Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2012

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
MILLER CASTINGS, INC. 401(K) PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1992

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

MILLER CASTINGS, INC.

2503 PACIFIC PARK DR
WHITTIER, CA 90601

2b Employer Identification Number (EIN)
95-2873159

2c Sponsor's telephone number
562-695-0461

2d Business code (see instructions)
331500

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/28/2013	ROBERTA BARRON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	

5	Total number of participants at the beginning of the plan year	**5**	392
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	347
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	62
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	409
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	409
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	269
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	32
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

(1)	[X]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[ ]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
MILLER CASTINGS, INC. 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-2873159

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

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

1 Coverage Information:

(a) Name of insurance carrier

GREAT WEST LIFE AND ANNUITY

(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
84-0467907	68322	92147-01	269	01/01/2012	12/31/2012

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

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

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	

(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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	(c) Amount	**(d)** Purpose	

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	834103
5	Current value of plan's interest under this contract in separate accounts at year end	5	1680436

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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 ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	690612
c	Additions: (1) Contributions deposited during the year	7c(1)	145964		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	10758		
	(4) Transferred from separate account	7c(4)	66876		
	(5) Other (specify below)	7c(5)	35101		
	▶ LOAN PAYMENTS				
	(6) Total additions			7c(6)	258699
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	949311
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	60788		
	(2) Administration charge made by carrier	7e(2)	3666		
	(3) Transferred to separate account	7e(3)	50754		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	115208
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	834103

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2012** **This Form is Open to Public Inspection.**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
MILLER CASTINGS, INC. 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-2873159

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	6745	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

CHRIST, SPANG & CAPITANO

1809 E. ECKERMAN AVE.
WEST COVINA, CA 91791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	CONSULTING	4534	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ADVISED ASSET GROUP

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	3902	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
MILLER CASTINGS, INC. 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-2873159

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

a Name of MTIA, CCT, PSA, or 103-12 IE: FUTURE FUNDS SERIES ACCT II OF GWL

b Name of sponsor of entity listed in (a): GREAT-WEST LIFE & ANNUITY INS. CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
84-0467907-003	P	1680436

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2012

This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
MILLER CASTINGS, INC. 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-2873159

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	148016	135634
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	1417576	1680436
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	690612	834103
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	2256204	2650173
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2256204	2650173

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	84523	
(B) Participants	2a(1)(B)	290481	
(C) Others (including rollovers)	2a(1)(C)	39784	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		414788
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	5053	
(F) Other	2b(1)(F)	15292	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		20345
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		173603
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		608736
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	183798	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		183798
f Corrective distributions (see instructions)	2f		8170
g Certain deemed distributions of participant loans (see instructions)	2g		7618
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	15181	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		15181
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		214767
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		393969
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: LODGEN, LACHER, GOLDDITCH **(2)** EIN: 95-4366929

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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)

Part V Trust Information (optional)

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2012

This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan
MILLER CASTINGS, INC. 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-2873159

Part I Distributions

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

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

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

EIN(s): 20-3691708

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

LODGEN, LACHER, GOLDITCH, SARDI, SAUNDERS & HOWARD LLP

CERTIFIED PUBLIC ACCOUNTANTS

KEN LODGEN, C.P.A.
BERNARD S. GOLDITCH, C.P.A., J.D
JOHN E. SAUNDERS, C.P.A.
ALEX ZIMMER, C.P.A.
ANN M. OLSON, C.P.A.
STUART B. LEWIS, C.P.A.
LORI K. HOFFMAN, C.P.A.

STEVE LACHER, C.P.A.
THOMAS SARDI, C.P.A.
DANIEL M. HOWARD, C.P.A., M.B.A.
ROBERT J. COHEN, C.P.A.
ROBERT FRIEDMAN, C.P.A.
BONNIE I. BROWN, C.P.A.*
*(admitted in New York)

August 7, 2013

Ms. Roberta Barron
Chief Financial Officer
Miller Castings, Inc.
2503 Pacific Park Drive
Whittier, CA 90601

Re: Miller Castings, Inc. 401(k) Plan & Trust

Dear Roberta:

Enclosed please find five bound financial statements for the above referenced entity. They are for your records.

Effective with 2009 year, all Forms 5500 must be completed and filed electronically using EFAST2 before or on October 15, 2010 and audited financial statements in PDF format must be attached with the electronic filing of Form 5500. Therefore, we have sent a copy of audited financial statements in PDF format by email to you.

Please call me if you have any questions.

Sincerely,

LODGEN, LACHER, GOLDITCH, SARDI, SAUNDERS & HOWARD LLP

Lori K. Hoffman

LORI K. HOFFMAN, C.P.A.

LKH:gt

Enc.

16530 VENTURA BOULEVARD • SUITE 305 • ENCINO, CA 91436
(818) 783-0570 • Fax (818) 783-7902
EMAIL: ADMIN@LGSHCPA.com • www.LGSHCPA.com

MILLER CASTINGS, INC. 401(k) PLAN & TRUST

FINANCIAL STATEMENTS

DECEMBER 31, 2012 AND 2011

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LODGEN, LACHER, GOLDITCH, SARDI,
SAUNDERS & HOWARD LLP

CERTIFIED PUBLIC ACCOUNTANTS

KEN LODGEN, C.P.A.
BERNARD S. GOLDITCH, C.P.A., J.D.
JOHN E. SAUNDERS, C.P.A.
ALEX ZIMMER, C.P.A.
ANN M. OLSON, C.P.A.
STUART B. LEWIS, C.P.A.
LORI K. HOFFMAN, C.P.A.

STEVE LACHER, C.P.A.
THOMAS SARDI, C.P.A.
DANIEL M. HOWARD, C.P.A., M.B.A.
ROBERT J. COHEN, C.P.A.
ROBERT FRIEDMAN, C.P.A.
BONNIE I. BROWN, C.P.A.*
*(admitted in New York)

Independent Auditor's Report

Board of Trustees
Miller Castings, Inc. 401(k) Plan and Trust
Whittier, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Miller Castings, Inc. 401(k) Plan and Trust, which comprise the statement of net assets available for benefits as of December 31, 2012 and 2011, the related statement of changes in net assets available for benefits for the year ended December 31, 2012, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Great-West Life & Annuity Insurance, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2012 and 2011 and for the year ended December 31, 2012, that the information provided to the plan administrator by the custodian is complete and accurate.

16530 VENTURA BOULEVARD • SUITE 305 • ENCINO, CA 91436
(818) 783-0570 • FAX (818) 783-7902
EMAIL: ADMIN@LGSHCPA.COM • WWW.LGSHCPA.COM

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule of Assets (Held at End of Year) is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, 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 ERISA.

Lodgen, Lacher, Golditch, Sardi, Saunders & Howard LLP

Encino, California
August 5, 2013

MILLER CASTINGS, INC. 401(k) PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2012 AND 2011

	2012	2011
Assets:		
Investments, at fair market value:		
Mutual funds in pooled separate accounts	$ 1,680,436	$ 1,417,576
Guaranteed insurance contracts	834,103	690,612
	2,514,539	2,108,188
Receivables:		
Participants' contributions	3,661	4,505
Employer contributions	1,037	1,387
Participant loans	135,634	148,016
	140,332	153,908
Total assets	2,654,871	2,262,096
Liabilities:		
Excess contributions payable	2,430	8,540
Net assets available for benefits	$ 2,652,441	$ 2,253,556

See accompanying independent auditor's report and notes to the financial statements.

MILLER CASTINGS, INC. 401(k) PLAN AND TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2012

Additions to net assets attributed to:		
Contributions:		
Participants	$ 289,637	
Employer match	84,173	
Rollovers	39,784	
		$ 413,594
Investment income:		
Interest income	15,292	
Interest on participant loans	5,053	
Net appreciation in fair value of investments	173,603	
		193,948
		607,542
Deductions to net assets attributed to:		
Benefits paid to participants	191,416	
Refunds of excess contributions	2,060	
Administrative expenses	15,181	
		208,657
Net increase in net assets		398,885
Net assets available for benefits, beginning of year		2,253,556
Net assets available for benefits, end of year		$ 2,652,441

See accompanying independent auditor's report and notes to the financial statements.

MILLER CASTINGS, INC. 401(k) PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2012 AND 2011

1. Description of plan:

The following description of the Miller Casting, Inc, 401(k) Plan and Trust (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General:

The Plan is a prototype defined contribution plan covering all full-time employees of Miller Castings, Inc. (the "Company") who have ninety days of service and are age twenty-one. Plan entry is permitted on the first day of each month in the Plan year. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions and matching:

The Plan provides for automatic enrollment of participants with an automatic election to defer 2% of eligible compensation unless the participant makes a contrary salary reduction agreement election on or after 30 days' notice. Each year, participants may contribute up to the statutory limits of pretax annual compensation, as defined by the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Contributions are subject to certain limitations. The Company may make a discretionary match. For the year ended December 31, 2012, the Company made matching contributions of $84,173.

Participant accounts:

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contributions and (b) Plan earnings. Allocations are based on participant earnings or account balances, as defined. The participant is entitled to the benefit that can be provided from the participant's vested account.

Vesting:

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company contributions portion of their accounts plus earnings thereon is based on years of continuous service. A participant is 100% vested after six years of credited service.

A participant shall be 100% vested in Company contributions without regard to years of service in the event of death, permanent disability, or attainment of age 65.

Investment options:

Upon enrollment in the Plan, a participant may direct employee contributions in 1% increments in any of the more than thirty-five mutual funds and fixed income funds offered by the Plan. Participants may change their investment options amongst mutual funds at the participant's discretion.

1. Description of plan (continued):

Loans receivable from participants:

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

Participants may borrow from their fund accounts a minimum of $1,000, up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms are up to 5 years, or 20 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account, and the current loans bear interest between 4.25% and 9.25%. Principal and interest are paid ratably through payroll deductions. The loan will be deemed a distribution if the participant terminates employment with Miller Castings, Inc. prior to paying off the loan.

Payment of benefits:

On termination of services due to death, disability or retirement, a participant or the designated beneficiary may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments over a period not to extend beyond the participant's life expectancy (or the life expectancy of the participant and his designated beneficiary). For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Forfeited accounts:

At December 31, 2012 and 2011, forfeited non-vested accounts totaled $0. Forfeitures during the year ended December 31, 2012 were $1,234, all of which were used to reduce 2012 employer contributions.

2. Summary of significant accounting policies:

The summary of significant accounting policies of the Plan is presented to assist in understanding the Plan's financial statements. The financial statements and notes are the representation of the Plan's management. These accounting policies conform to accounting principles generally accepted in the United States of America and have been consistently applied in the preparation of the financial statements.

Basis of accounting:

The accompanying financial statements are presented on the accrual method of accounting and include only the assets, liabilities, and changes in net assets of the Plan.

2. Summary of significant accounting policies (continued):

Estimates:

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and disclosures, contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results may differ from those estimates.

Income recognition:

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis.

Excess contributions payable:

Amounts payable to participants for contributions in excess of amount allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2012 excess contributions to the applicable participants prior to March 15, 2013.

Payment of benefits:

Benefits are recorded when paid.

Operating expenses:

Certain administrative expenses are paid by the Plan. All other expenses of maintaining the Plan are paid by the Company.

Plan termination:

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan at any time subject to the provisions of ERISA. Upon termination of the Plan, the entire amount of each participant's account, with respect to the Plan, shall become 100% vested and non-forfeitable.

Date of administrator's review:

Subsequent events have been evaluated by the Plan administrator through August 5, 2013, which is the date the financial statements were available to be issued.

3. Guaranteed insurance contracts:

The Plan has entered into benefit-responsive investment contracts with Great-West Life & Annuity Insurance Company. The contracts are not fully benefit-responsive. The insurance company maintains the contributions in a pooled account. The account is credited with earnings on the underlying investments (principally investments in the general funds of the insurance companies) and charged for participant withdrawals and administrative expenses.

3. Guaranteed insurance contracts (continued):

The contracts are included in the financial statements at fair value, as reported to the Plan by the insurance company. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. Earnings on this contract averaged 1.45% for the year ended December 31, 2012.

4. Fair value measurements:

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

		Fair value measurements using:	
	Fair value	Quoted Prices in Active Markets For Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
December 31, 2012			
Mutual funds in variable annuities	$ 1,680,436	$ -	$1,680,436
Insurance contracts	834,103	-	834,103
Total	$ 2,514,539	$ -	$2,514,539
December 31, 2011			
Mutual funds in variable annuities	$ 1,417,576	$ -	$1,417,576
Insurance contracts	690,612	-	690,612
Total	$ 2,108,188	$ -	$2,108,188

4. Fair value measurements (continued):

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted price for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are available to the Plan, and Level 3 inputs are only used when Level 1 or Level 2 inputs were not available.

Level 1 fair value measurements:

The Plan does not have any investments with Level 1 inputs.

Level 2 fair value measurements:

The variable annuities consist of underlying mutual funds. The initial pricing input is the quoted price for the underlying mutual funds, which is then adjusted to apply an expense factor. The unit value is determined in a manner similar to a mutual fund net asset value calculation: dividing the net assets by the number of units outstanding, with any discrepancies resolved on a daily basis.

The insurance contract is a collective investment and reinvestment of assets contributed from employee benefit plans maintained by more than one plan. The assets are valued based on the contractual terms of the underlying guaranteed investment contracts. The collective trust provides a daily mil rate for income accretion. The mil rate is a blend of the contracts' rate of return and the liquidity component's daily mil rate. The contracts' rate of return is typically reset on a quarterly basis. The collective trust's daily value is calculated based on the contract value, which is based on the provisions of the contracts.

Level 3 fair value measurements:

The Plan does not have any investments with Level 3 inputs.

5. Unaudited information prepared and certified by the custodian:

The following information included in the accompanying financial statements and supplementary information was obtained from data that was prepared and certified to be complete and accurate by the custodian as of December 31, 2012 and 2011:

	2012	2011
Investments, at fair value:		
Mutual funds in pooled separate accounts (variable annuities)	$ 1,680,436	$1,417,576
Investment contracts	834,103	690,612
Participant loans	135,634	148,016
Net appreciation (depreciation) in fair value of investments	173,603	(53,047)

The Plan investments are classified as pooled separate accounts, unallocated contracts or participant loans. The pooled separate accounts are invested in publicly traded registered investment companies (mutual funds). The investment contracts consist of guaranteed insurance contract held in the general accounts of the Trustee. Investments in the pooled separate accounts and investment contracts are directed by the Plan participants. Participant loans have various maturities through the year 2015 and bear interest rates of 4.25% to 9.25% per year.

The following table represents investments that are 5% or more of the Plan's net assets. The investments are stated at fair value:

	2012	2011
Guaranteed Portfolio Fund	$ 831,584	$ 688,173
Great-West Moderate Profile II Fund I	$ 214,960	$ -
Great-West US Govt Mortgage Secur Fund I	$ 155,969	$ -
Great-West American Century Growth Fund I	$ 210,205	$ -
Great-West S&P 500 Index Fund I	$ 123,990	$ -
Maxim Moderate Profile II	$ -	$ 183,827
Oppenheimer Global A	$ -	$ 113,089
Maxim US Government Securities Fund	$ -	$ 137,156
Maxim T Rowe Price Equity Income	$ -	$ 109,253
Maxim American Century Growth Portfolio	$ -	$ 196,302
Royce Total Return K	$ -	$ 116,603

6. Tax status:

The Internal Revenue Service has determined and informed the Company by a letter dated November 2001, that the Plan and related trust are designed in accordance with the applicable requirements of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by IRS. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2012, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

7. Risks and uncertainties:

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

8. Related party transactions:

The Plan investments are in participating units of mutual funds managed by Great-West. Great-West is the custodian as defined by the Plan and, therefore, these transactions qualify as party in interest. Fees paid by the Plan for the recordkeeping and investment management services amounted to $10,647 and $8,774 for the years ended December 31, 2012 and 2011, respectively.

9. Plan administration:

Assets are held by the custodian of the Plan. Participant and Company contributions are held and managed by the trustee, which invests cash received, interest and dividend income and makes distributions to participants.

9. Plan administration (continued):

Certain administrative functions are performed by officers of the Company. No such officer or employee receives any compensation from the Plan. Administrative expenses of the Plan are generally paid by the Company.

10. Reconciliation of financial statements to Schedule H of Form 5500:

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

	2012	2011
Net assets available for benefits per the financial statements	$ 2,652,441	$ 2,253,556
Excess contributions payable	2,430	8,540
Employer contribution receivable	(1,037)	(1,387)
Participants' contributions receivable	(3,661)	(4,505)
Net assets available for benefits per the Form 5500	$ 2,650,173	$ 2,256,204

The following is a reconciliation of increase in net assets available for benefits for the year ended December 31, 2012 per the financial statements to the Form 5500:

	2012
Increase in net assets available for benefits per financial statements	$ 398,885
Change in participants' contributions receivable	844
Employer contributions receivable	350
Change in refunds of excess contributions	(6,110)
Net income per the Form 5500	$ 393,969

SUPPLEMENTARY INFORMATION

MILLER CASTINGS, INC. 401(k) PLAN AND TRUST

EIN: 95-2873159 PN:001

ATTACHMENT TO FORM 5500 - SCHEDULE H, LINE 4(i)

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2012

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment	(d) Cost	(e) Current value
*	American Funds EuroPacific Growth R3	GWL variable annuities		$ 36,822
*	American Funds Growth Fund of Amer R3	GWL variable annuities		50,279
*	Columbia Diversified Equity Income A	GWL variable annuities		22,958
*	Dreyfus Appreciation	GWL variable annuities		42,478
*	Fidelity Advisor Leveraged Co Stk - T	GWL variable annuities		780
*	Great-West Aggressive Profile II Fund I	GWL variable annuities		22,386
*	Great-West American Century GR Fund I	GWL variable annuities		210,205
*	Great-West Bond Index Fund I	GWL variable annuities		54,004
*	Great-West Conserv Profile II Fund I	GWL variable annuities		40,068
*	Great-West International Index Fund I	GWL variable annuities		103,803
*	Great-West Lifetime 2025 Fund I T1	GWL variable annuities		2,311
*	Great-West Loomis Sayles Bond Fund I	GWL variable annuities		8,785
*	Great-West Moderate Profile II Fund I	GWL variable annuities		214,960
*	Great-West S&P 500 Index Fund I	GWL variable annuities		123,990
*	Great-West S&P Mid Cap 400 Index Fund I	GWL variable annuities		42,408
*	Great-West S&P SmallCap 600 Index Fund I	GWL variable annuities		24,973
*	Great-West SF Balanced Fund G1	GWL variable annuities		85,995
*	Great-West SF Lifetime 2015 Fund G1	GWL variable annuities		74
*	Great-West SF Lifetime 2025 Fund G1	GWL variable annuities		83,926
*	Great-West SF Lifetime 2035 Fund G1	GWL variable annuities		313
*	Great-West SF Lifetime 2045 Fund G1	GWL variable annuities		327
*	Great-West SF Lifetime 2055 Fund G1	GWL variable annuities		1,012
*	Great-West T Rowe Price MidCap GR Fund I	GWL variable annuities		15,911
*	Great-West T Rowe Price EQ Inc Fund I	GWL variable annuities		94,475
*	Great-West US Govt Mortgage Secur Fund I	GWL variable annuities		155,969
*	Invesco Comstock R	GWL variable annuities		472
*	Lord Abbett Value Opprtunities A	GWL variable annuities		17,893
*	Marsico Focus	GWL variable annuities		17,973
*	MFS International Value R2	GWL variable annuities		31,793
*	Nuveen Small Cap Select A	GWL variable annuities		38
*	Oppenheimer Global A	GWL variable annuities		36,570
	Subtotal - carry forward			$ 1,543,951

* Represents a party-in-interest to the Plan for which a statutory exemption exists.

MILLER CASTINGS, INC. 401(k) PLAN AND TRUST

EIN: 95-2873159 PN:001

ATTACHMENT TO FORM 5500 - SCHEDULE H, LINE 4(i)

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2012

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment	(d) Cost	(e) Current value
	Balance carried forward			$ 1,543,951
*	Pimco Total Return Admin	GWL variable annuities		44,966
*	Putnam Int'l Capital Opportunities R	GWL variable annuities		730
*	RidgeWorth Mid-Cap Value Equity A	GWL variable annuities		484
*	RidgeWorth Small Cap Growth Fund I	GWL variable annuities		665
*	Royce Total Return K	GWL variable annuities		89,640
*	Short Term Fund I	GWL fixed annuities 4.0%		2,519
*	Guaranteed Portfolio Fund	GWL fixed annuities 1.45%		831,584
*	Participants	Loans receivable 4.25-9.25%		135,634
				$ 2,650,173

* Represents a party-in-interest to the Plan for which a statutory exemption exists.

MILLER CASTINGS, INC. 401(k) PLAN AND TRUST

EIN: 95-2873159 PN:001

ATTACHMENT TO FORM 5500 - SCHEDULE H, LINE 4(i)

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2012

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*	American Funds EuroPacific Growth R3	GWL variable annuities		$ 36,822
*	American Funds Growth Fund of Amer R3	GWL variable annuities		50,279
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*	Dreyfus Appreciation	GWL variable annuities		42,478
*	Fidelity Advisor Leveraged Co Stk - T	GWL variable annuities		780
*	Great-West Aggressive Profile II Fund I	GWL variable annuities		22,386
*	Great-West American Century GR Fund I	GWL variable annuities		210,205
*	Great-West Bond Index Fund I	GWL variable annuities		54,004
*	Great-West Conserv Profile II Fund I	GWL variable annuities		40,068
*	Great-West International Index Fund I	GWL variable annuities		103,803
*	Great-West Lifetime 2025 Fund I T1	GWL variable annuities		2,311
*	Great-West Loomis Sayles Bond Fund I	GWL variable annuities		8,785
*	Great-West Moderate Profile II Fund I	GWL variable annuities		214,960
*	Great-West S&P 500 Index Fund I	GWL variable annuities		123,990
*	Great-West S&P Mid Cap 400 Index Fund I	GWL variable annuities		42,408
*	Great-West S&P SmallCap 600 Index Fund I	GWL variable annuities		24,973
*	Great-West SF Balanced Fund G1	GWL variable annuities		85,995
*	Great-West SF Lifetime 2015 Fund G1	GWL variable annuities		74
*	Great-West SF Lifetime 2025 Fund G1	GWL variable annuities		83,926
*	Great-West SF Lifetime 2035 Fund G1	GWL variable annuities		313
*	Great-West SF Lifetime 2045 Fund G1	GWL variable annuities		327
*	Great-West SF Lifetime 2055 Fund G1	GWL variable annuities		1,012
*	Great-West T Rowe Price MidCap GR Fund I	GWL variable annuities		15,911
*	Great-West T Rowe Price EQ Inc Fund I	GWL variable annuities		94,475
*	Great-West US Govt Mortgage Secur Fund I	GWL variable annuities		155,969
*	Invesco Comstock R	GWL variable annuities		472
*	Lord Abbett Value Opprtunities A	GWL variable annuities		17,893
*	Marsico Focus	GWL variable annuities		17,973
*	MFS International Value R2	GWL variable annuities		31,793
*	Nuveen Small Cap Select A	GWL variable annuities		38
*	Oppenheimer Global A	GWL variable annuities		36,570
	Subtotal - carry forward			$ 1,543,951

* Represents a party-in-interest to the Plan for which a statutory exemption exists.

MILLER CASTINGS, INC. 401(k) PLAN AND TRUST

EIN: 95-2873159 PN:001

ATTACHMENT TO FORM 5500 - SCHEDULE H, LINE 4(i)

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2012

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment	(d) Cost	(e) Current value
	Balance carried forward			$ 1,543,951
*	Pimco Total Return Admin	GWL variable annuities		44,966
*	Putnam Int'l Capital Opportunities R	GWL variable annuities		730
*	RidgeWorth Mid-Cap Value Equity A	GWL variable annuities		484
*	RidgeWorth Small Cap Growth Fund I	GWL variable annuities		665
*	Royce Total Return K	GWL variable annuities		89,640
*	Short Term Fund I	GWL fixed annuities 4.0%		2,519
*	Guaranteed Portfolio Fund	GWL fixed annuities 1.45%		831,584
*	Participants	Loans receivable 4.25-9.25%		135,634
				$ 2,650,173

* Represents a party-in-interest to the Plan for which a statutory exemption exists.

ASSETS HELD FOR INVESTMENT PURPOSES

Miller Castings 401k Plan
01-JAN-12 to 31-DEC-12

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1SFBLG1			85,739.94	85,994.69
1SF15G1			73.35	74.34
1SF25G1			83,569.11	83,926.36
1SF35G1			307.10	313.13
1SF45G1			320.66	326.76
1SF55G1			985.65	1,012.25
12025C1			2,281.48	2,310.57
1PBAXCP			34,577.42	40,067.52
1PBAXMP			169,785.31	214,960.23
1PBAXAP			18,539.02	22,385.86
192AFEP			33,146.69	36,821.45
1296MI			98,162.75	103,802.66
1288MIM			28,296.30	31,793.03
186OGA			30,953.76	36,569.76
1241PIO			705.55	729.68
193MX6			19,213.93	24,973.39
1226FA			36.71	37.94
1125SS			582.57	665.39
1245RTK			78,295.63	89,640.28
1225FL			653.35	780.32
1295MM			41,071.63	42,408.21
1MGRXTM			12,980.75	15,910.81
1284LVP			14,309.36	17,893.29
1292RQ			432.12	484.44
195AFGF			47,222.88	50,279.06
1294CD			21,087.27	22,958.10
189DA			42,034.42	42,477.84
1293MA			182,537.05	210,204.69
194MX5			116,306.07	123,989.68
180TEIX			82,536.41	94,474.61
1147VS			432.15	472.04
1LGRMAR			17,073.21	17,973.04
1BIMXBI			47,321.49	54,003.79
1BMSXLC			8,330.32	8,785.45
1BIMXUS			133,993.87	155,969.38
1BIMPTR			42,972.14	44,966.02
1MMF-I		4.000	987.15	2,519.43
1PORT		1.450	761,843.39	831,583.78
			2,259,697.96	**2,514,539.27**
PARTICIPANT LOANS	VARIOUS	4.250-9.250	135,421.90	135,633.68

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 95-2873159

ASSETS HELD FOR INVESTMENT PURPOSES

Miller Castings 401k Plan
01-JAN-12 to 31-DEC-12

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1SFBLG1	Great-West SF Balanced Fund G1
1SF25G1	Great-West SF Lifetime 2025 Fund G1
1SF45G1	Great-West SF Lifetime 2045 Fund G1
12025C1	Great-West Lifetime 2025 Fund I T1
1PBAXMP	Great-West Moderate Profile II Fund I
192AFEP	American Funds EuroPacific Growth R3
1288MIM	MFS International Value R2
1241PIO	Putnam Int'l Capital Opportunities R
1226FA	Nuveen Small Cap Select A
1245RTK	Royce Total Return K
1295MM	Great-West S&P Mid Cap 400 Index Fund I
1284LVP	Lord Abbett Value Opportunities A
195AFGF	American Funds Growth Fund of Amer R3
189DA	Dreyfus Appreciation
194MX5	Great-West S&P 500 Index Fund I
1147VS	Invesco Comstock R
1BIMXBI	Great-West Bond Index Fund I
1BIMXUS	Great-West US Govt Mortgage Secur Fund I
1MMF-I	Short Term Fund I
1SF15G1	Great-West SF Lifetime 2015 Fund G1
1SF35G1	Great-West SF Lifetime 2035 Fund G1
1SF55G1	Great-West SF Lifetime 2055 Fund G1
1PBAXCP	Great-West Conserv Profile II Fund I
1PBAXAP	Great-West Aggressive Profile II Fund I
1296MI	Great-West International Index Fund I
186OGA	Oppenheimer Global A
193MX6	Great-West S&P SmallCap 600 Index Fund I
1125SS	RidgeWorth Small Cap Growth Fund I
1225FL	Fidelity Advisor Leveraged Co Stk - T
1MGRXTM	Great-West T Rowe Price MidCap Gr Fund I
1292RQ	RidgeWorth Mid-Cap Value Equity A
1294CD	Columbia Diversified Equity Income A
1293MA	Great-West American Century Gr Fund I
180TEIX	Great-West T. Rowe Price Eq Inc Fund I
1LGRMAR	Marsico Focus
1BMSXLC	Great-West Loomis Sayles Bond Fund I
1BIMPTR	PIMCO Total Return Admin
1PORT	Guaranteed Portfolio Fund

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year