

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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------|-------------------------------------------------------|--|---------------------------------------------------------------------|--|-------------------------------------------------------------|--|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                               | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |
| <b>1a</b> Name of plan<br><u>HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN, INC.</u>                                                                                                                                                           | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>01/01/1969</u></td> </tr> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN)<br/><u>30-2058772</u></td> </tr> <tr> <td colspan="2"><b>2c</b> Sponsor's telephone number<br/><u>913-367-2121</u></td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions)<br/><u>331500</u></td> </tr> </table> | <b>1b</b> Three-digit plan number (PN) ▶ | <u>002</u> | <b>1c</b> Effective date of plan<br><u>01/01/1969</u> |  | <b>2b</b> Employer Identification Number (EIN)<br><u>30-2058772</u> |  | <b>2c</b> Sponsor's telephone number<br><u>913-367-2121</u> |  | <b>2d</b> Business code (see instructions)<br><u>331500</u> |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                     | <u>002</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>01/01/1969</u>                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>30-2058772</u>                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |
| <b>2c</b> Sponsor's telephone number<br><u>913-367-2121</u>                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>331500</u>                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |            |                                                       |  |                                                                     |  |                                                             |  |                                                             |  |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><br><u>BRADKEN, INC.</u><br><br><u>P.O. BOX 188</u><br><u>400 SOUTH FOURTH STREET</u><br><u>ATCHISON, KS 66002-0188</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.

|                                                                                                            |                                                          |                   |                                                              |
|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                           | <u>Filed with authorized/valid electronic signature.</u> | <u>10/14/2014</u> | <u>MARC A. SCHMUCKER</u>                                     |
|                                                                                                            | <b>Signature of plan administrator</b>                   | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                           | <u>Filed with authorized/valid electronic signature.</u> | <u>10/14/2014</u> | <u>MARC A. SCHMUCKER</u>                                     |
|                                                                                                            | <b>Signature of employer/plan sponsor</b>                | Date              | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                           |                                                          |                   |                                                              |
|                                                                                                            | <b>Signature of DFE</b>                                  | Date              | Enter name of individual signing as DFE                      |
| Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) |                                                          |                   | Preparer's telephone number (optional)                       |

|                                                                                                                                                                                        |  |                                                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------|--|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address                    |  | <b>3b</b> Administrator's EIN                                                          |  |
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: |  | <b>3c</b> Administrator's telephone number                                             |  |
| <b>a</b> Sponsor's name                                                                                                                                                                |  | <b>4b</b> EIN                                                                          |  |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                |  | <b>4c</b> PN                                                                           |  |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                 |  | <b>5</b> 651                                                                           |  |
| <b>a</b> Active participants .....                                                                                                                                                     |  | <b>6a</b> 119                                                                          |  |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                    |  | <b>6b</b> 211                                                                          |  |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                     |  | <b>6c</b> 234                                                                          |  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                               |  | <b>6d</b> 564                                                                          |  |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....                                                                             |  | <b>6e</b> 79                                                                           |  |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                |  | <b>6f</b> 643                                                                          |  |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                        |  | <b>6g</b>                                                                              |  |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                            |  | <b>6h</b> 0                                                                            |  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                   |  | <b>7</b>                                                                               |  |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br><b>1B 3H</b>           |  |                                                                                        |  |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                            |  |                                                                                        |  |
| <b>9a</b> Plan funding arrangement (check all that apply)                                                                                                                              |  | <b>9b</b> Plan benefit arrangement (check all that apply)                              |  |
| <b>(1)</b> <input type="checkbox"/> Insurance                                                                                                                                          |  | <b>(1)</b> <input type="checkbox"/> Insurance                                          |  |
| <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts                                                                                                         |  | <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts         |  |
| <b>(3)</b> <input checked="" type="checkbox"/> Trust                                                                                                                                   |  | <b>(3)</b> <input checked="" type="checkbox"/> Trust                                   |  |
| <b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                      |  | <b>(4)</b> <input type="checkbox"/> General assets of the sponsor                      |  |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                      |  |                                                                                        |  |
| <b>a Pension Schedules</b>                                                                                                                                                             |  | <b>b General Schedules</b>                                                             |  |
| <b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)                                                                                                  |  | <b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)        |  |
| <b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary                  |  | <b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)      |  |
| <b>(3)</b> <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                     |  | <b>(3)</b> <input type="checkbox"/> <b>A</b> (Insurance Information)                   |  |
|                                                                                                                                                                                        |  | <b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) |  |
|                                                                                                                                                                                        |  | <b>(5)</b> <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)      |  |
|                                                                                                                                                                                        |  | <b>(6)</b> <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)         |  |

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

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN, INC.</u>                                                         | <b>B</b> Three-digit plan number (PN) ▶ <u>002</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>BRADKEN, INC.</u>                                          | <b>D</b> Employer Identification Number (EIN)<br><u>30-2058772</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                |                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                  | <b>Basic Information</b>                                                                         |
| <b>1</b> Enter the valuation date: Month _____ Day _____ Year _____                                                                                                                                            |                                                                                                  |
| <b>2</b> Assets:                                                                                                                                                                                               |                                                                                                  |
| <b>a</b> Market value .....                                                                                                                                                                                    | <b>2a</b> <u>20743209</u>                                                                        |
| <b>b</b> Actuarial value .....                                                                                                                                                                                 | <b>2b</b> <u>21773113</u>                                                                        |
| <b>3</b> Funding target/participant count breakdown:                                                                                                                                                           |                                                                                                  |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | <b>3a</b> <u>282</u> <b>(1) Number of participants</b> <u>12660930</u> <b>(2) Funding Target</b> |
| <b>b</b> For terminated vested participants.....                                                                                                                                                               | <b>3b</b> <u>248</u> <u>3918005</u>                                                              |
| <b>c</b> For active participants:                                                                                                                                                                              |                                                                                                  |
| <b>(1)</b> Non-vested benefits .....                                                                                                                                                                           | <b>3c(1)</b> <u>143127</u>                                                                       |
| <b>(2)</b> Vested benefits .....                                                                                                                                                                               | <b>3c(2)</b> <u>7892945</u>                                                                      |
| <b>(3)</b> Total active.....                                                                                                                                                                                   | <b>3c(3)</b> <u>124</u> <u>8036072</u>                                                           |
| <b>d</b> Total.....                                                                                                                                                                                            | <b>3d</b> <u>654</u> <u>24615007</u>                                                             |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                                                                                                  |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | <b>4a</b>                                                                                        |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... | <b>4b</b>                                                                                        |
| <b>5</b> Effective interest rate .....                                                                                                                                                                         | <b>5</b> <u>6.28 %</u>                                                                           |
| <b>6</b> Target normal cost .....                                                                                                                                                                              | <b>6</b> <u>235350</u>                                                                           |

**Statement by Enrolled Actuary**

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

|                                                                        |                               |                                        |
|------------------------------------------------------------------------|-------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                                       |                               | <u>09/22/2014</u>                      |
|                                                                        | Signature of actuary          | Date                                   |
| <u>DANIEL P. NICHOLS, F.S.A.</u>                                       |                               | <u>14-03073</u>                        |
|                                                                        | Type or print name of actuary | Most recent enrollment number          |
| <u>THE COTTONWOOD GROUP</u>                                            |                               | <u>913-906-4231</u>                    |
|                                                                        | Firm name                     | Telephone number (including area code) |
| <u>6900 COLLEGE BLVD., SUITE 300</u><br><u>OVERLAND PARK, KS 66211</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**

| <b>Part II Beginning of Year Carryover and Prefunding Balances</b>                                                                         |                       |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                                                            | (a) Carryover balance | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                   | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                      | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>3.03</u> % .....                                                       |                       |                        |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                             |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                            |                       | 78                     |
| <b>b</b> Interest on (a) using prior year's effective interest rate of <u>5.47</u> % except as otherwise provided (see instructions) ..... |                       | 4                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                              |                       | 82                     |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                            |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                          | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                               | 0                     | 0                      |

| <b>Part III Funding Percentages</b>                                                                                                                                        |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 88.45 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 88.45 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 78.47 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %       |

| <b>Part IV Contributions and Liquidity Shortfalls</b>                                    |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 04/11/2013                                                                               | 300000                            |                                 |                          |                                   |                                 |
| 07/12/2013                                                                               | 169582                            |                                 |                          |                                   |                                 |
| 10/15/2013                                                                               | 234791                            |                                 |                          |                                   |                                 |
| 01/14/2014                                                                               | 234791                            |                                 |                          |                                   |                                 |
| 09/12/2014                                                                               | 155306                            |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 | <b>Totals ►</b>          | <b>18(b)</b>                      | 1094470                         |
|                                                                                          |                                   |                                 |                          | <b>18(c)</b>                      | 0                               |

|                                                                                                                                                                                             |            |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:                                                        |            |         |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                                                                                        | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                                                                          | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....                                                                     | <b>19c</b> | 1043586 |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                                 |            |         |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                              |            |         |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |            |         |
| <b>c</b> 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 |
| 0                                                          | 0       | 0       | 0       |

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

|                                                                                                                                                                                              |                       |                       |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                       |                       |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.94% | 2nd segment:<br>6.15% | 3rd segment:<br>6.76 %                              |
|                                                                                                                                                                                              |                       |                       | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                       |                       | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                       |                       | <b>22</b> 63                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                       |                       |                                                     |

**Part VI Miscellaneous Items**

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                   |                     |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                   |                     |               |
| <b>a</b> Target normal cost (line 6).....                                                                                                                                            |                   | <b>31a</b>          | 235350        |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           |                   | <b>31b</b>          | 0             |
| <b>32</b> Amortization installments:                                                                                                                                                 |                   | Outstanding Balance | Installment   |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                 |                   | 2841894             | 808166        |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       |                   | 0                   | 0             |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... |                   | <b>33</b>           |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..                                                            |                   | <b>34</b>           | 1043516       |
|                                                                                                                                                                                      | Carryover balance | Prefunding balance  | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                 | 0                   | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   |                   | <b>36</b>           | 1043516       |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   |                   | <b>37</b>           | 1043586       |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                   |                     |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       |                   | <b>38a</b>          | 70            |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                |                   | <b>38b</b>          | 0             |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      |                   | <b>39</b>           | 0             |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  |                   | <b>40</b>           | 0             |

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

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

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

|                                                                                            |                                                             |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013 |                                                             |
| <b>A</b> Name of plan<br>HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN, INC.                 | <b>B</b> Three-digit plan number (PN) ▶ 002                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>BRADKEN, INC.             | <b>D</b> Employer Identification Number (EIN)<br>30-2058772 |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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

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

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation |
|------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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

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

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

RICE, HALL, JAMES & ASSOCIATES

94-3038451

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | NONE                                                                                              | 114891                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

BMO HARRIS BANK N.A.

36-2085229

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21                     | NONE                                                                                              | 17958                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

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

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

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

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

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

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

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

**Part III** **Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                            |            |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u> |                                                                            |            |
| <b>A</b> Name of plan<br><u>HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN, INC.</u>                        | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>002</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>BRADKEN, INC.</u>                    | <b>D</b> Employer Identification Number (EIN)<br><br><u>30-2058772</u>     |            |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement                                                              |                 | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                                                                                            |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Assets</b>                                                                              |                 |                       |                 |
| <b>a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Total noninterest-bearing cash .....                                                       | <b>1a</b>       | 0                     | 0               |
| <b>b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Receivables (less allowance for doubtful accounts):                                        |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (1) Employer contributions.....                                                            | <b>1b(1)</b>    | 499359                | 390097          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (2) Participant contributions.....                                                         | <b>1b(2)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (3) Other.....                                                                             | <b>1b(3)</b>    | 18139                 | 6558            |
| <b>c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | General investments:                                                                       |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (1) Interest-bearing cash (include money market accounts & certificates of deposit).....   | <b>1c(1)</b>    | 5947908               | 7473299         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (2) U.S. Government securities .....                                                       | <b>1c(2)</b>    | 566703                | 101707          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (3) Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (A) Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (B) All other.....                                                                         | <b>1c(3)(B)</b> | 287497                | 0               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (4) Corporate stocks (other than employer securities):                                     |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (A) Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (B) Common.....                                                                            | <b>1c(4)(B)</b> | 12578883              | 16793862        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (5) Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (6) Real estate (other than employer real property).....                                   | <b>1c(6)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (7) Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (8) Participant loans.....                                                                 | <b>1c(8)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (9) Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (10) Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (11) Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (12) Value of interest in 103-12 investment entities.....                                  | <b>1c(12)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (13) Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 882928                | 1042032         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (14) Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (15) Other.....                                                                            | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 20781417              | 25807555        |

**Liabilities**

|                                                                           |           |       |        |
|---------------------------------------------------------------------------|-----------|-------|--------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |       |        |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 30446 | 34585  |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |       | 373939 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |       |        |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 30446 | 408524 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 20750971 | 25399031 |
|-----------------------------------------------------------|-----------|----------|----------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 1094470    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 0          |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 0          |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    | 0          |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 1094470   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 683        |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 15696      |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 7378       |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> | 0          |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 0          |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 0          |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 23757     |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> | 0          |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 180145     |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 0          |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 180145    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            | 0         |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 19131393   |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 17988836   |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 1142557   |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> | 0          |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 3366740    |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....                | <b>2b(5)(C)</b> |            | 3366740   |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            | 0         |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | 2b(7)  |            | 0         |
| (8) Net investment gain (loss) from master trust investment accounts.....                      | 2b(8)  |            | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities.....                            | 2b(9)  |            | 0         |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | 365744    |
| c Other income.....                                                                            | 2c     |            | 2849      |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 6176262   |

**Expenses**

|                                                                                     |       |         |         |
|-------------------------------------------------------------------------------------|-------|---------|---------|
| e Benefit payment and payments to provide benefits:                                 |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 1395171 |         |
| (2) To insurance carriers for the provision of benefits.....                        | 2e(2) | 0       |         |
| (3) Other.....                                                                      | 2e(3) | 0       |         |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                        | 2e(4) |         | 1395171 |
| f Corrective distributions (see instructions).....                                  | 2f    |         | 0       |
| g Certain deemed distributions of participant loans (see instructions).....         | 2g    |         | 0       |
| h Interest expense.....                                                             | 2h    |         | 0       |
| i Administrative expenses: (1) Professional fees.....                               | 2i(1) | 17958   |         |
| (2) Contract administrator fees.....                                                | 2i(2) | 0       |         |
| (3) Investment advisory and management fees.....                                    | 2i(3) | 114891  |         |
| (4) Other.....                                                                      | 2i(4) | 182     |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                 | 2i(5) |         | 133031  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |         | 1528202 |

**Net Income and Reconciliation**

|                                                         |       |  |         |
|---------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | 4648060 |
| l Transfers of assets:                                  |       |  |         |
| (1) To this plan.....                                   | 2l(1) |  | 0       |
| (2) From this plan.....                                 | 2l(2) |  | 0       |

**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: PICKETT, CHENEY & MCMULLEN

(2) EIN: 48-1246310

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

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

**Part IV Compliance Questions**

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

During the plan year:

**a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

**b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

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

|                                                                                                                                                                                                                               | Yes | No | Amount  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                          |     | X  |         |
| <b>4c</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                               |     | X  |         |
| <b>4d</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 1000000 |
| <b>4e</b>                                                                                                                                                                                                                     | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |         |
| <b>4f</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                    |     | X  |         |
| <b>4g</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                          |     | X  |         |
| <b>4h</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |         |
| <b>4i</b>                                                                                                                                                                                                                     | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) ..... | X   |    |         |
| <b>4j</b>                                                                                                                                                                                                                     | X   |    |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     | X  |         |
| <b>4k</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            |     | X  |         |
| <b>4l</b>                                                                                                                                                                                                                     |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     |    |         |
| <b>4m</b>                                                                                                                                                                                                                     |     |    |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                      |     |    |         |
| <b>4n</b>                                                                                                                                                                                                                     |     |    |         |

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

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

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

**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)

|                         |                       |
|-------------------------|-----------------------|
| <b>6a</b> Name of trust | <b>6b</b> Trust's EIN |
|                         |                       |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

|                                                                                       |                                                                    |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN, INC.</u>     | <b>B</b> Three-digit plan number (PN) ▶<br><u>002</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>BRADKEN, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>30-2058772</u> |

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

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): <u>36-2085229</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> | <u>0</u> |

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

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

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

|                                                                                                                                                                                                                            |                                   |                                   |                               |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

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

|                                                                                                                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**HOURLY EMPLOYEES RETIREMENT PLAN OF  
BRADKEN-ATCHISON/ST. JOSEPH, INC.**

FINANCIAL STATEMENTS AND  
INDEPENDENT AUDITORS' REPORT  
DECEMBER 31, 2013 AND 2012



## **INDEPENDENT AUDITORS' REPORT**

The Plan Administrator and Participants of Hourly Employees Retirement Plan  
of Bradken-Atchison/St. Joseph, Inc.  
Atchison, Kansas

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

We were engaged to audit the accompanying financial statements of the Hourly Employees Retirement Plan of Bradken-Atchison/St. Joseph, Inc. (the "Plan"), which comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits and changes in accumulated plan benefits for the year ended December 31, 2013, and the related notes to the financial statements.

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

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

### **Auditors' Responsibility**

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

### **Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by BMO Harris Bank, N.A., 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 a certification from the trustee as of December 31, 2013 and 2012, and for the year ended December 31, 2013, that the information provided to the plan administrator by the trustee is complete and accurate.

### **Disclaimer of Opinion**

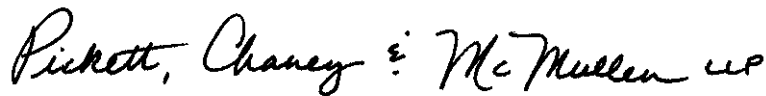
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

**Other Matter**

The supplemental Schedule of Assets as of December 31, 2013, and the supplemental Schedule of Reportable Transactions for the year ended December 31, 2013, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the 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 cursive script that reads "Rickett, Chaney & McMullen LLP".

Overland Park, Kansas  
October 9, 2014

# HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN-ATCHISON/ST. JOSEPH, INC.

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2013 AND 2012

|                                          | 2013                 | 2012                 |
|------------------------------------------|----------------------|----------------------|
| <b>ASSETS</b>                            |                      |                      |
| Investments, at fair value:              |                      |                      |
| Common stocks                            | \$ 16,793,862        | \$ 12,578,883        |
| Mutual fund                              | 1,042,032            | 882,928              |
| US Government obligations                | 101,707              | 566,703              |
| Corporate bonds                          |                      | 287,497              |
| Money market fund                        | <u>7,473,299</u>     | <u>5,947,908</u>     |
| Total investments                        | 25,410,900           | 20,263,919           |
| Accrued investment income                | 6,558                | 18,139               |
| Employer contributions receivable        | <u>390,097</u>       | <u>499,359</u>       |
| Total assets                             | 25,807,555           | 20,781,417           |
| <b>LIABILITIES</b>                       |                      |                      |
| Liability for unsettled trades           | 373,939              |                      |
| Accrued expenses                         | <u>34,585</u>        | <u>30,446</u>        |
| Total liabilities                        | <u>408,524</u>       | <u>30,446</u>        |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <u>\$ 25,399,031</u> | <u>\$ 20,750,971</u> |

See notes to financial statements.

**HOURLY EMPLOYEES RETIREMENT PLAN OF  
BRADKEN-ATCHISON/ST. JOSEPH, INC.**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
YEAR ENDED DECEMBER 31, 2013**

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**ADDITIONS TO NET ASSETS ATTRIBUTABLE TO:**

Investment income:

|                                               |                  |
|-----------------------------------------------|------------------|
| Interest and dividends                        | \$ 203,902       |
| Net appreciation in fair value of investments | <u>4,877,890</u> |
| Total investment income                       | 5,081,792        |

|                        |                  |
|------------------------|------------------|
| Employer contributions | <u>1,094,470</u> |
| Total additions        | 6,176,262        |

**DEDUCTIONS FROM NET ASSETS ATTRIBUTABLE TO:**

|                               |                  |
|-------------------------------|------------------|
| Benefits paid to participants | 1,395,171        |
| Administrative expenses       | <u>133,031</u>   |
| Total deductions              | <u>1,528,202</u> |

|                     |           |
|---------------------|-----------|
| <b>NET INCREASE</b> | 4,648,060 |
|---------------------|-----------|

**NET ASSETS AVAILABLE FOR BENEFITS:**

|                   |                             |
|-------------------|-----------------------------|
| Beginning of Year | <u>20,750,971</u>           |
| End of Year       | <u><u>\$ 25,399,031</u></u> |

See notes to financial statements.

# HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN-ATCHISON/ST. JOSEPH, INC.

## STATEMENTS OF ACCUMULATED PLAN BENEFITS DECEMBER 31, 2013 AND 2012

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|                                                            | 2013                        | 2012                        |
|------------------------------------------------------------|-----------------------------|-----------------------------|
| Actuarial present value of accumulated plan benefits:      |                             |                             |
| Vested benefits:                                           |                             |                             |
| Participants currently receiving payments                  | \$ 12,395,205               | \$ 11,883,112               |
| Other participants                                         | <u>10,878,460</u>           | <u>10,840,409</u>           |
| Total vested benefits                                      | 23,273,665                  | 22,723,521                  |
| Nonvested benefits                                         | <u>150,079</u>              | <u>163,940</u>              |
| Total actuarial present value of accumulated plan benefits | <u><u>\$ 23,423,744</u></u> | <u><u>\$ 22,887,461</u></u> |

See notes to financial statements.

**HOURLY EMPLOYEES RETIREMENT PLAN OF  
BRADKEN-ATCHISON/ST. JOSEPH, INC.**

**STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS  
YEAR ENDED DECEMBER 31, 2013**

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|                                                                             |                      |
|-----------------------------------------------------------------------------|----------------------|
| Actuarial present value of accumulated plan benefits,<br>Beginning of year: | \$ 22,887,461        |
| Increase (decrease) during the year attributable to:                        |                      |
| Benefits accumulated and gains (losses)                                     | 381,883              |
| Benefit payments                                                            | (1,395,171)          |
| Increase for interest due to decrease in the discount period                | <u>1,549,571</u>     |
| Net increase                                                                | <u>536,283</u>       |
| Actuarial present value of accumulated plan benefits,<br>End of year        | <u>\$ 23,423,744</u> |

See notes to financial statements.

# HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN-ATCHISON/ST. JOSEPH, INC.

## NOTES TO FINANCIAL STATEMENTS FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012

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### 1. DESCRIPTION OF THE PLAN

The following description of the Hourly Employees Retirement Plan of Bradken-Atchison/St. Joseph, Inc. (the "Plan") provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

**General** – Bradken-Atchison/St. Joseph, Inc. (the "Plan Sponsor" or "Company") is a wholly owned subsidiary of Bradken, Inc. The Plan is a noncontributory, defined benefit plan for certain hourly employees of the Plan Sponsor. As of May 10, 1993, the Plan was closed to new participants. The Plan is subject to the provision of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan Sponsor also acts as the plan administrator. BMO Harris Bank, N.A., serves as the trustee and custodian for the Plan, and Rice, Hall, James & Associates manages the Plan's investment assets.

**Pension Benefits** – The Plan provides for normal retirement benefits upon reaching age 65 and has provisions for early retirement and disability benefits. The Plan also provides for benefits upon meeting certain other preconditions. Benefits under the Plan are determined based upon years of credited service, as defined in the Plan, multiplied by a benefit unit. Benefits are payable in the form of a joint and survivor annuity, or other optional forms. Employees with five years of vesting service, as defined by the Plan, are entitled to pension benefits upon retirement. There is no partial vesting of benefits.

The Plan was amended February 18, 2005, so that the benefit of any employee who transfers to non-covered employment, as defined by the Plan, and who terminates on or after January 1, 2005, will be based on the benefit level in effect at their termination of employment. Previously, benefits were based on the benefit level in effect at the date of transfer to non-covered employment.

**Death and Disability Benefits** – Beneficiaries of participants who die before retirement may receive death benefits based upon the participant's status at death. Death benefits are payable in monthly installments. Active employees who become disabled may be entitled to disability benefits payable to age 65 reduced by any benefits paid under workers' compensation. Upon retirement at age 65, these benefits are redetermined based upon the formulas for normal retirement benefits.

**Expenses** – Administrative expenses incurred by the Plan are paid by the Plan Sponsor, while administrative expenses incurred in connection with transactions relating to acquisition or disposition of Plan investment, or related to the Trustee, are paid by the Plan.

**Termination of the Plan** – Although the Company has not expressed any intent to do so, it has the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in the Plan and under ERISA. In the event that the Plan should be terminated, all participants become 100% vested in benefits earned as of the termination date. In the event that the Plan should be 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 there under and the Plan document.

The Pension Benefit Guaranty Corporation ("PBGC") insures certain benefits under the Plan if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain 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 statutory ceiling on the amount of an individual's monthly benefit.

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

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Accounting** – The accompanying financial statements have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

**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, liabilities and changes therein, and disclosures of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

**Investment Valuation and Income Recognition** – The Plan's investments are stated 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. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

**Funding Policy** – The Sponsor's funding policy is to contribute a determined amount to the Plan in order to maintain the Plan on a sound actuarial basis and meet the minimum funding regulations. The amount of such contributions is limited to the amount that is deductible for federal tax purposes under Section 404 of the Internal Revenue Code (the "IRC"). Contributions totaled \$1,094,470 in 2013. The Company's contributions for 2013 met the minimum funding requirements of ERISA.

**Payment of Benefits** – Benefit payments are reported in the year paid.

**Actuarial Present Value of Accumulated Plan Benefits** – Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Accumulated benefits under all circumstances (retirement, death, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by a consulting actuary, The Cottonwood Group, and is that amount that 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, withdrawal, or retirement) between the valuation date and the expected date of payment.

The actuarial assumptions below are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors would be applicable in determining the actuarial present value of accumulated plan benefits. In particular, in the event of a plan termination, the use of a discount rate reflecting current settlement rates would have the effect of increasing the present value of accumulated plan benefits.

The more significant assumptions underlying the most recent actuarial computations are as follows:

|                                                        |                                        |
|--------------------------------------------------------|----------------------------------------|
| Assumed rate of return on investment and discount rate | 7.0% per annum, compounded annually    |
| Mortality basis                                        | <i>IRS 2013 Static Mortality Table</i> |
| Normal retirement age                                  | 65                                     |

***Date of Management's Review*** – Subsequent events have been evaluated through October 9, 2014, which is the date the financial statements were available to be issued, and there were no material events requiring recognition or disclosure.

### 3. FAIR VALUE MEASUREMENTS

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

Level 1 – Inputs consist of unadjusted quoted prices for identical assets in active markets that the plan has the ability to access.

Level 2 – Inputs consist of 1) quoted prices for similar assets in active markets, 2) quoted prices for identical or similar assets in inactive markets, 3) inputs other than quoted prices that are observable, and 4) inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset has a specified (contractual) term, the level 2 input must be observable for substantially the full term.

Level 3 – Inputs consist of unobservable inputs where there is little or no market activity, and the reporting entity makes estimates and assumptions related to the pricing of the asset including assumptions regarding risk.

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012:

Common stocks, mutual fund and money market fund – Valued at the closing price or the net asset value (NAV) of shares held by the plan at year end based on published quoted prices.

US Government obligations and corporate bonds – Valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar securities, the security is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields on similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. The Plan's investments are reported at fair value as follows at December 31, 2013 and 2012:

|                           |                      | Fair Value<br>Measurements Using: |                   |             |
|---------------------------|----------------------|-----------------------------------|-------------------|-------------|
|                           | Fair Value           | Level 1                           | Level 2           | Level 3     |
| December 31, 2013:        |                      |                                   |                   |             |
| Common stocks:            |                      |                                   |                   |             |
| Consumer discretionary    | \$ 2,965,737         | \$ 2,965,737                      |                   |             |
| Consumer staples          | 273,421              | 273,421                           |                   |             |
| Energy                    | 1,470,021            | 1,470,021                         |                   |             |
| Financials                | 1,434,138            | 1,434,138                         |                   |             |
| Health care               | 2,076,482            | 2,076,482                         |                   |             |
| Industrials               | 2,817,940            | 2,817,940                         |                   |             |
| Information technology    | 4,555,876            | 4,555,876                         |                   |             |
| Materials                 | 279,450              | 279,450                           |                   |             |
| Utilities                 | 920,797              | 920,797                           |                   |             |
| Mutual fund - Small Cap   | 1,042,032            | 1,042,032                         |                   |             |
| US Government obligations | 101,707              |                                   | \$ 101,707        |             |
| Money market fund         | 7,473,299            | 7,473,299                         |                   |             |
|                           | <u>\$ 25,410,900</u> | <u>\$ 25,309,193</u>              | <u>\$ 101,707</u> | <u>\$ -</u> |
| December 31, 2012:        |                      |                                   |                   |             |
| Common stocks:            |                      |                                   |                   |             |
| Consumer discretionary    | \$ 2,772,538         | \$ 2,772,538                      |                   |             |
| Consumer staples          | 428,401              | 428,401                           |                   |             |
| Energy                    | 1,060,739            | 1,060,739                         |                   |             |
| Financials                | 274,577              | 274,577                           |                   |             |
| Health care               | 2,027,607            | 2,027,607                         |                   |             |
| Industrials               | 2,461,982            | 2,461,982                         |                   |             |
| Information technology    | 1,591,923            | 1,591,923                         |                   |             |
| Materials                 | 1,053,001            | 1,053,001                         |                   |             |
| Utilities                 | 908,115              | 908,115                           |                   |             |
| Mutual fund - Small Cap   | 882,928              | 882,928                           |                   |             |
| US Government obligations | 566,703              |                                   | \$ 566,703        |             |
| Corporate bonds           | 287,497              |                                   | 287,497           |             |
| Money market fund         | 5,947,908            | 5,947,908                         |                   |             |
|                           | <u>\$ 20,263,919</u> | <u>\$ 19,409,719</u>              | <u>\$ 854,200</u> | <u>\$ -</u> |

#### 4. INVESTMENTS

The following represents fair value of investments that represent 5% or more of net assets available for plan benefits at December 31:

|                        | 2013         | 2012         |
|------------------------|--------------|--------------|
| BMO Prime Money Market | \$ 7,473,299 | \$ 5,947,908 |

The plan's investments (including investments purchased, sold, as well as held during the year) appreciated (depreciated) in value for the year ended December 31, 2013, as follows:

|                           |                     |
|---------------------------|---------------------|
| Common stocks             | \$ 4,533,639        |
| US Government obligations | (14,996)            |
| Corporate bonds           | (6,497)             |
| Mutual fund               | <u>365,744</u>      |
|                           | <u>\$ 4,877,890</u> |

#### 5. INFORMATION CERTIFIED BY THE TRUSTEE

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, BMO Harris Bank, N.A., the trustee of the Plan, has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate with respect to investments as of December 31, 2013 and 2012, and for the year ended December 31, 2013:

- Investments, at fair value
- Accrued investment income
- Net appreciation in fair value of investments
- Interest and dividends
- Schedule of Assets (Held at End of Year)
- Schedule of Reportable Transactions

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

#### 6. TAX STATUS

The Plan has received a determination letter dated January 9, 2014, in which the Internal Revenue Service ("IRS") stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The plan administrator believes the Plan is designed and operating in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in these financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Company has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. 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 recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however,

there are currently no IRS audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

**7. EXEMPT PARTY-IN-INTEREST TRANSACTIONS**

Certain Plan investments are shares of a money market fund managed by BMO Financial Group. BMO Harris Bank, N.A., is the trustee as defined by the Plan and part of the BMO Financial Group, therefore, these transactions qualify as party-in-interest.

Certain Plan investments are shares of a mutual fund managed by Rice, Hall, James & Associates. Rice, Hall, James & Associates is the investment adviser to the Plan, and therefore, these transactions qualify as party-in-interest.

**8. RISKS AND UNCERTAINTIES**

The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility due to the level of risk associated with certain investment securities. It is 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 financial statements.

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

\* \* \* \* \*

# HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN-ATCHISON/ST. JOSEPH, INC.

FORM 5500, SCHEDULE H, PART IV, LINE 4i  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
AS OF DECEMBER 31, 2013 – SEE FORM 5500

EIN: 30-2058772    PLAN NUMBER: 002

| (a)                                                     | (b)                                                                                                          | (c)        | (d)        | (e) |
|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|------------|-----|
| Identity of Issue, Borrower,<br>Lessor or Similar Party | Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | Cost       | Fair Value |     |
| The ADT Corporation                                     | Common stock                                                                                                 | \$ 643,620 | \$ 624,857 |     |
| Air Prods & Chems Inc                                   | Common stock                                                                                                 | 211,096    | 279,450    |     |
| Allison Transmission Hldgs Inc                          | Common stock                                                                                                 | 457,791    | 462,744    |     |
| Ascena Retail Group Inc                                 | Common stock                                                                                                 | 445,390    | 442,879    |     |
| Bard C R Inc                                            | Common stock                                                                                                 | 225,432    | 372,353    |     |
| Bruker Corp                                             | Common stock                                                                                                 | 268,369    | 425,450    |     |
| Cameco Corp                                             | Common stock                                                                                                 | 390,062    | 388,191    |     |
| Carefusion Corp                                         | Common stock                                                                                                 | 165,052    | 268,387    |     |
| Catamaran Corp                                          | Common stock                                                                                                 | 445,484    | 442,346    |     |
| CBRE Group, Inc.                                        | Common stock                                                                                                 | 463,338    | 459,461    |     |
| Cintas Corp                                             | Common stock                                                                                                 | 184,361    | 367,074    |     |
| Comerica Inc                                            | Common stock                                                                                                 | 350,348    | 430,237    |     |
| Flir Sys Inc                                            | Common stock                                                                                                 | 411,859    | 481,299    |     |
| Factset Resh Sys Inc                                    | Common stock                                                                                                 | 295,754    | 342,027    |     |
| First Rep Bk San Fran Cali New                          | Common stock                                                                                                 | 408,061    | 544,440    |     |
| Flowers Foods Inc                                       | Common stock                                                                                                 | 168,871    | 273,420    |     |
| GNC Hldgs Inc                                           | Common stock                                                                                                 | 244,906    | 347,193    |     |
| Genesco Inc                                             | Common stock                                                                                                 | 250,402    | 322,195    |     |
| Harman Intl Inds Inc                                    | Common stock                                                                                                 | 160,290    | 302,026    |     |
| Hasbro Inc                                              | Common stock                                                                                                 | 212,032    | 311,907    |     |
| ITC Hldgs Corp                                          | Common stock                                                                                                 | 376,890    | 527,010    |     |
| Jacobs Engr Group Inc                                   | Common stock                                                                                                 | 283,055    | 387,389    |     |
| Kansas City Southern                                    | Common stock                                                                                                 | 132,676    | 468,077    |     |
| Kohls Corp                                              | Common stock                                                                                                 | 293,271    | 361,498    |     |
| Linear Technology Corp                                  | Common stock                                                                                                 | 391,511    | 471,898    |     |
| Micros Sys Inc                                          | Common stock                                                                                                 | 360,812    | 454,370    |     |
| Microchip Technology Inc                                | Common stock                                                                                                 | 547,384    | 724,055    |     |
| National Instrs Corp                                    | Common stock                                                                                                 | 269,848    | 432,270    |     |
| Nordstrom Inc                                           | Common stock                                                                                                 | 339,045    | 415,296    |     |
| Nvidia Corp                                             | Common stock                                                                                                 | 420,039    | 454,968    |     |
| Ritchie Bros. Auctioneers                               | Common stock                                                                                                 | 401,166    | 473,963    |     |
| Salix Pharmaceuticals Ltd                               | Common stock                                                                                                 | 306,599    | 536,942    |     |
| Superior Energy Svcs Inc                                | Common stock                                                                                                 | 348,242    | 414,052    |     |
| Techne Corp                                             | Common stock                                                                                                 | 395,320    | 473,350    |     |
| Tidewater Inc                                           | Common stock                                                                                                 | 207,938    | 291,608    |     |
| Trimble Nav Ltd                                         | Common stock                                                                                                 | 587,428    | 752,643    |     |
| Whiting Pete Corp                                       | Common stock                                                                                                 | 286,626    | 376,170    |     |
| Norwegian Cruise Line Hldgs                             | Common stock                                                                                                 | 441,559    | 496,580    |     |
| Pentair Ltd Shs                                         | Common stock                                                                                                 | 162,884    | 393,787    |     |
| Total common stocks                                     |                                                                                                              | 12,954,811 | 16,793,862 |     |

(CONTINUED)

# HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN-ATCHISON/ST. JOSEPH, INC.

FORM 5500, SCHEDULE H, PART IV, LINE 4i  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
AS OF DECEMBER 31, 2013 – SEE FORM 5500

EIN: 30-2058772    PLAN NUMBER: 002

| (a) | (b)                                                     | (c)                                                                                                          | (d)                  | (e)                  |
|-----|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------|----------------------|
|     | Identity of Issue, Borrower,<br>Lessor or Similar Party | Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | Cost                 | Fair Value           |
| *   | Rice, Hall James Micro Cap Portfolio                    | Mutual Fund                                                                                                  | \$ 589,542           | \$ 1,042,032         |
| *   | BMO Prime Money Market                                  | Money market fund                                                                                            | 7,473,299            | 7,473,299            |
|     | US Treasury Note                                        | 4.75% due 5/15/14 dtd 5/15/04                                                                                | <u>99,383</u>        | <u>101,707</u>       |
|     | Total government securities                             |                                                                                                              | <u>99,383</u>        | <u>101,707</u>       |
|     | Total investments                                       |                                                                                                              | <u>\$ 21,117,035</u> | <u>\$ 25,410,900</u> |

(CONCLUDED)

\* Represents a party-in-interest.

# HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN-ATCHISON/ST. JOSEPH, INC.

FORM 5500, SCHEDULE H, PART IV, LINE 4j  
SCHEDULE OF REPORTABLE TRANSACTIONS – YEAR ENDED DECEMBER 31, 2013  
SEE FORM 5500

EIN: 30-2058772    PLAN NUMBER: 002

| (a)                           | (b)                     | (c)               | (d)              | (f)                                     | (g)              | (h)                                                 | (i)                      |
|-------------------------------|-------------------------|-------------------|------------------|-----------------------------------------|------------------|-----------------------------------------------------|--------------------------|
| Identity of<br>Party Involved | Description<br>of Asset | Purchase<br>Price | Selling<br>Price | Expense<br>Incurred with<br>Transaction | Cost of<br>Asset | Current Value<br>of Asset on<br>Transaction<br>Date | Net<br>Gain or<br>(Loss) |
| Single Transactions:          |                         |                   |                  |                                         |                  |                                                     |                          |
| None                          |                         |                   |                  |                                         |                  |                                                     |                          |
| Series Transactions:          |                         |                   |                  |                                         |                  |                                                     |                          |
| BMO Prime Money Market        | Money market fund       |                   |                  |                                         |                  |                                                     |                          |
|                               | Purchases               | \$ 10,552,697     |                  |                                         | \$ 10,552,697    | \$ 10,552,697                                       |                          |
|                               | Sales                   |                   | \$ 9,027,305     |                                         | 9,027,305        | 9,027,305                                           | \$ -                     |

**ATTACHMENT TO 2013 SCHEDULE SB (FORM 5500) – LINE 22**

Name of Plan: **Hourly Employees Retirement Plan of  
Bradken-Atchison/St. Joseph, Inc.**  
EIN: **30-2058772**  
Plan Number: **002**

| Age | Retirement<br>Rate | Weight | Age x<br>Weight |
|-----|--------------------|--------|-----------------|
| 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  | 2%                 | 1.81%  | 1.0847          |
| 61  | 15%                | 13.29% | 8.1055          |
| 62  | 25%                | 18.82% | 11.6710         |
| 63  | 20%                | 11.29% | 7.1155          |
| 64  | 60%                | 27.11% | 17.3483         |
| 65  | 100%               | 18.07% | <u>11.7463</u>  |

Weighted Average  
Retirement Age 62.5439  
  
Rounded to Nearest Integer 63.0000

## Actuarial Assumptions and Methods

---

### Actuarial Assumptions

a. Economic Assumptions

- |       |                             |                                                                                                                                                                                                                                                                                       |
|-------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (i)   | Interest Rates              |                                                                                                                                                                                                                                                                                       |
|       | • Funding Rate              | September 2012 Segment Rates (1.75%, 4.62%, 5.72%), but not less than MAP-21 Segment Rates for 2013 (based on 85% of 25-year averages = 4.94%, 6.15%, 6.76%), effective rate of 6.28% for 2013. September 2011 Segment Rates (2.06%, 5.25%, 6.32%), effective rate of 5.47% for 2012. |
|       | • Discount Rate for ASC 960 | 7.00% for 2013 and 2012                                                                                                                                                                                                                                                               |
| (ii)  | Salary Increases            | N/A                                                                                                                                                                                                                                                                                   |
| (iii) | Administrative Expenses     | \$20,000 per year.                                                                                                                                                                                                                                                                    |
| (iv)  | Maximum Benefit             |                                                                                                                                                                                                                                                                                       |
|       | • Funding and ASC 960       | \$205,000 for current and future years.                                                                                                                                                                                                                                               |
| (v)   | Maximum Earnings            |                                                                                                                                                                                                                                                                                       |
|       | • Funding and ASC 960       | \$255,000 for current and future years.                                                                                                                                                                                                                                               |

## Actuarial Assumptions and Methods

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### b. Demographic Assumptions

- | (i) Mortality                  | For 2013 funding purposes, the 2013 Static Mortality Table. For 2012 funding purposes, the 2012 Static Mortality Table. For ASC 960, same as for funding purposes. For both Funding and ASC 960, mortality for participants disabled after 1994 based on Rev. Ruling 96-7 post-1994 Disabled Mortality Table.                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |             |       |    |    |     |    |     |    |     |    |     |    |      |
|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------|-------|----|----|-----|----|-----|----|-----|----|-----|----|------|
| (ii) Termination of Employment | See sample rates.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |             |       |    |    |     |    |     |    |     |    |     |    |      |
| (iii) Disability               | See sample rates.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |             |       |    |    |     |    |     |    |     |    |     |    |      |
| (iv) Retirement                | Rates varying by age: <table border="0" style="margin-left: auto; margin-right: auto;"><thead><tr><th style="text-align: center;"><u>Age</u></th><th style="text-align: center;"><u>Rate</u></th></tr></thead><tbody><tr><td style="text-align: center;">55-60</td><td style="text-align: center;">2%</td></tr><tr><td style="text-align: center;">61</td><td style="text-align: center;">15%</td></tr><tr><td style="text-align: center;">62</td><td style="text-align: center;">25%</td></tr><tr><td style="text-align: center;">63</td><td style="text-align: center;">20%</td></tr><tr><td style="text-align: center;">64</td><td style="text-align: center;">60%</td></tr><tr><td style="text-align: center;">65</td><td style="text-align: center;">100%</td></tr></tbody></table> | <u>Age</u> | <u>Rate</u> | 55-60 | 2% | 61 | 15% | 62 | 25% | 63 | 20% | 64 | 60% | 65 | 100% |
| <u>Age</u>                     | <u>Rate</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |             |       |    |    |     |    |     |    |     |    |     |    |      |
| 55-60                          | 2%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |             |       |    |    |     |    |     |    |     |    |     |    |      |
| 61                             | 15%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |             |       |    |    |     |    |     |    |     |    |     |    |      |
| 62                             | 25%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |             |       |    |    |     |    |     |    |     |    |     |    |      |
| 63                             | 20%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |             |       |    |    |     |    |     |    |     |    |     |    |      |
| 64                             | 60%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |             |       |    |    |     |    |     |    |     |    |     |    |      |
| 65                             | 100%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |             |       |    |    |     |    |     |    |     |    |     |    |      |
| (v) Marital Status             | For valuing death benefits, 90% of Participants are assumed to be married with males 3 years older than their female spouses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |             |       |    |    |     |    |     |    |     |    |     |    |      |

## Actuarial Assumptions and Methods

(vi) Sample Rates

| Age | Mortality Rates  |        |                    |        |
|-----|------------------|--------|--------------------|--------|
|     | Pre-Commencement |        | After Commencement |        |
|     | Male             | Female | Male               | Female |
| 20  | 0.02%            | 0.01%  | 0.02%              | 0.01%  |
| 25  | 0.03%            | 0.01%  | 0.03%              | 0.01%  |
| 30  | 0.04%            | 0.02%  | 0.04%              | 0.02%  |
| 40  | 0.09%            | 0.05%  | 0.09%              | 0.05%  |
| 50  | 0.13%            | 0.10%  | 0.37%              | 0.17%  |
| 55  | 0.18%            | 0.20%  | 0.40%              | 0.30%  |
| 60  | 0.31%            | 0.34%  | 0.59%              | 0.56%  |
| 70  | 0.65%            | 0.66%  | 1.64%              | 1.51%  |
| 80  | 5.26%            | 3.99%  | 5.26%              | 3.99%  |

| Age | Termination Rates |        | Disablement |        |
|-----|-------------------|--------|-------------|--------|
|     | Male              | Female | Male        | Female |
| 25  | 13.0%             | 13.0%  | .12%        | .18%   |
| 30  | 8.5%              | 8.5%   | .12%        | .18%   |
| 35  | 6.0%              | 6.0%   | .13%        | .19%   |
| 40  | 6.0%              | 6.0%   | .15%        | .22%   |
| 45  | 5.0%              | 5.0%   | .20%        | .30%   |
| 50  | 4.0%              | 4.0%   | .36%        | .54%   |
| 55  | 0.0%              | 0.0%   | .68%        | 1.02%  |
| 60  | 0.0%              | 0.0%   | 1.38%       | 2.07%  |

c. Change in Actuarial Assumptions

All actuarial assumptions used in this valuation are the same as those used in the prior valuation, except for the required changes in the PPA funding interest rates (including the MAP-21 average segment rates) and mortality table.

## Actuarial Assumptions and Methods

---

### Actuarial Methods

#### a. Funding Method

The actuarial cost method is the Unit Credit cost method.

On the initial valuation date, the benefit accrued to date and the anticipated benefit accrual during the plan year immediately following the initial valuation date are determined for each participant.

The present values of these benefit are then calculated. The sum of the present values of all benefits accruing during the plan year immediately following the valuation date is the normal cost for the initial plan year. The sum of the present values of all benefits accrued prior to the valuation date, less the plan assets, is the initial unfunded actuarial accrued liability.

In subsequent years, the normal cost and unfunded actuarial accrued liability are recalculated on the basis described above. Experience gains and losses (changes in the unfunded actuarial accrued liability which result from causes other than contributions by the plan sponsor and the accrual of interest and additional normal costs) are directly calculated under this cost method. Adjustments to the unfunded actuarial accrued liability can occur, for example, as a result of plan amendments or assumption changes; such adjustments are determined by computing the change in the initial unfunded actuarial accrued liability.

#### b. Asset Valuation Method

For funding purposes, the actuarial value of assets is defined as the smoothed market value of assets. The smoothed market value will be the market value of assets adjusted by the applicable percentage of the gain or loss calculated in each year during the smoothing period. The gain or loss is the difference between the current year's market value and prior year's market value brought forward with contributions, benefit payments, and administrative expenses, all adjusted for interest to the valuation date. The applicable percentage is 66-2/3% for the year preceding the valuation date and 33-1/3% for the second year preceding of the valuation date. The actuarial value of assets will be adjusted to be no greater than 110% and no less than 90% of the current (market) value of assets. For funding purposes, accrued contributions and expenses are included in the market value.

For pension expense purposes, the actuarial value of assets is defined as the market value of Plan assets.

#### c. Valuation Procedures

No actuarial liability is accrued for non-vested terminated employees, even if a break in service had not occurred as of the actuarial valuation date. An actuarial liability is accrued for all other terminated employees, even if a claim for benefits has not been made.

## Summary of Plan Provisions

---

1. **Effective Date**

The Plan was effective January 1, 1969. The plan was adopted by Bradken-Atchison/St. Joseph, Inc. (the "Company"), effective December 23, 2003. The most recent plan amendment reflected in this valuation was adopted on November 6, 2012.

2. **Plan Year**

The Plan Year is the calendar year.

3. **Eligibility**

All hourly employees of the Company employed at the Atchison, Kansas plant prior to May 10, 1993, except nonresident aliens receiving no earned income from the company.

4. **Retirement Date**

The Normal Retirement Date is the first day of the calendar month coincident with or immediately following the participant's 65th birthday. Early Retirement may be elected after attaining age 55 and the completion of 5 years of Vesting Service.

5. **Credited Service**

One year of Credited Service is earned in each calendar year in which a participant completes 1,000 hours of service. If a participant works less than 1,000 hours, one-twelfth of a year of Credited Service is earned for each 84 hours of service, rounded to the nearest twelfth.

6. **Vesting Service**

One year of Vesting Service is earned in each calendar year in which a participant completes 1,000 hours of service. If a participant works less than 1,000 hours, one twelfth of a year of Vesting Service is earned for each 84 hours of service, rounded to the nearest twelfth.

## Summary of Plan Provisions

---

### 7. **Normal Retirement Benefit**

A monthly benefit payable for life at Normal Retirement Date, equal to the participant's years of Credited Service multiplied by the benefit rate in effect when the participant terminates employment. Recent and future benefit rates are:

|                    |         |
|--------------------|---------|
| Effective 05/12/03 | \$20.00 |
| Effective 05/12/04 | 21.00   |
| Effective 07/01/06 | 21.50   |
| Effective 07/01/08 | 22.00   |
| Effective 11/21/08 | 22.75   |
| Effective 02/01/10 | 23.25   |
| Effective 02/01/11 | 23.75   |
| Effective 02/01/12 | 24.25   |
| Effective 02/01/14 | 24.75   |

### 8. **Accrued Benefit**

The annual Accrued Benefit shall be determined at any time using the Normal Retirement Benefit formula. Credited Service shall be computed at the date of determination.

### 9. **Early Retirement Benefit**

The Accrued Benefit, unreduced if the employee has attained age 62 prior to termination of employment; otherwise, the Accrued Benefit is reduced by:

- (a) 6.0% for each of the first 5 years that benefit commencement precedes Normal Retirement Date, plus
- (b) 4.0% for each of the next 5 years early.

### 10. **Normal Form of Benefits**

If a participant is married for at least 12 months on the date his retirement benefits are to commence, the retirement benefits will be paid in the form of a 50% joint-and-survivor pension. Such benefits are the actuarial equivalent of the benefits which would have been payable on the life only basis. If a participant is not married or has been married less than 12 months at the date his retirement benefits are to commence, the benefits will be paid on the basis of a life only benefit.

### 11. **Optional Forms of Payment**

- (a) Life annuity
- (b) Joint and survivor annuities (50%, 75%, 100%).

## Summary of Plan Provisions

---

### 12. Death Benefits

If a participant dies after eligibility for Early Retirement, the surviving spouse will receive a monthly benefit equal to 50% of the amount that would have been payable if the participant had elected Early Retirement on the day preceding his death and began receiving benefits under a 50% qualified joint-and-survivor annuity.

If a participant dies before eligibility for Early Retirement, but after becoming vested, the surviving spouse shall be entitled to a benefit beginning at the time the participant would have been eligible for Early Retirement. The benefit shall be equal to 50% of the benefit determined as if the participant had terminated employment just prior to death, survived to Early Retirement, and retired with a 50% qualified joint-and-survivor annuity.

### 13. Termination of Employment

The Accrued Benefit vests according to the following schedule:

| <u>Years of Vesting Service</u> | <u>Vesting Percentage</u> |
|---------------------------------|---------------------------|
| Less than 5                     | 0%                        |
| 5 or More                       | 100%                      |

The benefit paid is the Accrued Benefit, with early-retirement reduction if applicable (as described above), except that the unreduced-at-62 provision does not apply.

### 14. Disability Benefits

If a participant becomes totally disabled (eligible for Social Security disability benefits) after attaining age 45 and having at least 15 years of Vesting Service, the benefit payable is the participant's Accrued Benefit, without reduction for Early Retirement. Prior to age 65, the benefit is reduced by Workers' Compensation and other employer-paid disability benefits.

### 15. Cost of Plan

The entire cost of the Plan is paid by the employer.

Attachment to 2013 Schedule SB (Form 5500) – Line 26  
Hourly Employees Retirement Plan of Bradken-Atchison/St. Joseph, Inc.  
EIN/PN: 30-2058772/002

Schedule of Active Participant Data

|          |          | Years of credited service: |               |               |                 |                 |                 |                 |                 |                 |                    | Total    |
|----------|----------|----------------------------|---------------|---------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|--------------------|----------|
|          |          | <u>Under 1</u>             | <u>1 to 4</u> | <u>5 to 9</u> | <u>10 to 14</u> | <u>15 to 19</u> | <u>20 to 24</u> | <u>25 to 29</u> | <u>30 to 34</u> | <u>35 to 39</u> | <u>40 &amp; up</u> |          |
| Attained |          |                            |               |               |                 |                 |                 |                 |                 |                 |                    |          |
| Age      | No.      | No.                        | No.           | No.           | No.             | No.             | No.             | No.             | No.             | No.             | No.                | No.      |
| Under 25 | 0        | 0                          | 0             | 0             | 0               | 0               | 0               | 0               | 0               | 0               | 0                  | 0        |
| 25 to 29 | 0        | 0                          | 0             | 0             | 0               | 0               | 0               | 0               | 0               | 0               | 0                  | 0        |
| 30 to 34 | 0        | 0                          | 0             | 0             | 0               | 0               | 0               | 0               | 0               | 0               | 0                  | 0        |
| 35 to 39 | 0        | 0                          | 0             | 0             | 0               | 0               | 1               | 0               | 0               | 0               | 0                  | 1        |
| 40 to 44 | 0        | 0                          | 0             | 0             | 0               | 0               | 6               | 0               | 0               | 0               | 0                  | 6        |
| 45 to 49 | 0        | 0                          | 0             | 0             | 0               | 2               | 5               | 9               | 0               | 0               | 0                  | 16       |
| 50 to 54 | 0        | 0                          | 0             | 0             | 0               | 1               | 11              | 10              | 10              | 1               | 0                  | 33       |
| 55 to 59 | 0        | 0                          | 0             | 0             | 0               | 1               | 4               | 1               | 4               | 23              | 2                  | 35       |
| 60 to 64 | 0        | 0                          | 0             | 0             | 0               | 0               | 0               | 2               | 7               | 12              | 8                  | 29       |
| 65 to 69 | 0        | 0                          | 0             | 0             | 0               | 0               | 0               | 1               | 0               | 0               | 2                  | 3        |
| 70 & up  | <u>0</u> | <u>0</u>                   | <u>0</u>      | <u>0</u>      | <u>0</u>        | <u>0</u>        | <u>0</u>        | <u>0</u>        | <u>0</u>        | <u>1</u>        | <u>0</u>           | <u>1</u> |
| Total    | 0        | 0                          | 0             | 0             | 0               | 4               | 27              | 23              | 21              | 37              | 12                 | 124      |

**ATTACHMENT TO 2013 SCHEDULE SB (FORM 5500) - LINE 32****Schedule of Amortization Bases**

Valuation Date: 1/1/2013  
Client: Hourly Employees Retirement Plan of Bradken-Atchison/St. Joseph, Inc.  
EIN: 30-2058772  
PN: 002

| <u>Type of Base</u> | <u>Initial Information</u>       |                               |                                | <u>Remaining<br/>Period</u> | <u>Outstanding<br/>Balance</u> | <u>Annual<br/>Payment<br/>This Year</u> |
|---------------------|----------------------------------|-------------------------------|--------------------------------|-----------------------------|--------------------------------|-----------------------------------------|
|                     | <u>Plan Year<br/>Established</u> | <u>Amount to<br/>Amortize</u> | <u>Amortization<br/>Period</u> |                             |                                |                                         |
| Shortfall           | 1/1/2009                         | 862,224                       | 7                              | 3                           | 437,735                        | 153,001                                 |
| Shortfall           | 1/1/2010                         | 1,680,720                     | 7                              | 4                           | 1,053,995                      | 282,852                                 |
| Shortfall           | 1/1/2011                         | 3,418,666                     | 7                              | 5                           | 2,559,748                      | 562,471                                 |
| Shortfall           | 1/1/2012                         | 633,705                       | 7                              | 6                           | 531,380                        | 100,395                                 |
| Shortfall           | 1/1/2013                         | (1,740,964)                   | 7                              | 7                           | <u>(1,740,964)</u>             | <u>(290,553)</u>                        |
| Total               |                                  |                               |                                |                             | 2,841,894                      | 808,166                                 |

Attachment to 2013 Schedule H (Form 5500) – Line 3

Financial Statements used in Formulating the IQPA's Opinion

Hourly Employees Retirement Plan of Bradken, Inc.

ER ID#: 30-2058772

PLAN #: 002

These statements are included in the accountant's opinion that is attached for Part III of Schedule H.

Attachment to 2013 Schedule H (Form 5500) – Line 4(i)

Schedule of Assets (Held at End of Year)

Schedule of Assets (Acquired and Disposed of Within Year)

Hourly Employees Retirement Plan of Bradken, Inc.

ER ID#: 30-2058772

PLAN #: 002

These schedules, if applicable, are included in the accountant's opinion that is attached for Part III of Schedule H.

Attachment to 2013 Schedule H (Form 5500) – Line 4(i)

Schedule of Assets (Held at End of Year)

Schedule of Assets (Acquired and Disposed of Within Year)

Hourly Employees Retirement Plan of Bradken, Inc.

ER ID#: 30-2058772

PLAN #: 002

These schedules, if applicable, are included in the accountant's opinion that is attached for Part III of Schedule H.

Attachment to 2013 Schedule H (Form 5500) – Line 4(j)

Schedule of Reportable Transactions

Hourly Employees Retirement Plan of Bradken, Inc.

ER ID#: 30-2058772

PLAN #: 002

This schedule is included in the accountant's opinion that is attached for Part III of Schedule H.

**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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><br>Hourly Employees Retirement Plan of Bradken, Inc.                                                            | <b>B</b> Three-digit plan number (PN) ►<br><br>002                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>Bradken, Inc.                                             | <b>D</b> Employer Identification Number (EIN)<br><br>30-2058772                                                                                         |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

**Part I Basic Information**

|                                                                                                                                                                                                                 |              |            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------|
| <b>1</b> Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2013</u>                                                                                                                                 |              |            |
| <b>2</b> Assets:                                                                                                                                                                                                |              |            |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b>    | 20,743,209 |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b>    | 21,773,113 |
| <b>3</b> Funding target/participant count breakdown:                                                                                                                                                            |              |            |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | <b>3a</b>    | 282        |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | <b>3b</b>    | 248        |
| <b>c</b> For active participants:                                                                                                                                                                               |              |            |
| (1) Non-vested benefits .....                                                                                                                                                                                   | <b>3c(1)</b> | 143,127    |
| (2) Vested benefits .....                                                                                                                                                                                       | <b>3c(2)</b> | 7,892,945  |
| (3) Total active .....                                                                                                                                                                                          | <b>3c(3)</b> | 124        |
| <b>d</b> Total .....                                                                                                                                                                                            | <b>3d</b>    | 654        |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....                                                                                                                   |              |            |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>    |            |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>    |            |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b>     | 6.28 %     |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b>     | 235,350    |

**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**

Signature of actuary

Daniel P. Nichols, F.S.A.

Type or print name of actuary

The Cottonwood Group

Firm name

6900 College Blvd., Suite 300

Overland Park

KS 66211

Address of the firm

09/22/2014

Date

14-03073

Most recent enrollment number

(913) 906-4231

Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2013  
v. 130118

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                            | (a) Carryover balance | (b) Prefunding balance |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                   | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                      | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>3.03</u> % .....                                                       |                       |                        |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                             |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                            |                       | 78                     |
| <b>b</b> Interest on (a) using prior year's effective interest rate of <u>5.47</u> % except as otherwise provided (see instructions) ..... |                       | 4                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                              |                       | 82                     |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                            |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                          | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                               | 0                     | 0                      |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 88.45 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 88.45 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 78.47 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %       |

**Part IV Contributions and Liquidity Shortfalls**

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

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 04/11/2013               | 300,000                           |                                 |                          |                                   |                                 |
| 07/12/2013               | 169,582                           |                                 |                          |                                   |                                 |
| 10/15/2013               | 234,791                           |                                 |                          |                                   |                                 |
| 01/14/2014               | 234,791                           |                                 |                          |                                   |                                 |
| 09/12/2014               | 155,306                           |                                 |                          |                                   |                                 |
|                          |                                   |                                 | <b>Totals ►</b>          | <b>18(b)</b>                      | <b>18(c)</b>                    |
|                          |                                   |                                 |                          | 1,094,470                         | 0                               |

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

|                                                                                                                         |            |           |
|-------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0         |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0         |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 1,043,586 |

**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 |
| 0                                                          | 0       | 0       | 0       |

**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**

4

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

63

**23** Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... ☒ Yes ☐ No**27** If the plan is 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** 235,350**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment.....**b** Waiver amortization installment .....**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount .....**33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .. **34** 1,043,516

|                                                                       | Carryover balance | Prefunding balance | Total balance |
|-----------------------------------------------------------------------|-------------------|--------------------|---------------|
| <b>35</b> Balances elected for use to offset funding requirement..... | 0                 | 0                  | 0             |

**36** Additional cash requirement (line 34 minus line 35)..... **36** 1,043,516**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 1,043,586**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 70**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**

**ATTACHMENT TO 2013 SCHEDULE SB (FORM 5500) – LINE 22**

Name of Plan: **Hourly Employees Retirement Plan of  
Bradken-Atchison/St. Joseph, Inc.**  
EIN: **30-2058772**  
Plan Number: **002**

| Age | Retirement<br>Rate | Weight | Age x<br>Weight |
|-----|--------------------|--------|-----------------|
| 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  | 2%                 | 1.81%  | 1.0847          |
| 61  | 15%                | 13.29% | 8.1055          |
| 62  | 25%                | 18.82% | 11.6710         |
| 63  | 20%                | 11.29% | 7.1155          |
| 64  | 60%                | 27.11% | 17.3483         |
| 65  | 100%               | 18.07% | <u>11.7463</u>  |

Weighted Average  
Retirement Age 62.5439

Rounded to Nearest Integer 63.0000

Attachment to 2013 Schedule SB (Form 5500) – Line 26  
Hourly Employees Retirement Plan of Bradken-Atchison/St. Joseph, Inc.  
EIN/PN: 30-2058772/002

Schedule of Active Participant Data

|          | Years of credited service: |               |               |                 |                 |                 |                 |                 |                 |                    | <u>Total</u> |
|----------|----------------------------|---------------|---------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|--------------------|--------------|
|          | <u>Under 1</u>             | <u>1 to 4</u> | <u>5 to 9</u> | <u>10 to 14</u> | <u>15 to 19</u> | <u>20 to 24</u> | <u>25 to 29</u> | <u>30 to 34</u> | <u>35 to 39</u> | <u>40 &amp; up</u> |              |
| Attained | No.                        | No.           | No.           | No.             | No.             | No.             | No.             | No.             | No.             | No.                | No.          |
| Age      |                            |               |               |                 |                 |                 |                 |                 |                 |                    |              |
| Under 25 | 0                          | 0             | 0             | 0               | 0               | 0               | 0               | 0               | 0               | 0                  | 0            |
| 25 to 29 | 0                          | 0             | 0             | 0               | 0               | 0               | 0               | 0               | 0               | 0                  | 0            |
| 30 to 34 | 0                          | 0             | 0             | 0               | 0               | 0               | 0               | 0               | 0               | 0                  | 0            |
| 35 to 39 | 0                          | 0             | 0             | 0               | 0               | 1               | 0               | 0               | 0               | 0                  | 1            |
| 40 to 44 | 0                          | 0             | 0             | 0               | 0               | 6               | 0               | 0               | 0               | 0                  | 6            |
| 45 to 49 | 0                          | 0             | 0             | 0               | 2               | 5               | 9               | 0               | 0               | 0                  | 16           |
| 50 to 54 | 0                          | 0             | 0             | 0               | 1               | 11              | 10              | 10              | 1               | 0                  | 33           |
| 55 to 59 | 0                          | 0             | 0             | 0               | 1               | 4               | 1               | 4               | 23              | 2                  | 35           |
| 60 to 64 | 0                          | 0             | 0             | 0               | 0               | 0               | 2               | 7               | 12              | 8                  | 29           |
| 65 to 69 | 0                          | 0             | 0             | 0               | 0               | 0               | 1               | 0               | 0               | 2                  | 3            |
| 70 & up  | <u>0</u>                   | <u>0</u>      | <u>0</u>      | <u>0</u>        | <u>0</u>        | <u>0</u>        | <u>0</u>        | <u>0</u>        | <u>1</u>        | <u>0</u>           | <u>1</u>     |
| Total    | 0                          | 0             | 0             | 0               | 4               | 27              | 23              | 21              | 37              | 12                 | 124          |

# ATTACHMENT TO 2013 SCHEDULE SB (FORM 5500) - LINE 32

## Schedule of Amortization Bases

Valuation Date: 1/1/2013  
 Client: Hourly Employees Retirement Plan of Bradken-Atchison/St. Joseph, Inc.  
 EIN: 30-2058772  
 PN: 002

| <u>Type of Base</u> | <u>Initial Information</u>       |                               |                                | <u>Remaining<br/>Period</u> | <u>Outstanding<br/>Balance</u> | <u>Annual<br/>Payment<br/>This Year</u> |
|---------------------|----------------------------------|-------------------------------|--------------------------------|-----------------------------|--------------------------------|-----------------------------------------|
|                     | <u>Plan Year<br/>Established</u> | <u>Amount to<br/>Amortize</u> | <u>Amortization<br/>Period</u> |                             |                                |                                         |
| Shortfall           | 1/1/2009                         | 862,224                       | 7                              | 3                           | 437,735                        | 153,001                                 |
| Shortfall           | 1/1/2010                         | 1,680,720                     | 7                              | 4                           | 1,053,995                      | 282,852                                 |
| Shortfall           | 1/1/2011                         | 3,418,666                     | 7                              | 5                           | 2,559,748                      | 562,471                                 |
| Shortfall           | 1/1/2012                         | 633,705                       | 7                              | 6                           | 531,380                        | 100,395                                 |
| Shortfall           | 1/1/2013                         | (1,740,964)                   | 7                              | 7                           | <u>(1,740,964)</u>             | <u>(290,553)</u>                        |
| Total               |                                  |                               |                                |                             | 2,841,894                      | 808,166                                 |

## Summary of Plan Provisions

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1. **Effective Date**

The Plan was effective January 1, 1969. The plan was adopted by Bradken-Atchison/St. Joseph, Inc. (the "Company"), effective December 23, 2003. The most recent plan amendment reflected in this valuation was adopted on November 6, 2012.

2. **Plan Year**

The Plan Year is the calendar year.

3. **Eligibility**

All hourly employees of the Company employed at the Atchison, Kansas plant prior to May 10, 1993, except nonresident aliens receiving no earned income from the company.

4. **Retirement Date**

The Normal Retirement Date is the first day of the calendar month coincident with or immediately following the participant's 65th birthday. Early Retirement may be elected after attaining age 55 and the completion of 5 years of Vesting Service.

5. **Credited Service**

One year of Credited Service is earned in each calendar year in which a participant completes 1,000 hours of service. If a participant works less than 1,000 hours, one-twelfth of a year of Credited Service is earned for each 84 hours of service, rounded to the nearest twelfth.

6. **Vesting Service**

One year of Vesting Service is earned in each calendar year in which a participant completes 1,000 hours of service. If a participant works less than 1,000 hours, one twelfth of a year of Vesting Service is earned for each 84 hours of service, rounded to the nearest twelfth.

## Summary of Plan Provisions

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### 7. Normal Retirement Benefit

A monthly benefit payable for life at Normal Retirement Date, equal to the participant's years of Credited Service multiplied by the benefit rate in effect when the participant terminates employment. Recent and future benefit rates are:

|                    |         |
|--------------------|---------|
| Effective 05/12/03 | \$20.00 |
| Effective 05/12/04 | 21.00   |
| Effective 07/01/06 | 21.50   |
| Effective 07/01/08 | 22.00   |
| Effective 11/21/08 | 22.75   |
| Effective 02/01/10 | 23.25   |
| Effective 02/01/11 | 23.75   |
| Effective 02/01/12 | 24.25   |
| Effective 02/01/14 | 24.75   |

### 8. Accrued Benefit

The annual Accrued Benefit shall be determined at any time using the Normal Retirement Benefit formula. Credited Service shall be computed at the date of determination.

### 9. Early Retirement Benefit

The Accrued Benefit, unreduced if the employee has attained age 62 prior to termination of employment; otherwise, the Accrued Benefit is reduced by:

- (a) 6.0% for each of the first 5 years that benefit commencement precedes Normal Retirement Date, plus
- (b) 4.0% for each of the next 5 years early.

### 10. Normal Form of Benefits

If a participant is married for at least 12 months on the date his retirement benefits are to commence, the retirement benefits will be paid in the form of a 50% joint-and-survivor pension. Such benefits are the actuarial equivalent of the benefits which would have been payable on the life only basis. If a participant is not married or has been married less than 12 months at the date his retirement benefits are to commence, the benefits will be paid on the basis of a life only benefit.

### 11. Optional Forms of Payment

- (a) Life annuity
- (b) Joint and survivor annuities (50%, 75%, 100%).

## Summary of Plan Provisions

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### 12. Death Benefits

If a participant dies after eligibility for Early Retirement, the surviving spouse will receive a monthly benefit equal to 50% of the amount that would have been payable if the participant had elected Early Retirement on the day preceding his death and began receiving benefits under a 50% qualified joint-and-survivor annuity.

If a participant dies before eligibility for Early Retirement, but after becoming vested, the surviving spouse shall be entitled to a benefit beginning at the time the participant would have been eligible for Early Retirement. The benefit shall be equal to 50% of the benefit determined as if the participant had terminated employment just prior to death, survived to Early Retirement, and retired with a 50% qualified joint-and-survivor annuity

### 13. Termination of Employment

The Accrued Benefit vests according to the following schedule:

| <u>Years of Vesting Service</u> | <u>Vesting Percentage</u> |
|---------------------------------|---------------------------|
| Less than 5                     | 0%                        |
| 5 or More                       | 100%                      |

The benefit paid is the Accrued Benefit, with early-retirement reduction if applicable (as described above), except that the unreduced-at-62 provision does not apply.

### 14. Disability Benefits

If a participant becomes totally disabled (eligible for Social Security disability benefits) after attaining age 45 and having at least 15 years of Vesting Service, the benefit payable is the participant's Accrued Benefit, without reduction for Early Retirement. Prior to age 65, the benefit is reduced by Workers' Compensation and other employer-paid disability benefits.

### 15. Cost of Plan

The entire cost of the Plan is paid by the employer.

## Actuarial Assumptions and Methods

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### Actuarial Assumptions

#### a. Economic Assumptions

|       |                           |                                                                                                                                                                                                                                                                                       |
|-------|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (i)   | Interest Rates            | September 2012 Segment Rates (1.75%, 4.62%, 5.72%), but not less than MAP-21 Segment Rates for 2013 (based on 85% of 25-year averages = 4.94%, 6.15%, 6.76%), effective rate of 6.28% for 2013. September 2011 Segment Rates (2.06%, 5.25%, 6.32%), effective rate of 5.47% for 2012. |
| •     | Funding Rate              |                                                                                                                                                                                                                                                                                       |
| •     | Discount Rate for ASC 960 | 7.00% for 2013 and 2012                                                                                                                                                                                                                                                               |
| (ii)  | Salary Increases          | N/A                                                                                                                                                                                                                                                                                   |
| (iii) | Administrative Expenses   | \$20,000 per year.                                                                                                                                                                                                                                                                    |
| (iv)  | Maximum Benefit           | \$205,000 for current and future years.                                                                                                                                                                                                                                               |
| •     | Funding and ASC 960       |                                                                                                                                                                                                                                                                                       |
| (v)   | Maximum Earnings          | \$255,000 for current and future years.                                                                                                                                                                                                                                               |
| •     | Funding and ASC 960       |                                                                                                                                                                                                                                                                                       |

## Actuarial Assumptions and Methods

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### b. Demographic Assumptions

- | (i) Mortality                  | For 2013 funding purposes, the 2013 Static Mortality Table. For 2012 funding purposes, the 2012 Static Mortality Table. For ASC 960, same as for funding purposes. For both Funding and ASC 960, mortality for participants disabled after 1994 based on Rev. Ruling 96-7 post-1994 Disabled Mortality Table.                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |             |       |    |    |     |    |     |    |     |    |     |    |      |
|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------|-------|----|----|-----|----|-----|----|-----|----|-----|----|------|
| (ii) Termination of Employment | See sample rates.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |             |       |    |    |     |    |     |    |     |    |     |    |      |
| (iii) Disability               | See sample rates.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |             |       |    |    |     |    |     |    |     |    |     |    |      |
| (iv) Retirement                | Rates varying by age: <table border="0" style="margin-left: auto; margin-right: auto;"><thead><tr><th style="text-align: center;"><u>Age</u></th><th style="text-align: center;"><u>Rate</u></th></tr></thead><tbody><tr><td style="text-align: center;">55-60</td><td style="text-align: center;">2%</td></tr><tr><td style="text-align: center;">61</td><td style="text-align: center;">15%</td></tr><tr><td style="text-align: center;">62</td><td style="text-align: center;">25%</td></tr><tr><td style="text-align: center;">63</td><td style="text-align: center;">20%</td></tr><tr><td style="text-align: center;">64</td><td style="text-align: center;">60%</td></tr><tr><td style="text-align: center;">65</td><td style="text-align: center;">100%</td></tr></tbody></table> | <u>Age</u> | <u>Rate</u> | 55-60 | 2% | 61 | 15% | 62 | 25% | 63 | 20% | 64 | 60% | 65 | 100% |
| <u>Age</u>                     | <u>Rate</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |             |       |    |    |     |    |     |    |     |    |     |    |      |
| 55-60                          | 2%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |             |       |    |    |     |    |     |    |     |    |     |    |      |
| 61                             | 15%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |             |       |    |    |     |    |     |    |     |    |     |    |      |
| 62                             | 25%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |             |       |    |    |     |    |     |    |     |    |     |    |      |
| 63                             | 20%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |             |       |    |    |     |    |     |    |     |    |     |    |      |
| 64                             | 60%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |             |       |    |    |     |    |     |    |     |    |     |    |      |
| 65                             | 100%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |             |       |    |    |     |    |     |    |     |    |     |    |      |
| (v) Marital Status             | For valuing death benefits, 90% of Participants are assumed to be married with males 3 years older than their female spouses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |             |       |    |    |     |    |     |    |     |    |     |    |      |

## Actuarial Assumptions and Methods

(vi) Sample Rates

| Age | Mortality Rates  |        |                    |        |
|-----|------------------|--------|--------------------|--------|
|     | Pre-Commencement |        | After Commencement |        |
|     | Male             | Female | Male               | Female |
| 20  | 0.02%            | 0.01%  | 0.02%              | 0.01%  |
| 25  | 0.03%            | 0.01%  | 0.03%              | 0.01%  |
| 30  | 0.04%            | 0.02%  | 0.04%              | 0.02%  |
| 40  | 0.09%            | 0.05%  | 0.09%              | 0.05%  |
| 50  | 0.13%            | 0.10%  | 0.37%              | 0.17%  |
| 55  | 0.18%            | 0.20%  | 0.40%              | 0.30%  |
| 60  | 0.31%            | 0.34%  | 0.59%              | 0.56%  |
| 70  | 0.65%            | 0.66%  | 1.64%              | 1.51%  |
| 80  | 5.26%            | 3.99%  | 5.26%              | 3.99%  |

| Age | Termination Rates |        | Disablement |        |
|-----|-------------------|--------|-------------|--------|
|     | Male              | Female | Male        | Female |
| 25  | 13.0%             | 13.0%  | .12%        | .18%   |
| 30  | 8.5%              | 8.5%   | .12%        | .18%   |
| 35  | 6.0%              | 6.0%   | .13%        | .19%   |
| 40  | 6.0%              | 6.0%   | .15%        | .22%   |
| 45  | 5.0%              | 5.0%   | .20%        | .30%   |
| 50  | 4.0%              | 4.0%   | .36%        | .54%   |
| 55  | 0.0%              | 0.0%   | .68%        | 1.02%  |
| 60  | 0.0%              | 0.0%   | 1.38%       | 2.07%  |

c. Change in Actuarial Assumptions

All actuarial assumptions used in this valuation are the same as those used in the prior valuation, except for the required changes in the PPA funding interest rates (including the MAP-21 average segment rates) and mortality table.

## **Actuarial Assumptions and Methods**

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### **Actuarial Methods**

#### **a. Funding Method**

The actuarial cost method is the Unit Credit cost method.

On the initial valuation date, the benefit accrued to date and the anticipated benefit accrual during the plan year immediately following the initial valuation date are determined for each participant.

The present values of these benefit are then calculated. The sum of the present values of all benefits accruing during the plan year immediately following the valuation date is the normal cost for the initial plan year. The sum of the present values of all benefits accrued prior to the valuation date, less the plan assets, is the initial unfunded actuarial accrued liability.

In subsequent years, the normal cost and unfunded actuarial accrued liability are recalculated on the basis described above. Experience gains and losses (changes in the unfunded actuarial accrued liability which result from causes other than contributions by the plan sponsor and the accrual of interest and additional normal costs) are directly calculated under this cost method. Adjustments to the unfunded actuarial accrued liability can occur, for example, as a result of plan amendments or assumption changes; such adjustments are determined by computing the change in the initial unfunded actuarial accrued liability.

#### **b. Asset Valuation Method**

For funding purposes, the actuarial value of assets is defined as the smoothed market value of assets. The smoothed market value will be the market value of assets adjusted by the applicable percentage of the gain or loss calculated in each year during the smoothing period. The gain or loss is the difference between the current year's market value and prior year's market value brought forward with contributions, benefit payments, and administrative expenses, all adjusted for interest to the valuation date. The applicable percentage is 66-2/3% for the year preceding the valuation date and 33-1/3% for the second year preceding of the valuation date. The actuarial value of assets will be adjusted to be no greater than 110% and no less than 90% of the current (market) value of assets. For funding purposes, accrued contributions and expenses are included in the market value.

For pension expense purposes, the actuarial value of assets is defined as the market value of Plan assets.

#### **c. Valuation Procedures**

No actuarial liability is accrued for non-vested terminated employees, even if a break in service had not occurred as of the actuarial valuation date. An actuarial liability is accrued for all other terminated employees, even if a claim for benefits has not been made.