

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information
1a Name of plan <u>THE SCOTT FETZER PENSION PLAN</u>	1b Three-digit plan number (PN) ▶ <u>098</u> 1c Effective date of plan <u>01/01/1987</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>THE SCOTT FETZER COMPANY</u> <u>28800 CLEMENS ROAD</u> <u>WESTLAKE, OH 44145-1197</u>	2b Employer Identification Number (EIN) <u>47-0691256</u> 2c Sponsor's telephone number <u>440-892-3000</u> 2d Business code (see instructions) <u>335200</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature. Signature of plan administrator	10/13/2014 Date	DAVID LAMB Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year		5 3889
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants		6a 1020
b Retired or separated participants receiving benefits		6b 1383
c Other retired or separated participants entitled to future benefits.....		6c 1161
d Subtotal. Add lines 6a , 6b , and 6c		6d 3564
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e 192
f Total. Add lines 6d and 6e		6f 3756
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 51
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1B 3F 3H 1D		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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

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

A Name of plan <u>THE SCOTT FETZER PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>098</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>THE SCOTT FETZER COMPANY</u>	D Employer Identification Number (EIN) <u>47-0691256</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2013</u>	
2 Assets:	
a Market value	2a <u>126527830</u>
b Actuarial value	2b <u>120285536</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>1532</u> <u>49653342</u>
b For terminated vested participants.....	3b <u>1219</u> <u>30478494</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>363536</u>
(2) Vested benefits	3c(2) <u>35145847</u>
(3) Total active.....	3c(3) <u>1138</u> <u>35509383</u>
d Total.....	3d <u>3889</u> <u>115641219</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>6.31</u> %
6 Target normal cost	6 <u>1180388</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>09/11/2014</u>
	Signature of actuary	Date
<u>MATTHEW H. CROUCH</u>	Type or print name of actuary	<u>14-07024</u>
		Most recent enrollment number
<u>TOWERS WATSON DELAWARE INC.</u>	Firm name	<u>216-937-4000</u>
		Telephone number (including area code)
<u>1001 LAKESIDE AVENUE, SUITE 1900</u> <u>CLEVELAND, OH 44114-1172</u>	Address of the firm	

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

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

Schedule SB (Form 5500) 2013
v. 130118

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	634471	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	634471	0
10 Interest on line 9 using prior year's actual return of <u>18.03</u> %	114395	
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		1029442
b Interest on (a) using prior year's effective interest rate of <u>7.01</u> % except as otherwise provided (see instructions)		72164
c Total available at beginning of current plan year to add to prefunding balance		1101606
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	748866	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	103.36 %
15 Adjusted funding target attainment percentage	15	104.01 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	107.89 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
(4) 4th		

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6).....	31a	1180388										
b Excess assets, if applicable, but not greater than line 31a	31b	1180388										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment.....</td> <td>0</td> <td>0</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment.....	0	0	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment.....	0	0										
b Waiver amortization installment	0	0										
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0										
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	0										
	Carryover balance	Prefunding balance	Total balance									
35 Balances elected for use to offset funding requirement.....	0	0	0									
36 Additional cash requirement (line 34 minus line 35).....	36	0										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	0										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0										
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0										
40 Unpaid minimum required contributions for all years	40	0										

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
A Name of plan THE SCOTT FETZER PENSION PLAN	B Three-digit plan number (PN) ▶	098
C Plan sponsor's name as shown on line 2a of Form 5500 THE SCOTT FETZER COMPANY	D Employer Identification Number (EIN) 47-0691256	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

TOWERS WATSON

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17	SERVICE PROVIDER	184738	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KEYBANK NATIONAL ASSOCIATION

34-0797057

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 18 19 25 31 62 64 21	SERVICE PROVIDER	75197	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JONES DAY

34-0319085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 29	SERVICE PROVIDER	56865	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ULMER BERNE

34-0756436

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 29	SERVICE PROVIDER	8268	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name: JEFFRY P. BLASZKOWSKI	b EIN: 13-2834414
c Position: ACTUARY	
d Address: MERCER 600 RENAISSANCE CENTER, SUITE 1800 DETROIT, MI 48243-1815	e Telephone: 313-259-5500

Explanation: AS THE RESULT OF AN RFP FOR ACTUARIAL SERVICES, TOWERS WATSON WAS APPOINTED AS THE PLAN ACTUARY, REPLACING MERCER. THIS CHANGE WAS EFFECTIVE JANUARY 1, 2013.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>THE SCOTT FETZER PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>098</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE SCOTT FETZER COMPANY</u>	D Employer Identification Number (EIN) <u>47-0691256</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	126527830	150252219
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	126527830	150252219

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		597846
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	597846

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	126527830	149654373
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		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)		33478473
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		33478473

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9754084	
(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)		9754084
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)	271000	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	44590	
(4) Other	2i(4)	282256	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		597846
j Total expenses. Add all expense amounts in column (b) and enter total	2j		10351930

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		23126543
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: MALONEY & NOVOTNY LLC

(2) EIN: 34-0677006

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
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		15000000
4e	X		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?	X		913558
4l	X		913558
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No Amount:

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>THE SCOTT FETZER PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>098</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE SCOTT FETZER COMPANY</u>	D Employer Identification Number (EIN) <u>47-0691256</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>34-1974250</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>19</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a		
b Enter the amount contributed by the employer to the plan for this plan year.....	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:

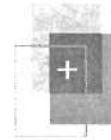
Stock: 94% Investment-Grade Debt: 1% High-Yield Debt: _____% Real Estate: _____% Other: 5%

- 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): _____



Independent Auditors' Report

Pension Committee
The Scott Fetzer Pension Plan
Westlake, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Scott Fetzer Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note D, which was certified by KeyBank National Association, the Trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the Trustee as of December 31, 2013 and 2012, and for the years then ended, that the information provided to the Plan administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

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

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

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

Meloney + Novotay LLC

Cleveland, Ohio
October 7, 2014

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2013

See Schedule SB, Part V for retirement rates. The weighted average retirement age is a blend of four weighted average retirement ages for the four groups in the plan which have different assumed retirement ages.

Summary

<u>Plan</u>	<u>Number of Participants</u>	<u>Weighted Average Retirement Age</u>
Hourly Plan - Kirby Cleveland	125	61.74
Hourly Plan - All Others	894	64.05
Salaried Plan	155	63.29
World Book Plan	32	62.84
Total Weighted Average Retirement Age		64

Plan Name: The Scott Fetzer Pension Plan
EIN / PN: 47-0691256 / 098
Plan Sponsor: The Scott Fetzer Company
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 - Description of Weighted Average Retirement Age

Hourly Plan - Kirby Cleveland

Age of Retirement	Rates of Retirement	% Retiring	Weighted Ages
(A)	(B)	(C)	(A)*(C)
55	2%	2.00%	1.1000
56	2%	1.96%	1.0976
57	3%	2.88%	1.6423
58	5%	4.66%	2.7016
59	5%	4.43%	2.6108
60	10%	8.41%	5.0446
61	10%	7.57%	4.6157
62	45%	30.65%	19.0002
63	45%	16.86%	10.6188
64	45%	9.27%	5.9331
65	95%	10.76%	6.9963
66	96%	0.54%	0.3593
67	97%	0.02%	0.0149
68	98%	0.00%	0.0007
69	99%	0.00%	0.0000
70	100%	0.00%	0.0000
Weighted Average Retirement Age =			62

Plan Name: The Scott Fetzer Pension Plan
EIN / PN: 47-0691256 / 098
Plan Sponsor: The Scott Fetzer Company
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 - Description of Weighted Average Retirement Age

Hourly Plan - All Others

Age of Retirement	Rates of Retirement	% Retiring	Weighted Ages
(A)	(B)	(C)	(A)*(C)
55	0%	0.00%	0.0000
56	0%	0.00%	0.0000
57	0%	0.00%	0.0000
58	0%	0.00%	0.0000
59	0%	0.00%	0.0000
60	3%	3.00%	1.8000
61	5%	4.85%	2.9585
62	15%	13.82%	8.5700
63	10%	7.83%	4.9347
64	10%	7.05%	4.5117
65	95%	60.27%	39.1773
66	96%	3.05%	2.0098
67	97%	0.12%	0.0825
68	98%	0.00%	0.0027
69	99%	0.00%	0.0000
70	100%	0.00%	0.0000
Weighted Average Retirement Age =			64

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Schedule SB, Line 22 - Description of Weighted Average Retirement Age

Salaried Plan

Age of Retirement	Rates of Retirement	% Retiring	Weighted Ages
(A)	(B)	(C)	(A)*(C)
55	2%	2.00%	1.1000
56	2%	1.96%	1.0976
57	2%	1.92%	1.0949
58	2%	1.88%	1.0918
59	2%	1.84%	1.0884
60	5%	4.52%	2.7118
61	5%	4.29%	2.6191
62	15%	12.24%	7.5868
63	10%	6.93%	4.3685
64	10%	6.24%	3.9941
65	95%	53.36%	34.6831
66	96%	2.70%	1.7791
67	97%	0.11%	0.0728
68	98%	0.00%	0.0020
69	99%	0.00%	0.0000
70	100%	0.00%	0.0000
Weighted Average Retirement Age =			63

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Schedule SB, Line 22 - Description of Weighted Average Retirement Age

World Book Plan

Age of Retirement (A)	Rates of Retirement (B)	% Retiring (C)	Weighted Ages (A)*(C)
55	2%	2.00%	1.1000
56	2%	1.96%	1.0976
57	2%	1.92%	1.0949
58	3%	2.82%	1.6377
59	3%	2.74%	1.6159
60	5%	4.43%	2.6567
61	10%	8.41%	5.1319
62	15%	11.36%	7.0416
63	20%	12.87%	8.1092
64	25%	12.87%	8.2379
65	95%	36.68%	23.8448
66	96%	1.85%	1.2235
67	97%	0.07%	0.0500
68	98%	0.00%	0.0013
69	99%	0.00%	0.0000
70	100%	0.00%	0.0000
Weighted Average Retirement Age =			63

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Schedule SB, Part V Statement of Actuarial Assumptions/Methods

The following pages **from the 2013 actuarial valuation report** provide information on actuarial assumptions and methods for part V for Schedule SB.

Plan Name: The Scott Fetzer Pension Plan
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Appendix A – Statement of actuarial assumptions and methods

Economic Assumptions

Interest rate basis:

Applicable month	January	
Interest rate basis	3-Segment Rates	
Interest rates:	<u>Reflecting Corridors</u>	<u>Not Reflecting Corridors</u>
First segment rate	4.94%	1.62%
Second segment rate	6.15%	4.40%
Third segment rate	6.76%	5.45%
Effective interest rate	6.31%	

Annual rates of increase

Compensation:

Hourly participants	N/A
Salaried and World Book participants	4.25%
Current Hourly employees with salaried service	3.75%
Future Social Security wage bases	3.25%
Statutory limits on compensation	2.50%

Demographic Assumptions

Inclusion date The valuation date nearest to the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality

Healthy Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, with generational projection using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, with generational projection using Scale AA).

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Disabled

Hourly Participants:

Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, with generational projection using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, with generational projection using Scale AA).

Salaried and World Book Participants:

Alternative disabled life mortality tables as defined under Revenue Ruling 96-7.

Termination

Hourly Participants: 100% of SOA 2003 Age Table.

Salaried and World Book Participants: 50% of SOA 2003 Age Table

Representative Termination Rates (percentage leaving during the year)

Attained Age	Hourly	Salaried and World Book
20	17.46%	8.73%
25	18.51	9.26
30	12.19	6.10
35	8.78	4.39
40	7.00	3.50
45	6.21	3.11
50	5.63	2.82
55	2.92	1.46
60	2.20	1.10
65	0.00	0.00

Disability

Hourly participants: 1985 Pension Disability Table—Class 2 for males and females

Salaried and World Book participants: 1985 Pension Disability Table—Class 1 for males and females

Representative Disability Rates (percentage becoming disabled during the year)

Attained Age	Hourly		Salaried and World Book	
	Males	Females	Males	Females
20	0.06%	0.06%	0.03%	0.03%
25	0.09	0.10	0.04	0.05
30	0.13	0.17	0.05	0.08
35	0.20	0.25	0.07	0.14
40	0.31	0.36	0.12	0.21
45	0.51	0.52	0.20	0.32
50	0.83	0.85	0.36	0.53
55	1.50	1.49	0.72	0.95
60	2.27	1.79	1.26	1.16
65	3.03	2.10	1.75	1.36

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Retirement

For active participants, rates vary by age:

Representative Retirement Rates (Percentage retiring during the year)

Attained Age	Hourly Kirby Cleveland	All Other Hourly	Salaried	World Book
Under 55	0%	0%	0%	0%
55	2	0	2	2
56	2	0	2	2
57	3	0	2	2
58	5	0	2	3
59	5	0	2	3
60	10	3	5	5
61	10	5	5	10
62	45	15	15	15
63	45	10	10	20
64	45	10	10	25
65	95	95	95	95
66	96	96	96	96
67	97	97	97	97
68	98	98	98	98
69	99	99	99	99
70 and above	100	100	100	100

Assumed benefit commencement date

Preretirement death benefit The later of the death of the active participant or the date the participant would have attained their earliest retirement date.

Deferred vested benefit For hourly participants at the Kirby Cleveland location, age 62. For all other participants, age 65.

Disability benefit For Hourly participants, at their earliest retirement date
For Salaried and World Book participants: upon disablement

Retirement benefit Upon termination of employment

Form of payment

	Single Life	10 Year Certain Only	50% J&S	Lump Sum
Active retirements				
Salaried Plan	20%	0%	6%	74%
Hourly	75%	0%	25%	0%
World Book Plan	65%	35%	0%	0%
Current and future vested deferred and disableds				
Salaried Plan	75%	0%	25%	0%
Hourly	75%	0%	25%	0%
World Book Plan	65%	35%	0%	0%

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Calculation of Lump Sum and 10 Year Certain Only: lump sums and 10-year certain only benefits were valued using the substitution of annuity form under IRS Regulation 1.430(d)-1(f)(4) without application of generational mortality.

Percent married	80% of males; 80% of females. Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement.
Spouse age	Spouses of male participants are assumed to be three years younger, spouses of female participants are assumed to be three years older.
Covered pay	Assumed plan compensation for the year beginning on the valuation date was determined as actual gross earnings during the prior year provided by the employer, annualized for participants who did not work for a full year, and increased with a full year's assumed salary increase.
Administrative expenses	\$0; the plan sponsor pays administrative expenses directly.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year.
Actuarial value of assets	Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses, and expected earnings of 7.25% (with such expected earnings limited as described in IRS Notice 2009-22). The average value of assets must be within 10% of the market value, including discounted receivable contributions (discounted using the effective interest rate for the prior plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

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Benefits not valued

All benefits described in the Plan Provisions section of this report were valued including based on discussions with The Scott Fetzer Company regarding the likelihood that these benefits will be paid, except:

- Qualified pre-retirement survivor benefits for hourly participants are not valued because the Plan's charge to the employee for such coverage is assumed to approximately equal the cost of coverage.
- The Plan pays small benefits (with a present value up to \$5,000) in a single lump sum payment. Such lump sums are not explicitly valued, rather such participant's benefits are valued using the benefit choice assumptions described above.

Towers Watson has reviewed the plan provisions with The Scott Fetzer Company and, based on that review, is not aware of any other significant benefits required to be valued that were not.

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Schedule SB, Part V Summary of Plan Provisions

The following pages **from the 2013 actuarial valuation report** provide information on plan provisions for part V for Schedule SB.

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Appendix B – Summary of plan provisions

Plan Sponsor	The Scott Fetzer Company
Plan Year	January 1 to December 31
Effective Date and Most Recent Amendment	Effective January 1, 2006, most recently amended effective January 1, 2009.

This summary includes the plan provisions of the Scott Fetzer Pension Plan:

- Non-Union Hourly Plans;
- General Pension Plan;
- World Book Inc. Retirement Plan; and
- Northland Union Hourly Plan

Non-Union Hourly Plans

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted on December 20, 2010 and effective January 1, 2009.

Covered employees	Non-Union Hourly employees covered by an included Employee Group Campbell-Hausfield (Leitchfield) employees hired (or re-hired after a one-year break-in-service) on or after January 1, 2003 are not eligible.
Participation date	Any covered employee is eligible to participate on the first January 1 or July 1 following completion of one year of service and attainment of age 21.

Definitions

Vesting service	One year for each 1,000-hour calendar year in the controlled group.
Benefit service	One year of Benefit Service will be credited for each year in which a participant has 1,800 or more hours of service. Partial credit (to the nearest one-tenth year) will be given for years in which the participant has between 1,000 and 1,800 hours of service. For Kirby Cleveland participants, one year of Benefit Service will be credited for each year in which a participant has 1,300 or more hours of service and partial credit will be given between 1,000 and 1,300 hours of service

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Pensionable pay

For the cash balance provision, compensation is equal to regular base salary or wages, overtime, bonus, commission, and vacation pay. Compensation excludes expense allowances, sick pay, severance pay and any other earnings resulting from termination of employment.

Normal retirement date

Age 65 (or 62 for Kirby Cleveland)

Monthly pension benefit

The monthly benefit is equal to the maximum of A) and B) below:

- A) The product of the respective benefit units times years of Benefit Service up to the maximum allowed, as follows:

	Benefit Unit	Maximum Years of Benefit Service
Campbell-Hausfeld Leitchfield	\$20.00	30
Campbell-Hausfeld Mt. Juliet	16.00	30
Carefree ¹	4.00	30
Cleveland Wood	16.00	30
Douglas Products/Quikut	12.00	30
France Fairview	15.00	30
France Smithville	15.00	31
Kirby Cleveland	17.00	Unlimited
Kirby Texas	16.00	30
Meriam	17.00	30
Scot Laboratories ²	10.00	30
Stahl (Cardington and Wooster)	17.00	40
Stahl (Durant and Merced)	14.75	40
Western Enterprises (Avon Lake and Westlake)	15.00	Unlimited
Western Enterprises (Portland)	16.00	30

- B) A defined contribution minimum benefit based on a percentage of pay for three years, with a start-up balance for Plan participants as of December 31, 1993. Interest is credited annually at 8.25%. No credit is given in years where service cap in A) has been exceeded. The percentage of pay credited is as follows:

Year	Percentage of Pay
1994	0.70%
1995	0.40
1996	0.55
1997 and later	0.00

¹ Future benefit accruals for current participants were stopped and future participation was frozen for hourly employees of Carefree effective April 1, 2000.

² All Scot Laboratories employees transferred to Kirby Cleveland effective March 31, 2007. The benefit multiplier is \$10 for service before March 31, 2007 and \$17 for service after March 31, 2007.

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Certain prior plan minimum benefits and/or offset amounts specified in the Instruments of Adoption for these plans are applied to the maximum of A) and B) above.

Monthly preretirement death benefit

50% of the monthly pension benefit as of the date of death reduced for the 50% Joint and Survivor election and reduced for payment as early as the participant's Early Retirement Date.

Pension benefits otherwise payable under the Plan (including this benefit) will be reduced to reflect the cost of such death benefit based on the period of coverage as follows:

Age When Coverage Provided	Percentage Reduction
35-54	0.2%
55-59	0.5
60-64	0.7
Kirby Cleveland Only	
35-51	0.2%
52-61	0.5

Eligibility for Benefits

Normal retirement	Retirement on Normal Retirement Date, or optionally in-service distributions starting on Normal Retirement Date
Early retirement	Retirement before Normal Retirement Date and on or after both attaining age 60 and 15 years of Vesting Service (age 52 and 10 years of Vesting Service for Kirby Cleveland)
Postponed retirement	Retirement after Normal Retirement Date
Vested termination	Termination for reasons other than death or retirement after completing five years of Vesting Service
Disability	Same as early retirement or vested termination
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse married for at least a year, after completing five years of Vesting Service
Postretirement death benefit	Kirby Cleveland participants who retired under normal or early retirement after January 1, 1974.

Benefits Paid Upon the Following Events

Normal retirement	The Monthly Pension Benefit determined as of the Normal Retirement Date
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Early retirement	The Monthly Pension Benefit determined as of the Early Retirement Date, actuarially reduced for commencement prior to Normal Retirement, using UP-1984 mortality table and 7% interest
Postponed retirement	The Monthly Pension Benefit determined as of the actual retirement date
Vested termination	The Monthly Pension Benefit determined as of the termination date payable at Normal Retirement Date or the early retirement date actuarially reduced for benefits commencing prior to Normal Retirement Date
Disablement	Same as early retirement or vested termination
Preretirement death	The Monthly Preretirement Death benefit as mentioned above
Postretirement death	\$1,500 less any other death benefits provided by the Company

Other Plan Provisions

Forms of payment	Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 75% joint and survivor annuity, 100% joint and survivor annuity, a ten-year certain and life annuity (Meriam only), or lump sum (Meriam only). Actuarial equivalence is based on the UP-1984 mortality table and 7% interest for other than lump sums. The plan also pays de minimus lump sums under \$5,000. For lump sums, the mortality table and interest specified under IRC Section 417(e). The interest rate is determined as of the month preceding the plan year in which the distribution is paid (December).
Late Retirement Increases	For active participants, the plan provides benefit suspension notices to participants who work beyond normal retirement. For deferred vested participants, benefits are actuarially increased using UP-1984 mortality table and 7% interest.
Plan participants' contributions	None.
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.
Prior plan benefits	A benefit is payable upon death or termination prior to retirement in the amount of cash value as specified in the exhibits attached to the Designating Instrument for Meriam.

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General Pension Plan

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted on December 20, 2010 and effective January 1, 2009.

Covered employees	Employees who are participants of the plan as of December 31, 1988 continue to participate. No employee hired on or after January 1, 1987 shall become eligible to participate.
Participation date	Any covered employee is eligible to participate on the first January 1 or July 1 following completion of one year of service and attainment of age 21.

Definitions

Vesting service	Time elapsed from date of hire while employed in controlled group
Benefit service	Time elapsed from date in which employee becomes covered under the Plan.
Pensionable pay	Compensation is equal to regular base salary or wages, overtime, bonus, commission, and vacation pay. Compensation excludes expense allowances, sick pay, severance pay, and any other earnings resulting from termination of employment.
Average earnings	The average of the highest five consecutive calendar years of pensionable pay during the ten-year period ending on the earlier of the participant's termination date or retirement date.
Social Security benefit (PIA)	The projected amount of the participant's primary Social Security benefit according to the law in effect at the date of termination of employment assuming continuation of current earnings to age 65.
Normal retirement date	Age 65
Monthly pension benefit	The monthly benefit is equal to the maximum of A) and B) below: A) One-twelfth of 45% of average earnings minus ½ Primary Insurance Amount for 25 or more years of Benefit Service reduced proportionally for Benefit Service, less than 25 years. B) \$14.00 times Benefit Service to a maximum of 25 years.

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The benefit for a participant who retires or terminates after January 1, 1994 will not be less than his accrued benefit as of December 31, 1993 plus future accruals.

Benefits under prior Plans serve as an offset or minimum amount, or post-retirement death benefits may be provided as applicable, for employees of certain Divisions, as outlined in the proper Designated Instrument of the Plan.

Monthly preretirement death benefit

50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the early retirement date. An active participant may designate any of her family member for this benefit.

For deferred vested participants who terminated prior to August 23, 1984 there is a change for coverage.

Eligibility for Benefits

Normal retirement	Retirement on Normal Retirement Date
Early retirement	Retirement before Normal Retirement Date and on or after both attaining age 55 and completing ten years of Vesting Service
Postponed retirement	Retirement after Normal Retirement Date
Vested termination	Termination for reasons other than death or retirement after completing five years of Vesting Service
Disability	Permanent and total disability prior to Normal Retirement Date with 15 years of service
Preretirement death benefit	Death of an active participant who has completed five years of service or vested former participant whose employment terminated on or after December 1, 1976, with a surviving spouse of at least one year of marriage.

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of Normal Retirement Date
Early retirement	The monthly pension benefit determined as of the early retirement date based on average earnings as of the participant's actual termination date and projected benefit service at age 65, then multiplied by the ratio of Benefit Service at termination to projected Benefit Service at Normal Retirement Date, except that the minimum pension shall be based on Benefit Service as of the participant's termination date only. The benefit is further actuarially reduced from age 65 to commencement date, using UP-1984 mortality table and 7% interest.
Postponed retirement	The Monthly Pension Benefit determined as of the actual retirement date and credited with interest and adjusted for mortality.

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Vested termination	The Monthly Pension Benefit determined as of the termination date (equal to amount determined under Early Retirement) with payments deferred until age 65. If the participant has 10 years of Vesting Service, benefits are also payable as early as age 55 in a reduced amount, actuarially reduced for early commencement (same as Early Retirement).
Disablement	The Monthly Pension Benefit determined as of the date of the disablement (equal to the amount determined under Early Retirement), except payable immediately without actuarial reduction for early commencement.
Preretirement death	The Monthly Preretirement Death benefit as mentioned above

Other Plan Provisions

Forms of payment	Monthly Pension Benefits are paid as described above as a life annuity if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 75% joint and survivor annuity, 100% joint and survivor annuity, a ten-year certain and life annuity, or lump sum. Actuarial equivalence is based on UP-1984 mortality table and 7% interest for forms other than lump sums. For lump sums, the mortality table and interest specified under IRC Section 417(e). The interest rate is determined as of the month preceding the plan year in which the distribution is paid (December).
Late Retirement Increases	For active participants, the plan provides benefit suspension notices to participants who work beyond normal retirement. For deferred vested participants, benefits are actuarially increased using UP-1984 mortality table and 7% interest.
Plan participants' contributions	None.
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

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World Book Inc. Retirement Plan Participants

Plan Provisions

The most recent amendment reflected in the following plan provisions effective January 1, 2006.

Covered employees	Employees of World Book, Inc. No employee hired on or after January 1, 1987 shall become eligible to participate. No employee first eligible on or after January 1, 1996 will be allowed to participate.
Participation date	Any covered employee is eligible to participate on the first January 1 or July 1 following completion of one year of service and attainment of age 21.

Definitions

Vesting service	One year for each 1,000-hour calendar year in the controlled group.
Benefit Service	Prior to December 31, 1995, an employee will be deemed to have completed one year of Benefit Service if completed 1,000 hours of employment during the 12-month period commencing on his hire date or if his plan year compensation is at least 750 times the minimum wage as of the beginning of such plan year. Beginning January 1, 1996, Benefit Service is determined on an elapsed time basis to the nearest full month.
Pensionable pay	Compensation is equal to regular base salary or wages, non-deferred pay, sick pay, LTD benefits, bonus, and overtime. Compensation excludes other non-regular earnings, such as commissions or moving expenses and deferred pay arrangements.
Average earnings	The average of the highest five consecutive calendar years of pensionable pay during the ten-year period ending on the earlier of the participant's termination date or retirement date.
Social Security benefit (PIA)	The projected amount of the participant's primary Social Security benefit according to the law in effect at the date of termination of employment assuming continuation of current earnings to age 65.
Normal retirement date	Age 65
Monthly pension benefit	The monthly benefit is equal to the maximum of A), B), and C) below: A) A monthly benefit is payable equal to 60% of Average Earning less 50% of Social Security Primary Insurance Amount, such difference proportionately reduced for Benefit Service less than 30 years.

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B) \$18.00 times Benefit Service to a maximum of 30 years.

C) The participant's December 31, 1993 accrued benefit plus future accruals

The benefit is further reduced by the Profit Sharing Offset. The participant's vested Profit Sharing account balance as of September 30, 1976 is increased with interest at an annual rate of 6% compounded annually to the benefit commencement date. This amount is then converted to a monthly annuity on the basis of the 1971 Group Annuity Mortality Table and 6% interest. The Profit Sharing Offset is considered to be the lesser of this amount or that portion of the Plan deemed to be applicable to service prior to the Effective Date.

Monthly preretirement death benefit

50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the early retirement date.

Eligibility for Benefits

Normal retirement

Retirement on Normal Retirement Date

Early retirement

Retirement before Normal Retirement Date and on or after both attaining age 55 and completing ten years of Vesting Service

Postponed retirement

Retirement after Normal Retirement Date

Vested termination

Eligible according to the following schedule:

Years of Vesting Service	Percent Vested
Less than 3	0%
3	20
4	40
5	60
6	80
7 or more	100

Disability

Total and permanent disability after completing five years of Vesting Service

Preretirement death benefit

Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse married for at least a year, after completing five years of Vesting Service

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Benefits Paid Upon the Following Events

Normal retirement	The Monthly Pension Benefit determined as of Normal Retirement Date
Early retirement	The Monthly Pension Benefit determined as of the early retirement date, reduced 5/9% per month for the first 60 months and 5/18% per month for the next 60 months prior to Normal Retirement Date
Postponed retirement	The Monthly Pension Benefit determined as of the actual retirement date, not less than the Normal Retirement benefit actuarially increased for late commencement
Vested termination	The Monthly Pension Benefit determined as of the termination date (equal to amount determined under Early Retirement), multiplied by the appropriate vesting percentage, with payments deferred until age 65. If the participant has 10 years of Vesting Service, benefits are also payable as early as age 55 in a reduced amount (same as Early Retirement).
Disablement	The Monthly Pension Benefit determined under early retirement except an actuarial reduction for benefits that commence more than 120 months early. Benefits are not payable while the participant is receiving long term disability or Workman's Compensation benefits. If the disability benefit does not commence immediately, the participant will continue to accrue service.
Preretirement death	The Monthly Preretirement Death benefit as mentioned above

Other Plan Provisions

Forms of payment	Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 5, 10, 15, or 20-year Certain and Life Annuity, 5, 10, 15 or 20-year Certain Only Annuity, 75% Joint and Survivor Annuity, 100% Joint and Survivor Annuity, or a Level Income Annuity. Actuarial equivalence is based on the UP-1984 mortality table and 6% interest, with joint beneficiary ages set back 3 years for forms other than lump sums and annuities under the certain only and level income forms of payment. The plan pays de minimus lump sum under \$5,000. For lump sums and annuities under the certain only and level income forms of payment, the mortality table and interest specified under IRC Section 417(e). The interest rate is determined as of the month preceding the plan year in which the distribution is paid (December).
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Plan Name: The Scott Fetzer Pension Plan
EIN / PN: 47-0691256 / 098
Plan Sponsor: The Scott Fetzer Company
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Late Retirement Increases For active participants, the plan provides for the greater of a continued accrued benefit or actuarially increased normal benefit. For deferred vested participants, benefits are actuarially increased using the UP-1984 mortality and 7% interest.

Plan participants' contributions None.

Maximum on benefits and pay All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Plan Name: The Scott Fetzer Pension Plan
EIN / PN: 47-0691256 / 098
Plan Sponsor: The Scott Fetzer Company
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Northland Union Hourly Participants

Plan Provisions

The most recent amendment reflected in the following plan provisions was effective January 1, 2011.

Covered employees	Hourly employees of the Northland/Scott Fetzer Company covered by the collective bargaining agreement of the Watertown, New York plant. The plant was closed in 2011.
Participation date	Any covered employee is eligible to participate on the first January 1 or July 1 following completion of one year of service and attainment of age 21.

Definitions

Vesting service	One year for each 1,000-hour calendar year of employment by the controlled group.
Benefit Service	One year of Benefit Service will be credited for each year in which a participant has 1,500 or more hours of service. Partial credit (to the nearest one-tenth year) will be given for years in which the participant has between 1,000 and 1,500 hours of service.
Normal retirement date	Age 65
Monthly pension benefit	As of April 21, 2002, a monthly benefit is payable equal to \$10.00 times Benefit Service (to a maximum of 30 years).
Monthly preretirement death benefit	50% of the monthly pension benefit as of the date of death reduced for the 50% Joint and Survivor election and reduced for payment as early as the participants early retirement date. Pension benefits otherwise payable under the Plan (including this benefit) will be reduced to reflect the cost of such death benefit based on the period of coverage as follows:

Age When Coverage Provided	Percentage Reduction
35-54	0.2%
55-59	0.5
60-64	0.7

Eligibility for Benefits

Normal retirement	Retirement on Normal Retirement Date
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Plan Name: The Scott Fetzer Pension Plan
EIN / PN: 47-0691256 / 098
Plan Sponsor: The Scott Fetzer Company
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Early retirement	Retirement before Normal Retirement Date and on or after both attaining age 60 and completing fifteen years of Vesting Service
Postponed retirement	Retirement after Normal Retirement Date
Vested termination	Termination for reasons other than death or retirement after completing five years of Vesting Service
Disability	Permanent and total disability prior to Normal Retirement Date with 15 years of Vesting Service
Preretirement death benefit	Death with 5 years of Vesting Service and married to current spouse for at least one year

Benefits Paid Upon the Following Events

Normal retirement	The Monthly Pension Benefit determined as of Normal Retirement Date
Early retirement	The monthly pension benefit determined as of the early retirement date, actuarially reduced for commencement prior to normal retirement, using UP-1984 mortality table and 7% interest
Postponed retirement	The monthly pension benefit determined as of the actual retirement date
Vested termination	The monthly pension benefit determined as of the termination date, for the Normal Retirement Date or early retirement actuarially reduced for commencements prior to normal retirement age.
Disablement	The monthly pension benefit determined as of the date of the disablement (equal to the amount determined under Early Retirement), normally commencing six months after the beginning of a disability.
Preretirement death	The Monthly Preretirement Death benefit as mentioned above.

Other Plan Provisions

Forms of payment	Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of a 50% joint and survivor annuity option (QJSA) or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan.
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Plan Name: The Scott Fetzer Pension Plan
EIN / PN: 47-0691256 / 098
Plan Sponsor: The Scott Fetzer Company
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

The optional form is a 75% joint and survivor annuity (QOSA). Actuarial equivalence is based on UP-1984 mortality table and 7% interest.

The plan pays de minimus lump sums under \$5,000. For lump sums under \$5,000, the mortality table and interest specified under IRC Section 417 (e). The interest rate is determined as of the month preceding the plan year in which the distribution is paid (December).

Late retirement increases

For active participants, the plan provides benefit suspension notices to participants who work beyond normal retirement. For deferred vested participants, benefits are actuarially increased using UP-1984 mortality table and 7% interest.

Plan participants' contributions None.

Maximum on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Change in benefit valued since prior year

There have been no changes in benefits valued since the prior year.

Plan Name: The Scott Fetzer Pension Plan
EIN / PN: 47-0691256 / 098
Plan Sponsor: The Scott Fetzer Company
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25 - Change in Method

The valuation software used to produce the actuarial information is different than used for the previous valuation due to a change in both the Enrolled Actuary for the Plan and the business organization providing actuarial services to the Plan, and such change in software may be considered to be a method change. The new method is substantially the same as the method used by the prior actuary and is consistent with the description of the method contained in the prior actuarial report. The funding target and target normal cost as determined for the prior plan year by the new Enrolled Actuary are both within 5% of those values as determined by the prior Enrolled Actuary. Therefore the change in funding method receives automatic approval under IRS Announcement 2010-3.

Plan Name: The Scott Fetzer Pension Plan
EIN / PN: 47-0691256 / 098
Plan Sponsor: The Scott Fetzer Company
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2013

Attained Age	Years of Credited Service													
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	13		21		0		0		0		0		0	
25 - 29	4		19		14		0		0		0		0	
30 - 34	3		21		16		18		0		0		0	
35 - 39	8		25		16		9		21		1		0	
40 - 44	9		27		21		21		28		26		2	
45 - 49	6		41		22		18		23		24		13	
50 - 54	5		71		16		23		25		35		26	
55 - 59	10		79		18		13		29		20		22	
60 - 64	2		55		11		11		13		11		15	
65 - 69	1		15		7		6		4		3		3	
70 & Over	2		5		3		7		5		2		1	

Note that only Salaried and World Book plans' formulas use compensation as part of the benefit formulas. Average compensation is not shown for cells with less than 20 salaried participants.

Plan Name: The Scott Fetzer Pension Plan
 EIN / PN: 47-0691256 / 098
 Plan Sponsor: The Scott Fetzer Company
 Valuation Date: January 1, 2013

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

Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

2013**This Form is Open to Public
Inspection**For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan THE SCOTT FETZER PENSION PLAN	B Three-digit plan number (PN) ▶ 098
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE SCOTT FETZER COMPANY	D Employer Identification Number (EIN) 47-0691256
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2013</u>		
2 Assets:		
a Market value	2a	126,527,830
b Actuarial value	2b	120,285,536
3 Funding target/participant count breakdown:	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a 1,532	49,653,342
b For terminated vested participants	3b 1,219	30,478,494
c For active participants:		
(1) Non-vested benefits	3c(1)	363,536
(2) Vested benefits	3c(2)	35,145,847
(3) Total active	3c(3) 1,138	35,509,383
d Total	3d 3,889	115,641,219
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐		
a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	6.31 %
6 Target normal cost	6	1,180,388

Statement by Enrolled Actuary

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

SIGN HERE	Matthew H. Crouch <i>MHC 11 Sep/14</i> Signature of actuary	September 11, 2014 Date
Matthew H. Crouch	Type or print name of actuary	14-7024
Towers Watson Delaware Inc.	Firm name	Most recent enrollment number (216) 937-4000
1001 Lakeside Avenue, Suite 1900	Address of the firm	Telephone number (including area code)
Cleveland, OH 44114-1172		

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

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

Schedule SB (Form 5500) 2013
v. 130118

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	634,471	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	634,471	0
10 Interest on line 9 using prior year's actual return of <u>18.03</u> %	114,395	
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		1,029,442
b Interest on (a) using prior year's effective interest rate of <u>7.01</u> % except as otherwise provided (see instructions)		72,164
c Total available at beginning of current plan year to add to prefunding balance		1,101,606
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	748,866	0

Part III Funding Percentages

14 Funding target attainment percentage	14	103.36 %
15 Adjusted funding target attainment percentage	15	104.01 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	107.89 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:			
a Segment rates:	1st segment: 4.94 %	2nd segment: 6.15 %	3rd segment: 6.76 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 0
22 Weighted average retirement age			22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....		☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....		27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....		31a	1,180,388
b Excess assets, if applicable, but not greater than line 31a		31b	1,180,388
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment.....		0	0
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..		34	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	0
40 Unpaid minimum required contributions for all years	40	0	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected		☐ 2 plus 7 years ☐ 15 years	
b Eligible plan year(s) for which the election in line 41a was made		☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	The Scott Fetzer Company
EIN/PN	47-0691256/098
Plan Name	The Scott Fetzer Pension Plan
Valuation Date	January 1, 2013
Enrolled Actuary	Matthew H. Crouch
Enrollment Number	14-7024

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the Enrolled Actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The Enrolled Actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

Plan Name:	The Scott Fetzer Pension Plan
EIN / PN:	47-0691256 / 098
Plan Sponsor:	The Scott Fetzer Company
Valuation Date:	January 1, 2013

THE SCOTT FETZER PENSION PLAN
FINANCIAL REPORT
DECEMBER 31, 2013 and 2012

THE SCOTT FETZER PENSION PLAN

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Independent Auditors' Report

Pension Committee
The Scott Fetzer Pension Plan
Westlake, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Scott Fetzer Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note D, which was certified by KeyBank National Association, the Trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the Trustee as of December 31, 2013 and 2012, and for the years then ended, that the information provided to the Plan administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

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

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

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

A handwritten signature in black ink that reads "Meloney + Novotny LLC". The script is cursive and fluid, with the "LLC" written in a slightly more formal, blocky style at the end.

Cleveland, Ohio
October 7, 2014

THE SCOTT FETZER PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	<u>DECEMBER 31,</u>	
	<u>2013</u>	<u>2012</u>
<u>ASSETS</u>		
INVESTMENTS, AT FAIR VALUE		
Collective Investment Fund	\$ 150,252,219	\$ 126,527,830
<u>LIABILITIES</u>		
ACCRUED EXPENSES	<u>597,846</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 149,654,373</u>	<u>\$ 126,527,830</u>

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

THE SCOTT FETZER PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	FOR THE YEARS ENDED DECEMBER 31,	
	<u>2013</u>	<u>2012</u>
ADDITIONS		
Net investment income from Collective Investment Fund	\$ 33,478,473	\$ 19,669,590
Company contribution	<u>-</u>	<u>1,058,096</u>
Total additions	33,478,473	20,727,686
DEDUCTIONS		
Benefits paid to participants	9,754,084	6,441,496
Administrative fees	<u>597,846</u>	<u>-</u>
Total deductions	<u>10,351,930</u>	<u>6,441,496</u>
NET INCREASE	23,126,543	14,286,190
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	<u>126,527,830</u>	<u>112,241,640</u>
END OF YEAR	<u>\$ 149,654,373</u>	<u>\$ 126,527,830</u>

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

THE SCOTT FETZER PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE A - Description of the Plan

General

The Scott Fetzer Pension Plan for Non-Union Hourly Employees (the Former Hourly Plan) was merged into The Scott Fetzer Pension Plan for Salaried Employees (the Former Salaried Plan). The merged plan was renamed The Scott Fetzer Pension Plan (the Plan). Effective as of the close of business on November 15, 2010, The Scott Fetzer Pension Plan for Union Employees of Northland (Watertown, New York Plant) merged with and into the Plan to form a single plan. The terms and conditions of the merged Plan comprise the following four separate documents: The Scott Fetzer General Pension Plan Document, World Book, Inc. Retirement Plan Document, The Scott Fetzer Pension Plan for Non-Union Hourly Employees Document, and The Scott Fetzer Pension Plan for Union Employees of Northland Document. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Participants who retire or terminate prior to age 65 need five years of vesting service to qualify for a pension under the merged plan.

The Former Salaried Plan was a noncontributory, defined benefit plan for participants previously covered under the Scott Fetzer General Pension Plan (the General Plan) and the World Book, Inc. Retirement Plan (the WBI Plan). Participation in the Former Salaried Plan was frozen effective January 1, 1987. For more complete information regarding the general provisions of the Former Salaried Plan, including the benefits available, participants are encouraged to refer to the Plan agreement or to the Summary Plan Description, which has been supplied to all participants.

The Former Hourly Plan was a noncontributory, defined benefit plan for hourly employees at the following locations (collectively, the Company along with The Scott Fetzer Company):

- Campbell Hausfeld Division (Leitchfield, Kentucky plant, where eligibility was discontinued as of January 1, 2003, and Mt. Juliet, Tennessee plant) of Campbell Hausfeld/Scott Fetzer Company (SFC)
- Stahl Cardington location of the Stahl/SFC and Powerwinch Bridgeport location of The Scott Fetzer Company
- Western Enterprises (Portland, Tennessee plant) of Western/SFC
- Western (Avon Lake and Westlake, Ohio locations) of Western/SFC and Cleveland Wood of The Scott Fetzer Company
- Stahl Division (Wooster, Ohio plant) of Stahl/SFC
- Kirby Andrews location of The Scott Fetzer Company and Meriam location of the Adalet/SFC
- France Division (Smithville, Tennessee plant) of France/SFC
- France Division (Fairview, Tennessee plant) of France/SFC
- Douglas Products Division (Walnut Ridge, Arkansas plant) of SFC and Quikut Division (Walnut Ridge, Arkansas plant) of SFC
- Kirby Cleveland location of The Scott Fetzer Company
- Carefree/SFC where eligibility was discontinued and benefits were frozen as of April 1, 2000
- Stahl Durant and Merced locations of Stahl/SFC

THE SCOTT FETZER PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE A - Description of the Plan (Continued)

General (Continued)

The companies and divisions previously listed are wholly-owned by BHSF, Inc. For more complete information regarding the general provisions of the Former Hourly Plan, including benefits available, participants are encouraged to refer to the Plan agreement or to the Summary Plan Description.

The Scott Fetzer Company (the Company, along with the aforementioned locations, or Employer) and the World Book/Scott Fetzer Company (World Book) are direct, wholly-owned subsidiaries of BHSF, Inc.

Pension Benefits

Monthly benefits under the Former Salaried Plan are based upon each participant's highest five consecutive years of compensation over the last 10 years of service as well as the total years of credited service multiplied by predetermined factors. Benefits for participants may be reduced by offsetting amounts for employees who have vested benefits attributable to employer contributions made under certain other tax qualified plans. Benefits payable for retirement, death, disability, and termination of employment are included in the actuarial present value of accumulated plan benefits, to the extent they are deemed attributable to employee service rendered to the valuation date.

Monthly benefits under the Former Hourly Plan are based upon the years of credited service to a maximum of 30 years, multiplied by predetermined factors, with the exception of the Kirby Cleveland location (unlimited years), Western (Avon Lake and Westlake locations) (unlimited years), the Stahl locations (40 years), and the France Division (Smithville, Tennessee plant) (31 years). Benefits payable for retirement, death, and termination of employment are included in the actuarial present value of accumulated plan benefits, to the extent they are deemed attributable to employee service rendered to the valuation date.

The Plan provides for an automatic rollover provision. If the vested balance is greater than \$1,000 and does not exceed \$5,000, and the participant does not make an election to either receive or to rollover the distribution, the distribution must be rolled over to an IRA designated by the Pension Committee. If the vested balance is \$1,000 or less, the form of distribution remains as a single lump-sum payment.

NOTE B - Summary of Significant Accounting Policies

Basis of Accounting

The financial statements are prepared on the accrual basis of accounting.

THE SCOTT FETZER PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE B - Summary of Significant Accounting Policies (Continued)

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements and changes therein. Actual results could differ from those estimates.

Valuation of Investments and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note E for discussion of fair value measurements.

Purchases and sales of securities are reflected on a trade-date basis. Income from investments is recorded as earned on an accrual basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Risks and Uncertainties

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

Plan contributions are made and the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to the uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of employees who have died, and present employees or their beneficiaries. Participants become vested in the Plan after five years of credited service with the Company.

The actuarial present value of accumulated plan benefits was determined by the consulting actuary, Towers Watson, for 2013 and Mercer for 2012. It represents the amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

THE SCOTT FETZER PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE B - Summary of Significant Accounting Policies (Continued)

Actuarial Present Value of Accumulated Plan Benefits (Continued)

The significant actuarial assumptions used in the valuations at January 1, 2013 and 2012 were:

Life Expectancy of Participants – For Plan mortality, the RP-2000 tables without collar or amount adjustments with generational projection, using Scale AA at January 1, 2013. The RP-2000 Mortality Tables projected with mortality improvement based on Scale AA at January 1, 2012.

Retirement Age – A graded table, developed by the previous consulting actuary, of assumed incidence of retirement between the ages of 55 and 70.

Assumed Rate of Return on Investments – 7.25% per annum for January 1, 2013 and 2012 compounded annually.

Discount Rate – 6.0% per annum for January 1, 2013 and 2012.

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

Administrative Expenses

Trustee fees and other administrative expenses are paid by the Plan or the Employer at the option of the Employer. In addition, certain employees of the Company provide services to the Plan at no charge.

Subsequent Events

The Plan has evaluated subsequent events through October 7, 2014, the date the financial statements were available to be issued.

Reclassifications

Certain reclassifications to prior year amounts were made to conform to current year presentation.

NOTE C - Investments In Master Trust

BHSF, Inc. maintains a master trust, the Collective Investment Fund (the Fund), at KeyBank National Association (the Trustee). The only participants in the Fund are the various employee benefit plan trusts of the Company and other affiliated companies wholly-owned by BHSF, Inc. Each participating retirement plan has an undivided interest in the Fund.

The value of the Plan's interest in the Fund is based on the beginning of year value of the Plan's interest plus actual contributions and allocated investment income less actual distributions and allocated administrative expenses. The Fund's investments and investment returns are allocated to participating plans based on the average monthly balances of each plan in each investment fund administered through the Fund.

THE SCOTT FETZER PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE C - Investments In Master Trust (Continued)

The fair value of investments held by the Fund is summarized as follows at December 31:

	<u>2013</u>	<u>2012</u>
Investments at fair value:		
U.S. Government securities	\$ 626,082	\$ 811,235
Money market instruments	7,898,814	26,008,002
Corporate bonds	500,000	2,240,000
Corporate equities	149,951,308	104,319,037
Interest-bearing cash and accrued income	<u>224,032</u>	<u>216,852</u>
Net assets	<u>\$ 159,200,236</u>	<u>\$ 133,595,126</u>
Plan's investment in the Fund	<u>\$ 150,252,219</u>	<u>\$ 126,527,830</u>
Plan's investment in the Fund as a percentage of total	<u>94.37%</u>	<u>94.71%</u>

The following presents the changes in net assets for the Fund for the years ended December 31:

	<u>2013</u>	<u>2012</u>
Investment income:		
Net appreciation (depreciation) in fair value of investments:		
Corporate equities	\$ 35,646,394	\$ 17,972,559
Corporate bonds	(1,740,000)	(520,000)
U.S. Government securities	<u>(38,764)</u>	<u>216,815</u>
	33,867,630	17,669,374
Interest	871,945	930,959
Dividends	<u>691,458</u>	<u>2,147,502</u>
Net investment income	35,431,033	20,747,835
Net transfers	<u>(9,825,923)</u>	<u>(2,999,254)</u>
Increase in net assets	<u>\$ 25,605,110</u>	<u>\$ 17,748,581</u>
Net assets:		
Beginning of year	<u>\$ 133,595,126</u>	<u>\$ 115,846,545</u>
End of year	<u>\$ 159,200,236</u>	<u>\$ 133,595,126</u>

THE SCOTT FETZER PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE D - Unaudited Information

The Plan administrator has elected the methods of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified to the completeness and accuracy of all investments reflected in the statements of net assets available for benefits at December 31, 2013 and 2012, the supplemental schedule at December 31, 2013, the related investment activity reflected in the statements of changes in net assets available for benefits for the years ended December 31, 2013 and 2012, and investment related information in the accompanying notes to the financial statements. This information is unaudited by independent accountants.

NOTE E - Fair Value Measurements

The Plan estimates the fair value of financial instruments using available market information and other generally accepted valuation methodologies. The inputs used to measure fair value are classified into three levels:

- Level 1 – Quoted market prices in active markets for identical assets and liabilities
- Level 2 – Observable market-based inputs or unobservable inputs that are corroborated by market data
- Level 3 – Unobservable inputs in which little or no market data exists

The following is a description of the valuation methodologies used for plan assets measured at fair value:

Money market instruments: Valued at the closing price reported in the active market in which the individual securities are traded. Pending transactions at the end of the Plan year are included within these funds. These funds are classified as Level 1.

Corporate bonds: Valued at the closing price reported in the active market in which the bond is traded. These funds are classified as Level 2.

Corporate equities and U.S. Government securities: Valued at the closing price reported in the active market in which the individual securities are traded. The corporate equities are classified as Level 1 and the U.S. Government securities are classified as Level 2.

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. There have been no changes in the methodologies used from 2012 to 2013. 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 SCOTT FETZER PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE E - Fair Value Measurements (Continued)

The following tables set forth by level the Fund's assets at fair value as of December 31, 2013 and 2012:

	2013			
	Level 1	Level 2	Level 3	Total
U.S. Government securities:				
Mortgage-backed	\$ -	\$ 626,082	\$ -	\$ 626,082
Money market securities	7,898,814	-	-	7,898,814
Corporate bonds	-	500,000	-	500,000
Corporate equities:				
Mid cap core	44,038,738	-	-	44,038,738
Mid cap growth	19,616,100	-	-	19,616,100
Large cap core	32,784,950	-	-	32,784,950
Large cap growth	28,626,590	-	-	28,626,590
Large cap value	24,884,930	-	-	24,884,930
Cash and accrued income	224,032	-	-	224,032
Balance at December 31, 2013	<u>\$ 158,074,154</u>	<u>\$ 1,126,082</u>	<u>\$ -</u>	<u>\$ 159,200,236</u>

	2012			
	Level 1	Level 2	Level 3	Total
U.S. Government securities:				
Mortgage-backed	\$ -	\$ 811,235	\$ -	\$ 811,235
Money market securities	26,008,002	-	-	26,008,002
Corporate bonds	-	2,240,000	-	2,240,000
Corporate equities:				
Large cap core	89,539,605	-	-	89,539,605
Large cap value	14,779,432	-	-	14,779,432
Cash and accrued income	216,852	-	-	216,852
Balance at December 31, 2012	<u>\$ 130,543,891</u>	<u>\$ 3,051,235</u>	<u>\$ -</u>	<u>\$ 133,595,126</u>

THE SCOTT FETZER PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE E - Fair Value Measurements (Continued)

The following presents investments that represent 5% or more of the Fund's net assets as of December 31, 2013 and 2012:

	<u>2013</u>	<u>2012</u>
Corporate equities:		
Chicago Bridge & Iron Company N.V.	\$ 15,522,238	*
Davita Healthcare Partners, Inc.	28,516,500	\$ 20,669,110
Deere & Co.	15,069,450	14,259,300
DIRECTV	18,646,200	11,581,944
General Motors Corporation	8,174,000	*
Precision Castparts Corporation	28,626,590	20,135,346
Wabco Holdings, Inc.	19,616,100	13,689,900
Wells Fargo Company	9,815,480	14,779,432
Money market instruments:		
Federated Government Obligations Fund - Inst.	*	26,008,002

* Did not represent greater than 5% of the Fund's net assets in the reported year

NOTE F - Actuarial Present Value of Accumulated Plan Benefits

The actuarially computed values of accumulated plan benefits at January 1, 2013 and 2012, the dates of the most recent actuarial valuations, are as follows:

	<u>2013</u>	<u>2012</u>
Present value of accumulated plan benefits		
Vested benefits:		
Participants currently receiving payments	\$ 49,893,175	\$ 47,879,315
Other participants	69,905,368	71,111,951
	<u>119,798,543</u>	<u>118,991,266</u>
Nonvested benefits	393,399	107,249
	<u>393,399</u>	<u>107,249</u>
Total present value of accumulated plan benefits	<u>\$ 120,191,942</u>	<u>\$ 119,098,515</u>

The changes in accumulated plan benefits for the period ended January 1, 2013 are as follows:

Accumulated plan benefits, beginning of period	\$ 119,098,515
Benefits accumulated	1,394,072
Actuarial gains	(895,459)
Decrease in the discount period	7,036,310
Actual benefits paid	(6,441,496)
	<u>(6,441,496)</u>
Accumulated plan benefits, end of period	<u>\$ 120,191,942</u>

THE SCOTT FETZER PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE F - Actuarial Present Value of Accumulated Plan Benefits (Continued)

During the year, the Company became aware of a system error in the calculation of certain lump-sum benefit payments dating back several years. Through the Voluntary Correction Program, the Company has paid approximately \$1.6 million related to this error, with substantially all of it being paid in the first quarter of 2014. The Plan's actuary has not reflected these payments in the numbers above and has determined that these payments will not affect the funded status of the Plan nor will it require a contribution to be made by the Company.

NOTE G - Funding Policy

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in amounts computed by the Plan's actuary using the unit credit method of funding for 2013 and 2012. These methods and the actuarial assumptions referred to in Note B have been designed to provide sufficient funds to pay benefits as they become payable under the Plan. For the years ended December 31, 2013 and 2012, the Company met the minimum funding requirements of ERISA.

NOTE H - Plan Termination

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

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

Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

NOTE I - Tax Status

The Plan obtained a determination letter on February 14, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

THE SCOTT FETZER PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

NOTE I - Tax Status (Continued)

The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2013, there are no uncertain positions taken or expected to be taken that would require such recognition or disclosure in the financial statements. As of December 31, 2013, the Plan's tax years from 2010 and thereafter remain subject to examination by the Internal Revenue Service, as well as various other taxing authorities.

NOTE J - Transactions With Parties-in-Interest

Certain Plan investments are shares of a master trust managed by KeyBank National Association, the Trustee as of and for the years ended December 31, 2013 and 2012. Therefore, transactions therewith qualify as party-in-interest transactions. In addition, fees paid by the Plan to KeyBank National Association totaled \$75,197 for the year ended December 31, 2013. No fees were paid by the Plan in 2012.

NOTE K - Subsequent Event

In July 2014, management offered an early retirement window to participants not currently in pay-status. Payments relative to those electing immediate lump-sum distributions of their accounts totaled approximately \$17,800,000.