

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                         |
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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><b>2012</b><br><br><b>This Form is Open to Public Inspection</b> |
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| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2012 or fiscal plan year beginning <u>07/01/2012</u> and ending <u>06/30/2013</u> |                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input checked="" type="checkbox"/> a multiple-employer plan; or<br><input type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| <b>B</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). |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                  |
| <b>D</b> 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)                                 |

|                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                   |                                                              |                                                      |                                                      |  |
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| <b>Part II</b>                                                                                                                                                                                               | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                    |                                                              |                                                      |                                                      |  |
| <b>1a</b> Name of plan<br>GLOBE METALLURGICAL, INC. HOURLY EMPLOYEES' RETIREMENT SAVINGS PLAN                                                                                                                | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">006</td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/>01/01/1995</td> </tr> </table>                 | <b>1b</b> Three-digit plan number (PN) ▶                     | 006                                                  | <b>1c</b> Effective date of plan<br>01/01/1995       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                     | 006                                                                                                                                                                                                                                                                                                               |                                                              |                                                      |                                                      |  |
| <b>1c</b> Effective date of plan<br>01/01/1995                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                   |                                                              |                                                      |                                                      |  |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><br>GLOBE METALLURGICAL, INC.<br><br>600 BRICKELL AVE.<br>SUITE 1500<br>MIAMI, FL 33131 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/>20-5573569</td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number<br/>786-509-6905</td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/>331400</td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br>20-5573569 | <b>2c</b> Sponsor's telephone number<br>786-509-6905 | <b>2d</b> Business code (see instructions)<br>331400 |  |
| <b>2b</b> Employer Identification Number (EIN)<br>20-5573569                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                   |                                                              |                                                      |                                                      |  |
| <b>2c</b> Sponsor's telephone number<br>786-509-6905                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                   |                                                              |                                                      |                                                      |  |
| <b>2d</b> Business code (see instructions)<br>331400                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                   |                                                              |                                                      |                                                      |  |

**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.

|                                                                                                            |                                                   |            |                                                              |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature. | 04/15/2014 | JAY S. SMITH                                                 |
|                                                                                                            | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                           |                                                   |            |                                                              |
|                                                                                                            | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                           |                                                   |            |                                                              |
|                                                                                                            | 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)                       |

|                                                                                                                                                                                                                                                                                                                                                                                                                    |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address                                                                                                                                                                                                                                                |               | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                    |               | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                    |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <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><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> 369                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <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> 341 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                 | <b>6b</b> 0   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                  | <b>6c</b> 22  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                           | <b>6d</b> 363 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                                                                                                                                                                                                                                                                                          | <b>6e</b> 1   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                            | <b>6f</b> 364 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <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> 210 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <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 Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 3D 3H                                                                                                                                                                                                                               |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                        |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input 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 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>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br>(3) <input 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 type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

|                                                                                                                                                                                                               |                                                                                                                                                                                                                |                                                |
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| <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>2012</b>                                    |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2012 or fiscal plan year beginning **07/01/2012** and ending **06/30/2013**

|                                                                                                     |                                                                    |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><b>GLOBE METALLURGICAL, INC. HOURLY EMPLOYEES' RETIREMENT SAVINGS PLAN</b> | <b>B</b> Three-digit plan number (PN) ▶ <b>006</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>GLOBE METALLURGICAL, INC.</b>   | <b>D</b> Employer Identification Number (EIN)<br><b>20-5573569</b> |

**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

**(b)** Enter name and EIN or address of person who provided you disclosure 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)

FINDLEY DAVIES, INC

34-1213174

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 17 37 50 64         | NONE                                                                                              | 7975                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

BENEFIT TRUST COMPANY

43-1971558

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21 25 50 65            | TRUSTEE                                                                                           | 6318                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" 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. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

**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.

|                                                                                 |                                      |                                                                                            |
|---------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------|
| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|                                                                                 |                                      |                                                                                            |
| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|                                                                                 |                                      |                                                                                            |
| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|                                                                                 |                                      |                                                                                            |
| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|                                                                                 |                                      |                                                                                            |
| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|                                                                                 |                                      |                                                                                            |
| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> 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 H</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>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> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2012</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                        |            |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| For calendar plan year 2012 or fiscal plan year beginning <b>07/01/2012</b> and ending <b>06/30/2013</b> |                                                                        |            |
| <b>A</b> Name of plan<br><b>GLOBE METALLURGICAL, INC. HOURLY EMPLOYEES' RETIREMENT SAVINGS PLAN</b>      | <b>B</b> Three-digit plan number (PN) ►                                | <b>006</b> |
|                                                                                                          |                                                                        |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>GLOBE METALLURGICAL, INC.</b>        | <b>D</b> Employer Identification Number (EIN)<br><br><b>20-5573569</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 3228774               | 3380309         |
| <b>(2)</b> U.S. Government securities.....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    | 341177                | 359025          |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 3756401               | 4699171         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

**1d** 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>    | 7326352               | 8438505         |

**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> | 0 | 0 |

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 7326352 | 8438505 |
|-----------------------------------------------------------|-----------|---------|---------|

**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> | 128319     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 763551     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 1013       |           |
| (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>    |            | 892883    |
| <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> | 13757      |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 13757     |
| (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> | 167874     |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 167874    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <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> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                             | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                             | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                     | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                           | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | 574729    |
| c Other income.....                                                                            | 2c     |            | 6318      |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 1655561   |

**Expenses**

|                                                                                     |       |        |        |
|-------------------------------------------------------------------------------------|-------|--------|--------|
| e Benefit payment and payments to provide benefits:                                 |       |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....     | 2e(1) | 529115 |        |
| (2) To insurance carriers for the provision of benefits .....                       | 2e(2) |        |        |
| (3) Other .....                                                                     | 2e(3) |        |        |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                        | 2e(4) |        | 529115 |
| f Corrective distributions (see instructions) .....                                 | 2f    |        |        |
| g Certain deemed distributions of participant loans (see instructions).....         | 2g    |        |        |
| h Interest expense.....                                                             | 2h    |        |        |
| i Administrative expenses: (1) Professional fees .....                              | 2i(1) | 14293  |        |
| (2) Contract administrator fees .....                                               | 2i(2) |        |        |
| (3) Investment advisory and management fees .....                                   | 2i(3) |        |        |
| (4) Other .....                                                                     | 2i(4) |        |        |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                 | 2i(5) |        | 14293  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |        | 543408 |

**Net Income and Reconciliation**

|                                                         |       |  |         |
|---------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | 1112153 |
| 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) ☒ 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: HOBE & LUCAS, CPA

(2) EIN: 31-1488076

**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:

**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.).....

**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.).....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               | Yes | No | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <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   |    | 500000 |
| <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. ....                                      |     |    |        |

**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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</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>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2012</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2012 or fiscal plan year beginning 07/01/2012 and ending 06/30/2013

|                                                                                                     |                                                                    |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>GLOBE METALLURGICAL, INC. HOURLY EMPLOYEES' RETIREMENT SAVINGS PLAN</u> | <b>B</b> Three-digit plan number (PN) ▶<br><u>006</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>GLOBE METALLURGICAL, INC.</u>   | <b>D</b> Employer Identification Number (EIN)<br><u>20-5573569</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> 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): <u>43-1848772</u> |          |          |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>                                                                                                                                                                                            |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> |          |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                           |                              |                             |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> 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 type="checkbox"/> N/A |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                            | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                                | <b>6b</b>                    |                             |                              |
| <b>c</b> 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).....                                                                                                                                                                                                                           | <b>6c</b>                    |                             |                              |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                      |                              |                             |                              |
| <b>7</b> 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 |
| <b>8</b> 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 type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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 type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> 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 |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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 |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> 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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <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 line 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 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): \_\_\_\_\_

**GLOBE METALLURGICAL, INC.**  
**HOURLY EMPLOYEES RETIREMENT SAVINGS PLAN**  
**FINANCIAL STATEMENTS AND SCHEDULE**  
**JUNE 30, 2013 AND 2012**

**GLOBE METALLURGICAL, INC.**  
**HOURLY EMPLOYEES RETIREMENT SAVINGS PLAN**  
**FINANCIAL STATEMENTS AND SCHEDULE**  
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# Hobe & Lucas

Certified Public Accountants, Inc.

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## **INDEPENDENT AUDITORS' REPORT**

Globe Metallurgical, Inc.  
Hourly Employees Retirement Savings Plan  
Beverly, Ohio

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of Globe Metallurgical, Inc. Hourly Employees Retirement Savings Plan, which comprises of the statements of net assets available for benefits as of June 30, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years ended June 30, 2013 and 2012, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

Plan 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 Section 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 in Note 3, which was certified by Benefit Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. 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 certifications from the custodian as of the years ended June 30, 2013 and 2012, that the information provided to the Plan Administrator by them is complete and accurate.

**Disclaimer of Opinion**

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

**Other Matter**

The supplemental schedules of assets-held at year end as of June 30, 2013 and 2012, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the 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 the Employee Retirement Income Security Act of 1974.

*Hoke & Lucas Certified Public Accountants, Inc.*

March 18, 2014

**GLOBE METALLURGICAL, INC.**  
**HOURLY EMPLOYEES RETIREMENT SAVINGS PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**JUNE 30, 2013 AND 2012**

|                                   | <u>2013</u>         | <u>2012</u>         |
|-----------------------------------|---------------------|---------------------|
| <b><u>Investments</u></b>         |                     |                     |
| At fair value:                    |                     |                     |
| Mutual Funds                      | \$ 8,079,480        | \$ 6,985,175        |
| <b><u>Receivables</u></b>         |                     |                     |
| Participants' loans               | 359,025             | 341,177             |
| Net assets available for benefits | <u>\$ 8,438,505</u> | <u>\$ 7,326,352</u> |

See accompanying notes to financial statements

**GLOBE METALLURGICAL, INC.**  
**HOURLY EMPLOYEES RETIREMENT SAVINGS PLAN**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**FOR THE YEARS ENDED JUNE 30, 2013 AND 2012**

|                                                             | <u>2013</u>         | <u>2012</u>         |
|-------------------------------------------------------------|---------------------|---------------------|
| <b><u>Additions</u></b>                                     |                     |                     |
| Investment Income                                           | \$ 13,757           | \$ 13,288           |
| Participant contributions                                   | 763,551             | 737,783             |
| Employer matching                                           | 128,319             | 118,607             |
| Rollover contributions                                      | 1,013               | 121,145             |
| Net appreciation (depreciation) in the value of investments | 748,921             | (9,264)             |
| Total Net Additions                                         | <u>1,655,561</u>    | <u>981,559</u>      |
| <b><u>Deductions</u></b>                                    |                     |                     |
| Benefit payments                                            | (529,115)           | (1,729,329)         |
| Administrative expenses                                     | (14,293)            | (12,747)            |
| Total Deductions                                            | <u>(543,408)</u>    | <u>(1,742,076)</u>  |
| <b><u>Net Income (Loss)</u></b>                             | 1,112,153           | (760,517)           |
| <b><u>Net Assets - Beginning of the Year</u></b>            | <u>7,326,352</u>    | <u>8,086,869</u>    |
| <b><u>Net Assets - End of the Year</u></b>                  | <u>\$ 8,438,505</u> | <u>\$ 7,326,352</u> |

See accompanying notes to financial statements.

**GLOBE METALLURGICAL, INC.**  
**HOURLY EMPLOYEES RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2013 AND 2012**

**NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Presentation**

The financial statements of Globe Metallurgical, Inc. Hourly Employees Retirement Savings Plan (the Plan) have been prepared using the accrual basis of accounting and are in conformity with accounting principles generally accepted in the United States of America

**Contributions**

Participants may contribute up to 100% of base salary to the Plan on a pre-tax basis. Pre-tax participant contributions during the 2013 and 2012 plan years were limited by federal law to \$17,000 and \$16,500, respectively. Eligible employees may also elect to make "catch-up" contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The company has elected to make a discretionary matched contribution equal to 25% of the first 6% of each participant's contribution to their respective 401(K) account. The match applies to all employees of Globe Metallurgical, Inc.

**Investments**

Investments are reflected at fair market value as determined by the trustee. Mutual funds are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year end. Participant loans are valued at cost, which approximates fair value. Investment transactions are recorded on a settlement-date basis. Total recorded investment value as recorded on a settlement-date basis does not materially differ from what total investment value would be if transactions were recorded on a trade-date basis.

**Administrative Expenses**

Material administrative expenses are paid directly by the Company and, accordingly, are not reflected in the Plan's financial statements. Fees related to distributions and participant loans are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of the fair value of investments.

**Forfeitures**

Company contributions to a participant's account in which the participant has not yet vested are forfeited in the event of termination of employment of the participant for any reason other than normal or early retirement, disability, or death. Amounts forfeited are used to reduce future Company contributions to the Plan.

At June 30, 2013, forfeited non-vested accounts totaled \$8,276.

**GLOBE METALLURGICAL, INC.**  
**HOURLY EMPLOYEES RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2013 AND 2012**

**NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**Income, Contributions, and Distribution Recognition**

Interest income is recognized in the period earned. Dividend income is recognized in the period in which the dividends are declared. Participant and employer matching contributions are recognized when the participant contributions are deducted from the participant's salary. Distributions to participants are recorded in the period in which the payment is made.

**Loans to Participants**

Loans are made available to all participants in accordance with the specific provisions set forth in the Plan. The amount of a loan cannot exceed the lesser of \$50,000 or one-half of a participant's total vested account balance. The loans bear interest at a rate of 1% above prime rate at the time the loan is made. Participants with loan balances had interest rates between 4.25% and 6.00% during the plan year ending June 30, 2013. All loans are subject to specific repayment plans and are secured by the participant's non-forfeitable interest in his/her account equivalent to the principal amount of the loan.

**Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of changes in net assets available for benefits during the reporting period. Actual results could differ from those estimates.

**NOTE 2 - SUMMARY OF THE PLAN**

The following description of the Plan provides general information only. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

The Plan was originally established on January 1, 1995, as the Globe Metallurgical, Inc. Niagara Falls Hourly Employees Retirement Savings Plan. The Plan was amended and restated on January 1, 1997 to expand its coverage to include hourly employees of the Selma, Alabama, plant. On the same date, the Plan's name was changed to Globe Metallurgical, Inc. Hourly Employees Retirement Savings Plan.

Generally, employees covered by the Plan are eligible to participate immediately following 3 months of service. A participant becomes eligible to receive distributions upon attaining the normal retirement age of 65. Early distributions and hardship withdrawals are available to participants who

**GLOBE METALLURGICAL, INC.**  
**HOURLY EMPLOYEES RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2013 AND 2012**

**NOTE 2 - SUMMARY OF THE PLAN (Continued)**

meet specific requirements of the Plan. Upon retirement, the entire balance of the participant's account shall be distributed in accordance with the method of distribution selected by the participant and his designated beneficiary. The Plan is contributory for employees. Participants are immediately vested in their contributions plus earnings attributable to those contributions. Participants are 100% vested in employer contributions after one year of continuous service. The employer matching contributions were effective October 1, 2007. The plan allows for a discretionary match, no amendments were necessary. Effective July 31, 2011, the plan was amended to provide immediate eligibility for hourly employees at the Niagara Falls location.

Effective December 21, 2005, Globe Metallurgical acquired West Virginia Alloy as a subsidiary. As of January 1, 2006, the plan allowed employees from West Virginia Alloy to be eligible participants in the Globe Metallurgical Hourly Employees Retirement Savings Plan. The plan was amended in May, 2011, to provide for immediate eligibility for WVA Manufacturing, LLC hourly employees.

The plan offers the following funds: American Century Livestrong Portfolio 2015, 2020, 2025, 2030, 2035, 2040, 2045, and 2050 funds, Dodge and Cox Balanced Fund, Federated Funds Groups Capital Pres. fund, PIMCO Mutual Funds Total Return Instl. fund, Columbia Funds Acorn Z fund, American Funds Growth Fund of America Class R-4 fund, Harbor Funds Small Cap Value Ret fund, Hotchkis & Wiley Large Cap Value Class A fund, Davis Funds New York Venture fund, and American Funds Europacific Growth Fund Class R-4 fund into which contributions can be directed for investment. Participants determine where contributions can be directed for investments. The allocation of future contributions and existing investments among the various funds can be changed by the participant at any time.

Although it has not expressed any intent to do so, the plan provides that the Company shall have the right to modify, change, or terminate the Plan at any time. Upon termination or partial termination of the Plan, the rights of all the participants to benefits accrued through the date of such termination or discontinuance are non-forfeitable, and their accounts shall become 100% vested at that date.

**NOTE 3 - INVESTMENTS AND INFORMATION CERTIFIED BY THE TRUSTEE**

The Plan's investments are held by Benefit Trust Company as custodian. Benefit Trust Company maintains the investments in separate accounts, which comprise a significant portion (100.00% - 2013, 100.00% - 2012) of the Plan's assets. The accounts are credited with earnings on the underlying investment and charged for plan withdrawals. The contract is included in the financial statements at contract value which approximates fair value as reported by the Benefit Trust Company. Benefit Trust Company certified as of June 30, 2013 and 2012 as to the completeness and accuracy of the information reported. Investment income totaled \$13,757 and \$13,288 for the years ended June 30, 2013 and 2012, respectively. Unrealized gains/(losses) on investments totaled \$748,921 and \$(9,264) for the years ended June 30, 2013 and 2012, respectively.

**GLOBE METALLURGICAL, INC.**  
**HOURLY EMPLOYEES RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2013 AND 2012**

**NOTE 3 - INVESTMENTS AND INFORMATION CERTIFIED BY THE TRUSTEE**  
**(CONTINUED)**

The funds listed below were the investment options for the years ended June 30, 2013 and 2012. The assets that comprise these funds may be invested in registered investment companies or collective trust funds.

The fair value of investments at June 30, 2013 and 2012 as certified by the custodian with investments that represent 5% or more of net assets available for benefits indicated with an asterisk are as follows:

|                                                 | <u>Cost</u>         | <u>Fair Value</u>   |
|-------------------------------------------------|---------------------|---------------------|
| <b>June 30, 2013:</b>                           |                     |                     |
| American Century My Retirement Portfolio 2015   | \$ 78,971           | \$ 80,304           |
| American Century Livestrong 2020 Portfolio      | 19,790              | 19,479              |
| American Century My Retirement Portfolio 2025   | 80,328              | 81,999              |
| American Century Livestrong 2030 Portfolio      | 15,412              | 15,639              |
| American Century My Retirement Portfolio 2035   | 35,264              | 38,394              |
| American Century Livestrong 2040 Portfolio      | 5,502               | 6,009               |
| American Century My Retirement Portfolio 2045   | 16,957              | 17,911              |
| American Century Livestrong 2050 Portfolio      | 4,176               | 4,300               |
| Dodge and Cox Balanced Fund                     | 965,593             | 1,113,116*          |
| Federated Funds Group Capital Pres              | 3,380,309           | 3,380,309*          |
| PIMCO Mutual Funds Total Return Instl           | 623,343             | 606,815*            |
| Columbia Funds Acorn Z                          | 661,096             | 767,756*            |
| American Funds Growth Fund of America Class R-4 | 531,909             | 664,157*            |
| Harbor Funds Small Cap Value Ret                | 143,988             | 184,914             |
| Hotchkis Wiley Large Cap Value Class A          | 311,968             | 363,262             |
| Davis Funds New York Venture Fund Class A       | 146,527             | 174,096             |
| American Funds Europacific Growth Fund Class R  | 542,812             | 561,020*            |
| Participant Loans                               | <u>-0-</u>          | <u>359,025</u>      |
| Total Investment                                | <u>\$ 7,563,945</u> | <u>\$ 8,438,505</u> |

**GLOBE METALLURGICAL, INC.**  
**HOURLY EMPLOYEES RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2013 AND 2012**

**NOTE 3 - INVESTMENTS AND INFORMATION CERTIFIED BY THE TRUSTEE**  
**(CONTINUED)**

|                                                 | <u>Cost</u>         | <u>Fair Value</u>   |
|-------------------------------------------------|---------------------|---------------------|
| <b>June 30, 2012:</b>                           |                     |                     |
| American Century My Retirement Portfolio 2015   | \$ 26,283           | \$ 28,353           |
| American Century Livestrong 2020 Portfolio      | 6,110               | 6,139               |
| American Century My Retirement Portfolio 2025   | 21,065              | 21,716              |
| American Century Livestrong 2030 Portfolio      | 6,412               | 6,412               |
| American Century My Retirement Portfolio 2035   | 19,804              | 21,118              |
| American Century Livestrong 2040 Portfolio      | 2,499               | 2,602               |
| American Century My Retirement Portfolio 2045   | 4,224               | 4,252               |
| American Century Livestrong 2050 Portfolio      | 217                 | 225                 |
| Dodge and Cox Balanced Fund                     | 1,081,580           | 1,050,510*          |
| Federated Funds Group Capital Pres              | 3,228,774           | 3,228,774*          |
| PIMCO Mutual Funds Total Return Instl           | 487,175             | 504,670*            |
| Columbia Funds Acorn Z                          | 573,162             | 610,618*            |
| American Funds Growth Fund of America Class R-4 | 472,531             | 496,905*            |
| Harbor Funds Small Cap Value Ret                | 105,477             | 116,573             |
| Hotchkis Wiley Large Cap Value Class A          | 279,379             | 256,065             |
| Davis Funds New York Venture Fund Class A       | 113,720             | 122,034             |
| American Funds Europacific Growth Fund Class R  | 555,410             | 508,209*            |
| Participant Loans                               | -0-                 | 341,177             |
| Total Investment                                | <u>\$ 6,983,822</u> | <u>\$ 7,326,352</u> |

The income and expenses reported in the statement of changes in net assets available for plan benefits for the years ended June 30, 2013 and 2012, were certified by Benefit Trust Company.

The information included in the Schedule of Assets was certified by Benefit Trust Company.

**NOTE 4 - FEDERAL INCOME TAXES**

The Plan uses a volume submitter plan document sponsored by Findley Davies, Inc. Findley Davies, Inc. received an opinion from the IRS, dated March 31, 2008, which states that the volume submitter document satisfied the provisions of Section 401 of the IRC. The Plan itself has not received a determination letter from the IRS. However, the Plan's management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Accordingly, the accompanying financial statements do not include a provision for federal income taxes.

**GLOBE METALLURGICAL, INC.**  
**HOURLY EMPLOYEES RETIREMENT SAVINGS PLAN**  
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**NOTE 4 - FEDERAL INCOME TAXES (CONTINUED)**

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 if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. 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 2010.

**NOTE 5 - PARTICIPANTS SEPARATED FROM SERVICE WITH A DEFERRED VESTED INTEREST**

As of June 30, 2013, twenty-two participants with account balances totaling \$840,198 have separated from service and have not been paid.

**NOTE 6 - FAIR VALUE MEASUREMENTS**

Financial Accounting Standards Board Statement *Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

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

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the assets or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or by other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

**GLOBE METALLURGICAL, INC.**  
**HOURLY EMPLOYEES RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
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**NOTE 6 - FAIR VALUE MEASUREMENTS (CONTINUED)**

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2013 and 2012.

*Mutual Funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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 Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2013:

| Assets at Fair Value as of June 30, 2013 |                     |                |                |                     |
|------------------------------------------|---------------------|----------------|----------------|---------------------|
|                                          | <u>Level 1</u>      | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>        |
| Mutual Funds:                            |                     |                |                |                     |
| Growth Funds                             | \$ 2,351,943        | \$             | \$             | \$ 2,351,943        |
| Income Funds                             | 606,815             |                |                | 606,815             |
| Balanced Funds                           | 1,476,378           |                |                | 1,476,378           |
| Other Funds                              | <u>3,644,344</u>    |                |                | <u>3,644,344</u>    |
| Total Assets at Fair Value               | <u>\$ 8,079,480</u> | <u>\$</u>      | <u>\$</u>      | <u>\$ 8,079,480</u> |

**GLOBE METALLURGICAL, INC.**  
**HOURLY EMPLOYEES RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**JUNE 30, 2013 AND 2012**

**NOTE 6 - FAIR VALUE MEASUREMENTS (CONTINUED)**

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2012:

| Assets at Fair Value as of June 30, 2012 |                     |                |                |                     |
|------------------------------------------|---------------------|----------------|----------------|---------------------|
|                                          | <u>Level 1</u>      | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>        |
| Mutual Funds:                            |                     |                |                |                     |
| Growth Funds                             | \$ 1,854,339        | \$             | \$             | \$ 1,854,339        |
| Income Funds                             | 504,670             |                |                | 504,670             |
| Balanced Funds                           | 1,306,575           |                |                | 1,306,575           |
| Other Funds                              | <u>3,319,591</u>    |                |                | <u>3,319,591</u>    |
| Total Assets at Fair Value               | <u>\$ 6,985,175</u> | <u>\$</u>      | <u>\$</u>      | <u>\$ 6,985,175</u> |

**NOTE 7 - RECLASSIFICATION**

Certain accounts in the prior year financial statements have been reclassified for comparative purposes to conform with the presentation in the current year financial statements.

**NOTE 8 - TRANSACTIONS WITH PARTIES-IN-INTEREST**

Certain fees for investment management, recordkeeping, custodial and administrative expenses are paid to the Plan's third party service providers (called "covered service providers" or "CSP's" and are not considered prohibited transactions under ERISA. Participant loans also qualify as party-in-interest.

**NOTE 9 - SUBSEQUENT EVENTS**

Subsequent events were reviewed through March 18, 2014. There were no subsequent events to report as of that date.

**SUPPLEMENTAL SCHEDULES**

**GLOBE METALLURGICAL, INC.**  
**HOURLY EMPLOYEES RETIREMENT SAVINGS PLAN**

**EIN: 20-5573569**

**PLAN NUMBER: 006**

**SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**JUNE 30, 2013**

| (a)<br>Party In<br>Interest<br>(*) | (b)<br>Identity of issue, borrower,<br>lessor or similar party                               | (c)<br>Description of investment including maturity date,<br>rate of interest, collateral, par or maturity value | (d)<br>Cost         | (e)<br>Fair Value   |
|------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|---------------------|---------------------|
|                                    |                                                                                              | <u>Mutual Funds:</u>                                                                                             |                     |                     |
|                                    | Federated Funds                                                                              | Group Capital Pres.                                                                                              | \$ 3,380,309        | \$ 3,380,309        |
|                                    | PIMCO Mutual Funds                                                                           | Total Return Instl.                                                                                              | 623,343             | 606,815             |
|                                    | Dodge and Cox                                                                                | Balanced Fund                                                                                                    | 965,593             | 1,113,116           |
|                                    | American Century                                                                             | My Retirement Portfolio 2015                                                                                     | 78,971              | 80,304              |
|                                    | American Century                                                                             | My Retirement Portfolio 2020                                                                                     | 19,790              | 19,479              |
|                                    | American Century                                                                             | My Retirement Portfolio 2025                                                                                     | 80,328              | 81,999              |
|                                    | American Century                                                                             | My Retirement Portfolio 2030                                                                                     | 15,412              | 15,639              |
|                                    | American Century                                                                             | My Retirement Portfolio 2035                                                                                     | 35,264              | 38,394              |
|                                    | American Century                                                                             | My Retirement Portfolio 2040                                                                                     | 5,502               | 6,009               |
|                                    | American Century                                                                             | My Retirement Portfolio 2045                                                                                     | 16,957              | 17,911              |
|                                    | American Century                                                                             | My Retirement Portfolio 2050                                                                                     | 4,176               | 4,300               |
|                                    | American Funds                                                                               | Growth Fund of America Class R-4                                                                                 | 531,909             | 664,157             |
|                                    | Columbia Funds                                                                               | Acorn Z                                                                                                          | 661,096             | 767,756             |
|                                    | Davis Funds                                                                                  | New York Venture Fund Class A                                                                                    | 146,527             | 174,096             |
|                                    | Harbor Funds                                                                                 | Small Cap Value Ret                                                                                              | 143,988             | 184,914             |
|                                    | Hotchkis Wiley                                                                               | Large Cap Value Class A                                                                                          | 311,968             | 363,262             |
|                                    | American Funds                                                                               | Europacific Growth Fund Class R                                                                                  | 542,812             | 561,020             |
|                                    |                                                                                              | <u>Participants' Loans</u>                                                                                       |                     |                     |
| *                                  | Loans to participants with interest rates between 4.25% and 6.00%; maturities from 1-5 years |                                                                                                                  | -                   | 359,025             |
|                                    |                                                                                              |                                                                                                                  | <u>\$ 7,563,945</u> | <u>\$ 8,438,505</u> |

\*Party-in-interest

Note: The data presented in this schedule is based upon information that has been certified as accurate and complete by the Plan's Trustee, Benefit Trust Company.

See accompanying independent auditor's report.

**GLOBE METALLURGICAL, INC.**  
**HOURLY EMPLOYEES RETIREMENT SAVINGS PLAN**

**EIN: 20-5573569**

**PLAN NUMBER: 006**

**SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**JUNE 30, 2012**

| (a)<br>Party In<br>Interest<br>(*) | (b)<br>Identity of issue, borrower,<br>lessor or similar party                               | (c)<br>Description of investment including maturity date,<br>rate of interest, collateral, par or maturity value | (d)<br>Cost         | (e)<br>Fair Value   |
|------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|---------------------|---------------------|
|                                    |                                                                                              | <u>Mutual Funds:</u>                                                                                             |                     |                     |
|                                    | Federated Funds                                                                              | Group Capital Pres.                                                                                              | \$ 3,228,774        | \$ 3,228,774        |
|                                    | PIMCO Mutual Funds                                                                           | Total Return Instl.                                                                                              | 487,175             | 504,670             |
|                                    | Dodge and Cox                                                                                | Balanced Fund                                                                                                    | 1,081,580           | 1,050,510           |
|                                    | American Century                                                                             | My Retirement Portfolio 2015                                                                                     | 26,283              | 28,353              |
|                                    | American Century                                                                             | My Retirement Portfolio 2020                                                                                     | 6,110               | 6,139               |
|                                    | American Century                                                                             | My Retirement Portfolio 2025                                                                                     | 21,065              | 21,716              |
|                                    | American Century                                                                             | My Retirement Portfolio 2030                                                                                     | 6,412               | 6,412               |
|                                    | American Century                                                                             | My Retirement Portfolio 2035                                                                                     | 19,804              | 21,118              |
|                                    | American Century                                                                             | My Retirement Portfolio 2040                                                                                     | 2,499               | 2,602               |
|                                    | American Century                                                                             | My Retirement Portfolio 2045                                                                                     | 4,224               | 4,252               |
|                                    | American Century                                                                             | My Retirement Portfolio 2050                                                                                     | 217                 | 225                 |
|                                    | American Funds                                                                               | Growth Fund of America Class R-4                                                                                 | 472,531             | 496,905             |
|                                    | Columbia Funds                                                                               | Acorn Z                                                                                                          | 573,162             | 610,618             |
|                                    | Davis Funds                                                                                  | New York Venture Fund Class A                                                                                    | 113,720             | 122,034             |
|                                    | Harbor Funds                                                                                 | Small Cap Value Ret                                                                                              | 105,477             | 116,573             |
|                                    | Hotchkis Wiley                                                                               | Large Cap Value Class A                                                                                          | 279,379             | 256,065             |
|                                    | American Funds                                                                               | Europacific Growth Fund Class R                                                                                  | 555,410             | 508,209             |
|                                    |                                                                                              | <u>Participants' Loans</u>                                                                                       |                     |                     |
| *                                  | Loans to participants with interest rates between 4.25% and 6.00%; maturities from 1-5 years |                                                                                                                  | -                   | 341,177             |
|                                    |                                                                                              |                                                                                                                  | <u>\$ 6,983,822</u> | <u>\$ 7,326,352</u> |

\*Party-in-interest

Note: The data presented in this schedule is based upon information that has been certified as accurate and complete by the Plan's Trustee, Benefit Trust Company.

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**GLOBE METALLURGICAL, INC.**  
**HOURLY EMPLOYEES RETIREMENT SAVINGS PLAN**

**EIN: 20-5573569**

**PLAN NUMBER: 006**

**SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**JUNE 30, 2013**

| (a)<br>Party In<br>Interest<br>(*) | (b)<br>Identity of issue, borrower,<br>lessor or similar party                               | (c)<br>Description of investment including maturity date,<br>rate of interest, collateral, par or maturity value | (d)<br>Cost         | (e)<br>Fair Value   |
|------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|---------------------|---------------------|
|                                    |                                                                                              | <u>Mutual Funds:</u>                                                                                             |                     |                     |
|                                    | Federated Funds                                                                              | Group Capital Pres.                                                                                              | \$ 3,380,309        | \$ 3,380,309        |
|                                    | PIMCO Mutual Funds                                                                           | Total Return Instl.                                                                                              | 623,343             | 606,815             |
|                                    | Dodge and Cox                                                                                | Balanced Fund                                                                                                    | 965,593             | 1,113,116           |
|                                    | American Century                                                                             | My Retirement Portfolio 2015                                                                                     | 78,971              | 80,304              |
|                                    | American Century                                                                             | My Retirement Portfolio 2020                                                                                     | 19,790              | 19,479              |
|                                    | American Century                                                                             | My Retirement Portfolio 2025                                                                                     | 80,328              | 81,999              |
|                                    | American Century                                                                             | My Retirement Portfolio 2030                                                                                     | 15,412              | 15,639              |
|                                    | American Century                                                                             | My Retirement Portfolio 2035                                                                                     | 35,264              | 38,394              |
|                                    | American Century                                                                             | My Retirement Portfolio 2040                                                                                     | 5,502               | 6,009               |
|                                    | American Century                                                                             | My Retirement Portfolio 2045                                                                                     | 16,957              | 17,911              |
|                                    | American Century                                                                             | My Retirement Portfolio 2050                                                                                     | 4,176               | 4,300               |
|                                    | American Funds                                                                               | Growth Fund of America Class R-4                                                                                 | 531,909             | 664,157             |
|                                    | Columbia Funds                                                                               | Acorn Z                                                                                                          | 661,096             | 767,756             |
|                                    | Davis Funds                                                                                  | New York Venture Fund Class A                                                                                    | 146,527             | 174,096             |
|                                    | Harbor Funds                                                                                 | Small Cap Value Ret                                                                                              | 143,988             | 184,914             |
|                                    | Hotchkis Wiley                                                                               | Large Cap Value Class A                                                                                          | 311,968             | 363,262             |
|                                    | American Funds                                                                               | Europacific Growth Fund Class R                                                                                  | 542,812             | 561,020             |
|                                    |                                                                                              | <u>Participants' Loans</u>                                                                                       |                     |                     |
| *                                  | Loans to participants with interest rates between 4.25% and 6.00%; maturities from 1-5 years |                                                                                                                  | -                   | 359,025             |
|                                    |                                                                                              |                                                                                                                  | <u>\$ 7,563,945</u> | <u>\$ 8,438,505</u> |

\*Party-in-interest

Note: The data presented in this schedule is based upon information that has been certified as accurate and complete by the Plan's Trustee, Benefit Trust Company.

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**GLOBE METALLURGICAL, INC.**  
**HOURLY EMPLOYEES RETIREMENT SAVINGS PLAN**

**EIN: 20-5573569**

**PLAN NUMBER: 006**

**SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**JUNE 30, 2012**

| (a)<br>Party In<br>Interest<br>(*) | (b)<br>Identity of issue, borrower,<br>lessor or similar party                               | (c)<br>Description of investment including maturity date,<br>rate of interest, collateral, par or maturity value | (d)<br>Cost         | (e)<br>Fair Value   |
|------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|---------------------|---------------------|
|                                    |                                                                                              | <u>Mutual Funds:</u>                                                                                             |                     |                     |
|                                    | Federated Funds                                                                              | Group Capital Pres.                                                                                              | \$ 3,228,774        | \$ 3,228,774        |
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|                                    | American Century                                                                             | My Retirement Portfolio 2015                                                                                     | 26,283              | 28,353              |
|                                    | American Century                                                                             | My Retirement Portfolio 2020                                                                                     | 6,110               | 6,139               |
|                                    | American Century                                                                             | My Retirement Portfolio 2025                                                                                     | 21,065              | 21,716              |
|                                    | American Century                                                                             | My Retirement Portfolio 2030                                                                                     | 6,412               | 6,412               |
|                                    | American Century                                                                             | My Retirement Portfolio 2035                                                                                     | 19,804              | 21,118              |
|                                    | American Century                                                                             | My Retirement Portfolio 2040                                                                                     | 2,499               | 2,602               |
|                                    | American Century                                                                             | My Retirement Portfolio 2045                                                                                     | 4,224               | 4,252               |
|                                    | American Century                                                                             | My Retirement Portfolio 2050                                                                                     | 217                 | 225                 |
|                                    | American Funds                                                                               | Growth Fund of America Class R-4                                                                                 | 472,531             | 496,905             |
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|                                    | Davis Funds                                                                                  | New York Venture Fund Class A                                                                                    | 113,720             | 122,034             |
|                                    | Harbor Funds                                                                                 | Small Cap Value Ret                                                                                              | 105,477             | 116,573             |
|                                    | Hotchkis Wiley                                                                               | Large Cap Value Class A                                                                                          | 279,379             | 256,065             |
|                                    | American Funds                                                                               | Europacific Growth Fund Class R                                                                                  | 555,410             | 508,209             |
|                                    |                                                                                              | <u>Participants' Loans</u>                                                                                       |                     |                     |
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