</i></b>                     |                                                                                                                 |                     |                     |
| *   | Core Bond Fund                                             | 30,252 shares                                                                                                   | 523,990             | 547,886             |
| *   | Core Conservative Bond Fund                                | 45,092 shares                                                                                                   | 255,477             | 264,924             |
| *   | Jennison Growth Equity Fund                                | 113,744 shares                                                                                                  | 94,943              | 116,342             |
| *   | Inflation Protected Bond Fund                              | 111,533 shares                                                                                                  | 208,708             | 229,826             |
| *   | High Yield Fund                                            | 22,435 shares                                                                                                   | 65,368              | 68,991              |
| *   | Emerging Market Debt Fund                                  | 6,710 shares                                                                                                    | 52,950              | 57,780              |
| *   | Mercator International Equity Fund                         | 6,678 shares                                                                                                    | 66,665              | 67,078              |
| *   | Quantitative Core International Equity Fund                | 123,653 shares                                                                                                  | 215,670             | 222,943             |
| *   | QMA Emerging Markets Equity Fund                           | 2,780 shares                                                                                                    | 22,389              | 22,819              |
| *   | Jennison U.S. Small Cap Equity Fund                        | 341 shares                                                                                                      | 713                 | 763                 |
|     |                                                            |                                                                                                                 | <u>\$ 4,065,711</u> | <u>\$ 4,489,570</u> |

\* Party-in-interest

See the Independent Auditors' Report.

**SIFCO CUSTOM MACHINING COMPANY  
RETIREMENT INCOME PLAN**

PLAN NUMBER: 009  
EIN: 41-0742016

**SCHEDULE H, LINE 4j -  
SCHEDULE OF REPORTABLE TRANSACTIONS**

**YEAR ENDED OCTOBER 31, 2012**

| COLUMN A<br>IDENTITY<br>OF<br>PARTY<br>INVOLVED                                                | COLUMN B<br>DESCRIPTION<br>OF<br>ASSETS         | COLUMN C<br>PURCHASE<br>PRICE | COLUMN D<br>SELLING<br>PRICE |
|------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------|------------------------------|
| <b><i>Category (i) - Single transactions in excess of 5% of beginning Plan assets</i></b>      |                                                 |                               |                              |
| Prudential Insurance Co.                                                                       | PRIDEX 500 Account - Purchase                   | \$ 278,000                    | \$ -                         |
| Prudential Insurance Co.                                                                       | Quantitative Core Equity Account - Sale         | -                             | 278,000                      |
| Prudential Trust Co.                                                                           | Core Bond Fund - Sale                           | -                             | 328,000                      |
| Prudential Trust Co.                                                                           | Core Conservative Bond Fund - Purchase          | 328,000                       | -                            |
| <b><i>Category (iii) - Series of transactions in excess of 5% of beginning Plan assets</i></b> |                                                 |                               |                              |
| Prudential Insurance Co.                                                                       | PRIDEX 500 Account - 11 Purchases               | 577,000                       | -                            |
| Prudential Insurance Co.                                                                       | PRIDEX 500 Account - 17 Sales                   | -                             | 593,000                      |
| Prudential Insurance Co.                                                                       | Quantitative Core Equity Account - 14 Purchases | 642,000                       | -                            |
| Prudential Insurance Co.                                                                       | Quantitative Core Equity Account - 13 Sales     | -                             | 562,000                      |
| Prudential Trust Co.                                                                           | Core Bond Fund - 19 Purchases                   | 513,000                       | -                            |
| Prudential Trust Co.                                                                           | Core Bond Fund - 21 Sales                       | -                             | 494,000                      |
| Prudential Trust Co.                                                                           | Core Conservative Bond Fund - 16 Purchases      | 483,000                       | -                            |
| Prudential Trust Co.                                                                           | Core Conservative Bond Fund - 12 Sales          | -                             | 518,000                      |
| Prudential Insurance Co.                                                                       | Short-term Account - 44 Purchases               | 303,000                       | -                            |
| Prudential Insurance Co.                                                                       | Short-term Account - 44 Sales                   | -                             | 401,000                      |

Note: There were no category (ii or iv) transactions.

| <u>COLUMN E</u> | <u>COLUMN F</u>    | <u>COLUMN G</u> | <u>COLUMN H</u>    | <u>COLUMN I</u> |
|-----------------|--------------------|-----------------|--------------------|-----------------|
| <u>LEASE</u>    | <u>EXPENSE</u>     | <u>COST</u>     | <u>VALUE OF</u>    |                 |
| <u>RENTAL</u>   | <u>INCURRED</u>    | <u>OF</u>       | <u>ASSET ON</u>    | <u>NET</u>      |
|                 | <u>WITH</u>        | <u>ASSET</u>    | <u>TRANSACTION</u> | <u>GAIN</u>     |
|                 | <u>TRANSACTION</u> |                 | <u>DATE</u>        |                 |
| N/A             | N/A                | \$ 278,000      | \$ 278,000         | \$ -            |
| N/A             | N/A                | 257,665         | 278,000            | 20,335          |
| N/A             | N/A                | 311,409         | 328,000            | 16,591          |
| N/A             | N/A                | 328,000         | 328,000            | -               |
| N/A             | N/A                | 577,000         | 577,000            | -               |
| N/A             | N/A                | 515,232         | 593,000            | 77,768          |
| N/A             | N/A                | 642,000         | 642,000            | -               |
| N/A             | N/A                | 511,776         | 562,000            | 50,224          |
| N/A             | N/A                | 513,000         | 513,000            | -               |
| N/A             | N/A                | 471,275         | 494,000            | 22,725          |
| N/A             | N/A                | 483,000         | 483,000            | -               |
| N/A             | N/A                | 506,572         | 518,000            | 11,428          |
| N/A             | N/A                | 303,000         | 303,000            | -               |
| N/A             | N/A                | 401,000         | 401,000            | -               |

See the Independent Auditors' Report.

## APPENDIX B

### STATEMENT OF ACTUARIAL ASSUMPTIONS AND METHODS

#### ***Interest Rates***

Funding: 24-month segment rates averaged through the end of June 2011 (published in July 2011):

- |                                                                                |       |
|--------------------------------------------------------------------------------|-------|
| a. First Rate, Years 1-5                                                       | 2.18% |
| b. Second Rate, Years 5-20                                                     | 5.36% |
| c. Third Rate, Years 20+                                                       | 6.33% |
| d. Effective Interest Rate using the above rates                               | 5.55% |
| e. Interest rate for developing expected value of assets, (limited by statute) | 8.50% |

#### ***Mortality***

Funding and PVB:

Healthy: RP-2000 static, non-generational Mortality Table with separate rates for annuitants and nonannuitants projected by Scale AA to between 7 and 15 years beyond the year following the date of the obligation as described in Regulation 1.430(h)(3), male and female.

Disabled: Rates as described in Revenue Ruling 96-7 for those disabled after 1995.

#### ***Rates of Retirement***

| <u>Age(s)</u> | <u>Rate</u> |
|---------------|-------------|
| 55            | 5.0%        |
| 56-59         | 2.5         |
| 60            | 5.0         |
| 61            | 2.5         |
| 62            | 30.0        |
| 63            | 20.0        |
| 64            | 15.0        |
| 65            | 100.0       |

Weighted Average Retirement Age is 63. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

#### ***Rates of Disability***

Blake's Disability Table #3 for Manufacturing, Farming, Building, and Transportation – sample rates as follows:

## APPENDIX B (Continued)

### ***Rates of Disability (continued)***

| <u>Age</u> | <u>Male<br/>Rate</u> | <u>Female<br/>Rate</u> |
|------------|----------------------|------------------------|
| 25         | 0.22%                | 0.15%                  |
| 30         | 0.31                 | 0.25                   |
| 35         | 0.43                 | 0.39                   |
| 40         | 0.60                 | 0.55                   |
| 45         | 0.83                 | 0.78                   |
| 50         | 1.22                 | 1.20                   |
| 55         | 2.12                 | 1.96                   |
| 60         | 3.24                 | 2.33                   |
| 65         | 4.37                 | 2.72                   |

### ***Rates of Turnover***

Based on employee's age and length of service as follows:

| <u>Age</u> | <u>&lt;1 Year</u> | <u>1 Year</u> | <u>2 Years</u> | <u>3+ Years</u> |
|------------|-------------------|---------------|----------------|-----------------|
| 25         | 25.00%            | 15.00%        | 10.00%         | 8.00%           |
| 30         | 25.00             | 15.00         | 10.00          | 7.00            |
| 35         | 25.00             | 15.00         | 10.00          | 6.00            |
| 40         | 25.00             | 15.00         | 10.00          | 4.00            |
| 45         | 25.00             | 15.00         | 10.00          | 3.25            |
| 50         | 25.00             | 15.00         | 10.00          | 1.25            |
| 55         | 25.00             | 15.00         | 10.00          | 1.00            |
| 60         | 25.00             | 15.00         | 10.00          | 0.00            |

### ***Assumptions Made In Valuing Spouse's Benefit***

Sixty percent of the male and forty-five percent of the female employees included in the valuation are assumed to be married. The wife is assumed to be three years younger than the husband.

### ***Provision for Expenses***

Funding: The expected administrative expenses expected to be paid from plan assets were included in the Target Normal Cost for minimum contribution purposes.

### ***Standing Elections***

The client has not signed an election that provides for the automatic use of the Carryover and/or Prefunding Balance if necessary at the end of the plan year to meet the minimum funding requirement.

### ***Asset Method***

Funding: Market Value of Assets plus an adjustment to defer full recognition of investment losses and gains over a two-year period. The investment (gain)/loss for every year equals the market value at the beginning of the year projected to the end of the year using the interest rate above, but no greater than the third segment rate for the plan year, minus the end of the year actual market value. The actuarial value of assets will be no less than 90% and no more than 110% of the market value (including interest-adjusted accrued but unpaid contributions).

### ***Employees Valued***

Only participants as of the valuation date were valued.

Schedule SB, Line 32 – Schedule of Amortization Bases  
SIFCO Custom Machining Company Retirement Income  
November 1, 2011 Valuation  
EIN/PN: 41-0742016 / 009

**EXHIBIT VII**  
**SCHEDULE OF AMORTIZATION BASES**

|                                                    | Plan Year           |                              |                    | 2011-12                     |
|----------------------------------------------------|---------------------|------------------------------|--------------------|-----------------------------|
|                                                    | Date<br>Established | Present Value<br>of Payments | Remaining<br>Years | Amortization<br>Installment |
| <b><i>Shortfall<br/>Amortization<br/>Bases</i></b> | 11/01/2011          | \$ 360,057                   | 7.00               | \$ 57,221                   |
|                                                    | 11/01/2010          | \$ 418,088                   | 6.00               | 75,177                      |
|                                                    | 11/01/2009          | 81,871                       | 5.00               | 17,088                      |
|                                                    | 11/01/2008          | <u>518,063</u>               | 4.00               | <u>133,735</u>              |
|                                                    | Total               | \$ 1,378,079                 |                    | \$ 283,221                  |
| <b><i>Waiver<br/>Amortization<br/>Bases</i></b>    | 11/01/2011          | \$ 0                         |                    | \$ 0                        |
|                                                    |                     |                              |                    |                             |

## APPENDIX A

### SUMMARY OF PRINCIPAL PLAN PROVISIONS

| <b><i>Plan Sponsor</i></b>      | SIFCO Industries, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                   |         |      |            |     |            |     |            |     |            |     |            |     |       |     |
|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------|---------|------|------------|-----|------------|-----|------------|-----|------------|-----|------------|-----|-------|-----|
| <b><i>EIN/PN</i></b>            | 41-0742016/009                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 |                   |         |      |            |     |            |     |            |     |            |     |            |     |       |     |
| <b><i>Effective Date</i></b>    | November 1, 1988, as amended through the first amendment and restated January 31, 2011 but effective November 1, 2002.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                   |         |      |            |     |            |     |            |     |            |     |            |     |       |     |
| <b><i>Plan Year</i></b>         | The 12-month period beginning each November 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 |                   |         |      |            |     |            |     |            |     |            |     |            |     |       |     |
| <b><i>Participation</i></b>     | If hired before November 1, 1988, each hourly employee covered under the bargaining unit and actively working as of October 31, 1988 is a participant. If hired on or after November 1, 1988, each hourly employee in the bargaining unit becomes a participant after completion of 170 hours during a plan year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                   |         |      |            |     |            |     |            |     |            |     |            |     |       |     |
| <b><i>Vesting Service</i></b>   | <p>Years of service accrued from date of hire to plan effective date; computed to the nearest 1/10<sup>th</sup>, plus</p> <p>For each Plan Year after the effective date, service shall be credited based on the following:</p> <table> <tr> <th style="text-align: center;">Number of Hours<br/>in Plan Year</th><th style="text-align: center;">Service<br/>Credit</th></tr> <tr> <td style="text-align: center;">≥ 1,000</td><td style="text-align: center;">1.00</td></tr> <tr> <td style="text-align: center;">850 to 999</td><td style="text-align: center;">.50</td></tr> <tr> <td style="text-align: center;">680 to 849</td><td style="text-align: center;">.40</td></tr> <tr> <td style="text-align: center;">510 to 679</td><td style="text-align: center;">.30</td></tr> <tr> <td style="text-align: center;">340 to 509</td><td style="text-align: center;">.20</td></tr> <tr> <td style="text-align: center;">170 to 339</td><td style="text-align: center;">.10</td></tr> <tr> <td style="text-align: center;">≤ 169</td><td style="text-align: center;">.00</td></tr> </table> | Number of Hours<br>in Plan Year | Service<br>Credit | ≥ 1,000 | 1.00 | 850 to 999 | .50 | 680 to 849 | .40 | 510 to 679 | .30 | 340 to 509 | .20 | 170 to 339 | .10 | ≤ 169 | .00 |
| Number of Hours<br>in Plan Year | Service<br>Credit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                   |         |      |            |     |            |     |            |     |            |     |            |     |       |     |
| ≥ 1,000                         | 1.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                   |         |      |            |     |            |     |            |     |            |     |            |     |       |     |
| 850 to 999                      | .50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                   |         |      |            |     |            |     |            |     |            |     |            |     |       |     |
| 680 to 849                      | .40                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                   |         |      |            |     |            |     |            |     |            |     |            |     |       |     |
| 510 to 679                      | .30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                   |         |      |            |     |            |     |            |     |            |     |            |     |       |     |
| 340 to 509                      | .20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                   |         |      |            |     |            |     |            |     |            |     |            |     |       |     |
| 170 to 339                      | .10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                   |         |      |            |     |            |     |            |     |            |     |            |     |       |     |
| ≤ 169                           | .00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                   |         |      |            |     |            |     |            |     |            |     |            |     |       |     |

## APPENDIX A (Continued)

### ***Benefit Service***

Years of service accrued from date of hire to plan effective date; computed to the nearest 1/10, plus

For each Plan Year after the effective date, service shall be credited based on the following:

| <u>Number of Hours<br/>in Plan Year</u> | <u>Service<br/>Credit</u> |
|-----------------------------------------|---------------------------|
| ≥ 1,700                                 | 1.00                      |
| 1,530 to 1,699                          | .90                       |
| 1,360 to 1,529                          | .80                       |
| 1,190 to 1,359                          | .70                       |
| 1,020 to 1,189                          | .60                       |
| 850 to 1,019                            | .50                       |
| 680 to 849                              | .40                       |
| 570 to 679                              | .30                       |
| 340 to 509                              | .20                       |
| 170 to 339                              | .10                       |
| ≤ 169                                   | .00                       |

### ***Normal Form of Payment***

Life Annuity for single participants and a reduced 50% Joint & Survivor for married participants.

### ***Accrued Benefit***

An annuity payable under the Normal Form of payment equal to \$16.70 per month for each year of Benefit Service earned before the plan's effective date and \$36.00 per month for each year of Benefit Service earned after the plan's effective date. For participants who terminated and/or retired before November 1, 2006 the monthly benefit rates were different.

### ***Normal Retirement Benefit***

#### Eligibility:

Age 65 and 5 years of Vesting Service.

#### Monthly Benefit:

The Accrued Benefit.

### ***Early Retirement Benefit***

#### Eligibility:

Age 55 and 5 years of Vesting Service.

## APPENDIX A (Continued)

***Early Retirement  
Benefit (continued)***

**Monthly Benefit:**

The Accrued Benefit, reduced by 3.0% plus an additional .5% per month by which commencement precedes age 62. No reduction is applied for commencements between age 62 and age 65.

***Late Retirement  
Benefit***

**Eligibility:**

Over age 65.

**Monthly Benefit:**

The greater of 1) the Accrued Benefit at Late Retirement Date, 2) the benefit he would have received at Normal Retirement Date actuarially increased to the actual retirement date, and 3) the highest value resulting from using the Accrued Benefit as of any intervening December 31 and applying a late retirement adjustment factor from such December 31 to the actual retirement date.

***Disability Retirement  
Benefit***

**Eligibility:**

10 years of Benefit Service and qualified for Social Security Disability.

**Monthly Benefit:**

The Accrued Benefit, unreduced for early commencement, and payable immediately.

***Termination Benefit***

**Eligibility:**

Upon termination of employment prior to retirement after completion of at least five years of Vesting Service.

**Monthly Benefit:**

The Accrued benefit calculated at termination date commencing in full at age 65 or, in a reduced amount, as early as age 55.

***Severance Benefit***

**Eligibility:**

Ceased to be an active participant for three months, completed at least three years of Benefit Service (at least one year of which is after the plan effective date), and is not eligible for any other benefit payable under the plan.

## APPENDIX A (Continued)

|                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b><i>Severance Benefit<br/>(Continued)</i></b>      | <p><u><b>Lump Sum Benefit:</b></u></p> <p>Lump sum benefit equal to \$87.50 multiplied by years of Benefit Service earned after the plan's effective date.</p>                                                                                                                                                                                                                                                                                                           |
| <b><i>Spouse Pre-Retirement Survivor Pension</i></b> | <p><u><b>Eligibility:</b></u></p> <p>Five years of Vesting Service and married for at least one year.</p> <p><u><b>Monthly Benefit:</b></u></p> <p>The spouse receives a monthly benefit for life commencing at the time the employee would have first been eligible for retirement. The benefit is equal to 50% of the Accrued Benefit on the date of death, adjusted as appropriate for early commencement and the 50% Joint and Survivor annuity form of payment.</p> |
| <b><i>Lump Sum Death Benefit</i></b>                 | <p><u><b>Eligibility:</b></u></p> <p>Participant was eligible for a Severance benefit, the Severance Benefit has not been paid, and no further benefits are payable.</p> <p><u><b>Lump Sum Benefit:</b></u></p> <p>Lump sum benefit equal to the amount of the Severance Benefit to which the participant was entitled.</p>                                                                                                                                              |
| <b><i>Benefits Available as Lump Sums</i></b>        | <p>This plan pays small benefit amounts (lump sums less than \$5,000) and the lump sum Death Benefit.</p>                                                                                                                                                                                                                                                                                                                                                                |
| <b><i>Optional Forms of Payment</i></b>              | <p>Life Annuity</p> <p>10 Year Certain &amp; Continuous</p> <p>Joint &amp; Survivor 50%</p> <p>Joint &amp; Survivor 75%</p> <p>Joint &amp; Survivor 100%</p> <p>Social Security Level Income Option</p>                                                                                                                                                                                                                                                                  |
| <b><i>Funding of the Plan</i></b>                    | <p>Employer pays all costs.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b><i>Changes in Plan Provisions</i></b>             | <p>None.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

Schedule SB, Line 22 – Description of Weighted Average Retirement Age  
SIFCO Custom Machining Company Retirement Income  
November 1, 2011 Valuation  
EIN/PN: 41-0742016 / 009

***Rates of Retirement***

| <u>Age(s)</u> | <u>Rate</u> |
|---------------|-------------|
| 55            | 5.0%        |
| 56-59         | 2.5         |
| 60            | 5.0         |
| 61            | 2.5         |
| 62            | 30.0        |
| 63            | 20.0        |
| 64            | 15.0        |
| 65            | 100.0       |

Weighted Average Retirement Age is 63. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

Schedule SB, Line 24 – Change in Actuarial Assumptions  
SIFCO Custom Machining Company Retirement Income  
November 1, 2011 Valuation  
EIN/PN: 41-0742016 / 009

***Changes in  
Assumptions since  
the Last Actuarial  
Valuation***

The segmented interest rates used for determining the funding target were 4.05%, 6.47% and 6.65%. These rates were updated to the rates required for the current plan year.

The mortality table for the funding target was changed as required under PPA '06.

***Justification for  
Changes in Actuarial  
Assumptions***

The only assumption changes were to prescribed actuarial assumptions or as a result of At-Risk status. Therefore, the plan did not need IRS approval to change assumptions and there is no need to disclose any "Change in Actuarial Assumptions."

- ▶ For Privacy Act and Paperwork Reduction Act Notice, see instructions.
- ▶ Information about Form 5558 and its instructions is at [www.irs.gov/form5558](http://www.irs.gov/form5558)

### File With IRS Only

## Part I Identification

|                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                  |                    |                          |           |             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------|-----------|-------------|
| <b>A</b> Name of filer, plan administrator, or plan sponsor (see instructions)<br><b>SIFCO Custom Machining Company</b><br>Number, street, and room or suite no. (If a P.O. box, see instructions)<br><b>2430 North Winnetka Avenue</b><br>City or town, state, and ZIP code<br>Minneapolis, MN 55427 | <b>B Filer's identifying number (see instructions)</b><br>Employer identification number (EIN) (9 digits XX-XXXXXXX)<br><b>41-0742016</b><br>Social security number (SSN) (9 digits XXX-XX-XXXX) |                    |                          |           |             |
|                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                  |                    |                          |           |             |
|                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                  |                    |                          |           |             |
|                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                  |                    |                          |           |             |
| <b>C</b>                                                                                                                                                                                                                                                                                              | <b>Plan name</b>                                                                                                                                                                                 | <b>Plan number</b> | <b>Plan year ending—</b> |           |             |
|                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                  |                    | <b>MM</b>                | <b>DD</b> | <b>YYYY</b> |
| SIFCO Custom Machining Company Retirement Income Plan                                                                                                                                                                                                                                                 |                                                                                                                                                                                                  | 009                | 10/31/2012               |           |             |

## Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

- 1 ☒ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part 1, C above.
- 2 I request an extension of time until 8/15/2013 to file Form 5500 series (see instructions).  
**Note.** A signature IS NOT required if you are requesting an extension to file Form 5500 series.
- 3 I request an extension of time until 8/15/2013 to file Form 8955-SSA (see instructions).  
**Note.** A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application is **automatically approved** to the date shown on line 2 and/or line 3 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and **(b)** the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date.

**Part III**      **Extension of Time To File Form 5330** (see instructions)

- 4** I request an extension of time until \_\_\_\_\_ to file Form 5330.  
You may be approved for up to a 6 month extension to file Form 5330 , after the normal due date of Form 5330.

**a** Enter the Code section(s) imposing the tax. . . . . **a**

**b** Enter the payment amount attached. . . . . **b**

**c** For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date. . . . . **c**

**5 State in detail why you need the extension:**

[illegible]

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

**Signature** ▶

Date ►

**SCHEDULE SB  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**

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

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

OMB No. 1210-0110

**2011****This Form is Open to Public  
Inspection**For calendar plan year 2011 or fiscal plan year beginning 11/01/2011 and ending 10/31/2012▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                                                          |  |                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------|
| <b>A</b> Name of plan<br><br>SIFCO CUSTOM MACHINING COMPANY RETIREMENT INCOME PLAN                                                                                       |  | <b>B</b> Three-digit plan number (PN) ▶<br><br>009              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>SIFCO CUSTOM MACHINING COMPANY, INC                                                      |  | <b>D</b> Employer Identification Number (EIN)<br><br>41-0742016 |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B <input type="checkbox"/> Other |  |                                                                 |
| <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500                  |  |                                                                 |

**Part I Basic Information**

|                                                                                                                                                                                                                 |              |                            |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------|--------------------|
| <b>1</b> Enter the valuation date: Month <u>11</u> Day <u>1</u> Year <u>2011</u>                                                                                                                                |              |                            |                    |
| <b>2</b> Assets:                                                                                                                                                                                                |              |                            |                    |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b>    | 4,128,651                  |                    |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b>    | 4,073,250                  |                    |
| <b>3</b> Funding target/participant count breakdown:                                                                                                                                                            |              | (1) Number of participants | (2) Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                      | <b>3a</b>    | 42                         | 3,412,843          |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | <b>3b</b>    | 23                         | 693,141            |
| <b>c</b> For active participants:                                                                                                                                                                               |              |                            |                    |
| (1) Non-vested benefits.....                                                                                                                                                                                    | <b>3c(1)</b> |                            | 105,811            |
| (2) Vested benefits .....                                                                                                                                                                                       | <b>3c(2)</b> |                            | 1,239,534          |
| (3) Total active.....                                                                                                                                                                                           | <b>3c(3)</b> | 46                         | 1,345,345          |
| <b>d</b> Total.....                                                                                                                                                                                             | <b>3d</b>    | 111                        | 5,451,329          |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                                |              |                            |                    |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>    |                            |                    |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>    |                            |                    |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b>     | 5.55 %                     |                    |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b>     | 110,559                    |                    |

**Statement by Enrolled Actuary**

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

**SIGN  
HERE***JRS*

Signature of actuary

Gail R. Steward

Type or print name of actuary

Findley Davies, Inc.

1300 East Ninth Street, Suite 850

Firm name

Cleveland

OH

44114-1516

Address of the firm

07/31/2013

Date

11-6835

Most recent enrollment number

(216) 875-1900

Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2011  
v.012611

**Part II Beginning of year carryover and prefunding balances**

|                                                                                                                                  | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....                          | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                      | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8).....                                                                             | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>5.95</u> %.....                                              |                       |                        |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                   |                       |                        |
| <b>a</b> Present value of excess contributions (line 38 from prior year) .....                                                   |                       | 0                      |
| <b>b</b> Interest on (a) using prior year's effective rate of <u>6.39</u> % except as otherwise provided (see instructions)..... |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance.....                                     |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance.....                                                                   |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections.....                                                 | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....                                      | 0                     | 0                      |

**Part III Funding percentages**

|                                                                                                                                                                           |           |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                      | <b>14</b> | 74.72 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                             | <b>15</b> | 74.72 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b> | 75.71 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                       | <b>17</b> | %       |

**Part IV Contributions and liquidity shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 02/15/2012               | 82,093                            |                                 |                          |                                   |                                 |
| 05/15/2012               | 82,093                            |                                 |                          |                                   |                                 |
| 08/15/2012               | 82,093                            |                                 |                          |                                   |                                 |
| 11/15/2012               | 82,093                            |                                 |                          |                                   |                                 |
| 06/14/2013               | 113,526                           |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals •</b>          |                                   |                                 | <b>18(b)</b>             | 441,898                           | <b>18(c)</b>                    |
|                          |                                   |                                 |                          |                                   | 0                               |

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

|                                                                                                                        |            |         |
|------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....                   | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date.....                                      | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date..... | <b>19c</b> | 420,897 |

**20** Quarterly contributions and liquidity shortfalls:

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

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

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

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

**Part V Assumptions used to determine funding target and target normal cost****21** Discount rate:**a** Segment rates:

|                        |                        |                        |                                                     |
|------------------------|------------------------|------------------------|-----------------------------------------------------|
| 1st segment:<br>2.18 % | 2nd segment:<br>5.36 % | 3rd segment:<br>6.33 % | <input type="checkbox"/> N/A, full yield curve used |
|------------------------|------------------------|------------------------|-----------------------------------------------------|

**b** Applicable month (enter code).....**21b**

4

**22** Weighted average retirement age .....**22**

63

**23** Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute**Part VI Miscellaneous items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... ☒ Yes ☐ No**27** If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of unpaid minimum required contributions for prior years****28** Unpaid minimum required contributions for all prior years .....**28**

0

**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....**29**

0

**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....**30**

0

**Part VIII Minimum required contribution for current year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) .....**31a**

110,559

**b** Excess assets, if applicable, but not greater than 31a .....**31b**

0

**32** Amortization installments:**a** Net shortfall amortization installment.....

Outstanding Balance

Installment

1,378,079

283,221

**b** Waiver amortization installment.....

0

0

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount.....**33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...**34**

393,780

Carryover balance

Prefunding balance

Total balance

**35** Balances elected for use to offset funding requirement .....

0

0

0

**36** Additional cash requirement (line 34 minus line 35).....**36**

393,780

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

420,897

**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) .....**38a**

27,117

**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....**38b**

0

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....**39**

0

**40** Unpaid minimum required contributions for all years.....**40**

0

**Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)****41** If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:**a** Schedule elected .....☐ 2 plus 7 years☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made .....☐ 2008☐ 2009☐ 2010☐ 2011**42** Amount of acceleration adjustment .....**42**

0

**43** Excess installment acceleration amount to be carried over to future plan years .....**43**

0

Schedule SB, Line 26 - Schedule of Active Participant Data

November 1, 2011 Valuation  
SIFCO Custom Machining Company Retirement Income Plan  
(EIN: 41-0742016; PN: 009)

| Attained Age | Years of Credited Service |          |          |          |          |          |          |          |          |         |
|--------------|---------------------------|----------|----------|----------|----------|----------|----------|----------|----------|---------|
|              | Under 1                   | 1 to 4   | 5 to 9   | 10 to 14 | 15 to 19 | 20 to 24 | 25 to 29 | 30 to 34 | 35 to 39 | 40 & up |
| Under 25     | -                         | 1<br>(*) | -        | -        | -        | -        | -        | -        | -        | -       |
| 25 to 29     | -                         | -        | 2<br>(*) | -        | -        | -        | -        | -        | -        | -       |
| 30 to 34     | 1<br>(*)                  | 1<br>(*) | 1<br>(*) | 1<br>(*) | -        | -        | -        | -        | -        | -       |
| 35 to 39     | -                         | -        | -        | -        | -        | -        | -        | -        | -        | -       |
| 40 to 44     | 1<br>(*)                  | -        | 2<br>(*) | -        | 1<br>(*) | 1<br>(*) | -        | -        | -        | -       |
| 45 to 49     | -                         | 2<br>(*) | 3<br>(*) | 1<br>(*) | -        | -        | -        | 1<br>(*) | -        | -       |
| 50 to 54     | 1<br>(*)                  | -        | 4<br>(*) | -        | -        | 1<br>(*) | 2<br>(*) | 3<br>(*) | -        | -       |
| 55 to 59     | -                         | 3<br>(*) | 3<br>(*) | 1<br>(*) | -        | 1<br>(*) | 1<br>(*) | 1<br>(*) | 1<br>(*) | -       |
| 60 to 64     | 1<br>(*)                  | -        | 3<br>(*) | -        | -        | -        | 1<br>(*) | -        | -        | -       |
| 65 to 69     | -                         | -        | -        | -        | -        | -        | -        | -        | -        | -       |
| 70 & up      | -                         | -        | -        | -        | -        | -        | -        | -        | -        | -       |

\* Average compensation is not shown since there are fewer than 1,000 active participants in this plan

NAME - PRIDEX 500 Account  
DESCRIPTION - Purchase  
PURCHASE PRICE - 278000  
SELLING PRICE - 0  
LEASE RENTAL - 0  
EXPENSES - 0  
COST OF ASSET - 278000  
CURRENT VALUE - 0  
NET GAIN OR LOSS - 0

NAME - Quantitative Core Eq Acct  
DESCRIPTION - Sale  
PURCHASE PRICE - 0  
SELLING PRICE - 278000  
LEASE RENTAL - 0  
EXPENSES - 0  
COST OF ASSET - 257665  
CURRENT VALUE - 0  
NET GAIN OR LOSS - 20335

NAME - Core Bond Fund  
DESCRIPTION - Sale  
PURCHASE PRICE - 0  
SELLING PRICE - 328000  
LEASE RENTAL - 0  
EXPENSES - 0  
COST OF ASSET - 311409  
CURRENT VALUE - 0  
NET GAIN OR LOSS - 16591

NAME - Core Conservative Bd Fd  
DESCRIPTION - Purchase  
PURCHASE PRICE - 328000  
SELLING PRICE - 0  
LEASE RENTAL - 0  
EXPENSES - 0  
COST OF ASSET - 328000  
CURRENT VALUE - 0  
NET GAIN OR LOSS - 0

NAME - PRIDEX 500 Account  
DESCRIPTION - 11 Purchases  
PURCHASE PRICE - 577000  
SELLING PRICE - 0  
LEASE RENTAL - 0  
EXPENSES - 0  
COST OF ASSET - 577000  
CURRENT VALUE - 0  
NET GAIN OR LOSS - 0

NAME - PRIDEX 500 Account  
DESCRIPTION - 17 Sales  
PURCHASE PRICE - 0  
SELLING PRICE - 593000  
LEASE RENTAL - 0  
EXPENSES - 0  
COST OF ASSET - 515232  
CURRENT VALUE - 0  
NET GAIN OR LOSS - 77768

NAME - Quantitative Core Eq Acct  
DESCRIPTION - 14 Purchases  
PURCHASE PRICE - 642000  
SELLING PRICE - 0  
LEASE RENTAL - 0  
EXPENSES - 0  
COST OF ASSET - 642000  
CURRENT VALUE - 0  
NET GAIN OR LOSS - 0

NAME - Quantitative Core Eq Acct  
DESCRIPTION - 13 Sales  
PURCHASE PRICE - 0  
SELLING PRICE - 562000  
LEASE RENTAL - 0  
EXPENSES - 0  
COST OF ASSET - 511776  
CURRENT VALUE - 0  
NET GAIN OR LOSS - 50224

NAME - Core Bond Fund  
DESCRIPTION - 19 Purchases  
PURCHASE PRICE - 513000  
SELLING PRICE - 0  
LEASE RENTAL - 0  
EXPENSES - 0  
COST OF ASSET - 513000  
CURRENT VALUE - 0  
NET GAIN OR LOSS - 0

NAME - Core Bond Fund  
DESCRIPTION - 21 Sales  
PURCHASE PRICE - 0  
SELLING PRICE - 494000  
LEASE RENTAL - 0  
EXPENSES - 0  
COST OF ASSET - 471275  
CURRENT VALUE - 0  
NET GAIN OR LOSS - 22725

NAME - Core Conservative Bd Fd  
DESCRIPTION - 16 Purchases  
PURCHASE PRICE - 483000  
SELLING PRICE - 0  
LEASE RENTAL - 0  
EXPENSES - 0  
COST OF ASSET - 483000  
CURRENT VALUE - 0  
NET GAIN OR LOSS - 0

NAME - Core Conservative Bd Fd  
DESCRIPTION - 12 Sales  
PURCHASE PRICE - 0  
SELLING PRICE - 518000  
LEASE RENTAL - 0  
EXPENSES - 0  
COST OF ASSET - 506572  
CURRENT VALUE - 0  
NET GAIN OR LOSS - 11428

NAME - Short-term Account  
DESCRIPTION - 44 Purchases  
PURCHASE PRICE - 303000  
SELLING PRICE - 0  
LEASE RENTAL - 0  
EXPENSES - 0  
COST OF ASSET - 303000  
CURRENT VALUE - 0  
NET GAIN OR LOSS - 0

NAME - Short-term Account  
DESCRIPTION - 44 Sales  
PURCHASE PRICE - 0  
SELLING PRICE - 401000  
LEASE RENTAL - 0  
EXPENSES - 0  
COST OF ASSET - 401000  
CURRENT VALUE - 0  
NET GAIN OR LOSS - 0

PARTY IN INTEREST - X  
IDENTITY - Quantitative Core Eq  
DESCRIPTION - 77,177 sh  
COST - 1380309  
CURRENT VALUE - 1584325

PARTY IN INTEREST - X  
IDENTITY - International Stk Fd  
DESCRIPTION - 13,830 sh  
COST - 128064  
CURRENT VALUE - 135563

PARTY IN INTEREST - X  
IDENTITY - PRIDEX 500 Account  
DESCRIPTION - 60,651 sh  
COST - 461040  
CURRENT VALUE - 522076

PARTY IN INTEREST - X  
IDENTITY - PRIVEST Account  
DESCRIPTION - 20 sh  
COST - 435312  
CURRENT VALUE - 486028

PARTY IN INTEREST - X  
IDENTITY - Short Term Account  
DESCRIPTION - 3,765 sh  
COST - 45702  
CURRENT VALUE - 45702

PARTY IN INTEREST - X  
IDENTITY - Midcap Quant Core Eq  
DESCRIPTION - 128 sh  
COST - 4759  
CURRENT VALUE - 5291

PARTY IN INTEREST - X  
IDENTITY - Value Equity Account  
DESCRIPTION - 2,348 sh  
COST - 103652  
CURRENT VALUE - 111233

PARTY IN INTEREST - X  
IDENTITY - Core Bond Fd  
DESCRIPTION - 30,252 sh  
COST - 523990  
CURRENT VALUE - 547886

PARTY IN INTEREST - X  
IDENTITY - Core Conserv Bd Fund  
DESCRIPTION - 45,092 sh  
COST - 255477  
CURRENT VALUE - 264924

PARTY IN INTEREST - X  
IDENTITY - Jenn Gr Equity Fund  
DESCRIPTION - 113,744 sh  
COST - 94943  
CURRENT VALUE - 116342

PARTY IN INTEREST - X  
IDENTITY - Inflation Prot Bond  
DESCRIPTION - 111,533 sh  
COST - 208708  
CURRENT VALUE - 229826

PARTY IN INTEREST - X  
IDENTITY - High Yield Fund  
DESCRIPTION - 22,435 sh  
COST - 65368  
CURRENT VALUE - 68991

PARTY IN INTEREST - X  
IDENTITY - Emerging Mkt Debt Fd  
DESCRIPTION - 6,710 sh  
COST - 52950  
CURRENT VALUE - 57780

PARTY IN INTEREST - X  
IDENTITY - Mercator Int'l Eq Fd  
DESCRIPTION - 6,678 sh  
COST - 66665  
CURRENT VALUE - 67078

PARTY IN INTEREST - X  
IDENTITY - Quant Core Int'l Eq  
DESCRIPTION - 123,653 sh  
COST - 215670  
CURRENT VALUE - 222943

PARTY IN INTEREST - X  
IDENTITY - QMA Emerging Mkts  
DESCRIPTION - 2,780 sh  
COST - 22389  
CURRENT VALUE - 22819

PARTY IN INTEREST - X  
IDENTITY - Jenn US Sm Cap Eq Fd  
DESCRIPTION - 341 sh  
COST - 713  
CURRENT VALUE - 763