

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

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>AMANDA BENT BOLT COMPANY HOURLY RATED EMPLOYEES' PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>12/31/1962</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>31-0928132</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>740-385-6893</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>332700</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>12/31/1962</u>		2b Employer Identification Number (EIN) <u>31-0928132</u>		2c Sponsor's telephone number <u>740-385-6893</u>		2d Business code (see instructions) <u>332700</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>										
1c Effective date of plan <u>12/31/1962</u>											
2b Employer Identification Number (EIN) <u>31-0928132</u>											
2c Sponsor's telephone number <u>740-385-6893</u>											
2d Business code (see instructions) <u>332700</u>											
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>AMANDA BENT BOLT COMPANY</u> <u>P.O. BOX 1027</u> <u>1120 CIC DRIVE</u> <u>LOGAN, OH 43138-4027</u>											

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

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

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

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	170
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).			
a Active participants		6a	126
b Retired or separated participants receiving benefits		6b	5
c Other retired or separated participants entitled to future benefits		6c	24
d Subtotal. Add lines 6a , 6b , and 6c		6d	155
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	0
f Total. Add lines 6d and 6e		6f	155
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	13
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 0 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

A Name of plan <u>AMANDA BENT BOLT COMPANY HOURLY RATED EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>AMANDA BENT BOLT COMPANY</u>	D Employer Identification Number (EIN) <u>31-0928132</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2013</u>
2	Assets:
a	Market value 2a <u>2270310</u>
b	Actuarial value 2b <u>2259325</u>
3	Funding target/participant count breakdown:
a	For retired participants and beneficiaries receiving payment..... 3a <u>5</u> <u>135309</u>
b	For terminated vested participants..... 3b <u>23</u> <u>199108</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>213513</u>
(2)	Vested benefits 3c(2) <u>2236110</u>
(3)	Total active..... 3c(3) <u>142</u> <u>2449623</u>
d	Total..... 3d <u>170</u> <u>2784040</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... 4b
5	Effective interest rate 5 <u>6.25 %</u>
6	Target normal cost 6 <u>184475</u>

Statement by Enrolled Actuary

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

SIGN HERE	
<u>ANDREW BEHNKE, MSPA, MAAA</u>	<u>10/14/2014</u>
Signature of actuary	Date
<u>MIDWEST PENSION ACTUARIES, INC.</u>	<u>14-07643</u>
Type or print name of actuary	Most recent enrollment number
<u>30680 TWELVE MILE ROAD</u> <u>FARMINGTON HILLS, MI 48334-3808</u>	<u>248-539-5000</u>
Firm name	Telephone number (including area code)
<u></u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2013
v. 130118

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>11.95</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		173401
b Interest on (a) using prior year's effective interest rate of <u>6.95</u> % except as otherwise provided (see instructions)		12051
c Total available at beginning of current plan year to add to prefunding balance		185452
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	81.15 %
15 Adjusted funding target attainment percentage	15	81.15 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	85.55 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/09/2013	121360	0			
07/01/2013	121360	0			
10/09/2013	121360	0			
01/03/2014	121361	0			
			Totals ►	18(b)	485441 18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	467177
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 65
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	184475
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment.....		524715	176677
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...		34	361152
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36		361152
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37		467177
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	106025
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

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

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

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

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

A Name of plan <u>AMANDA BENT BOLT COMPANY HOURLY RATED EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AMANDA BENT BOLT COMPANY</u>	D Employer Identification Number (EIN) <u>31-0928132</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) 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)

MERRILL LYNCH, PIERCE, FENNER & SM

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 51 52 71 60	NONE	0	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>AMANDA BENT BOLT COMPANY HOURLY RATED EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AMANDA BENT BOLT COMPANY</u>	D Employer Identification Number (EIN) <u>31-0928132</u>	

Part I	Asset and Liability Statement		
1	Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.		
	Assets	(a) Beginning of Year	(b) End of Year
a	Total noninterest-bearing cash	1a	
b	Receivables (less allowance for doubtful accounts):		
	(1) Employer contributions.....	1b(1)	121360
	(2) Participant contributions.....	1b(2)	
	(3) Other.....	1b(3)	5334
c	General investments:		
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	197923
	(2) U.S. Government securities	1c(2)	207952
	(3) Corporate debt instruments (other than employer securities):		
	(A) Preferred	1c(3)(A)	
	(B) All other	1c(3)(B)	
	(4) Corporate stocks (other than employer securities):		
	(A) Preferred	1c(4)(A)	0
	(B) Common.....	1c(4)(B)	582051
	(5) Partnership/joint venture interests	1c(5)	
	(6) Real estate (other than employer real property).....	1c(6)	
	(7) Loans (other than to participants)	1c(7)	
	(8) Participant loans.....	1c(8)	
	(9) Value of interest in common/collective trusts	1c(9)	
	(10) Value of interest in pooled separate accounts	1c(10)	
	(11) Value of interest in master trust investment accounts	1c(11)	
	(12) Value of interest in 103-12 investment entities.....	1c(12)	
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	1173182
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
	(15) Other.....	1c(15)	1547982

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2287802	2908030

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	17358	14429
k Total liabilities (add all amounts in lines 1g through 1j)	1k	17358	14429

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2270444	2893601
---	-----------	---------	---------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	485441	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		485441
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	7195	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		7195
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	66313	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		66313
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	217212	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		217212

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		43031
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		819192

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	162354	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		162354
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	155	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	31888	
(4) Other	2i(4)	1638	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		33681
j Total expenses. Add all expense amounts in column (b) and enter total	2j		196035

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		623157
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: SKILLMAN GROUP, PLC

(2) EIN: 38-3269666

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

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

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
A Name of plan AMANDA BENT BOLT COMPANY HOURLY RATED EMPLOYEES' PENSION PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 AMANDA BENT BOLT COMPANY		D Employer Identification Number (EIN) 31-0928132
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 2
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2013 v. 130118		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Amanda Bent Bolt Company
Hourly Rated Employees'
Pension Plan**

**Annual Report
Years Ended December 31, 2013 and 2012**



**Amanda Bent Bolt Company Hourly Rated Employees'
Pension Plan**

**Annual Report
Years Ended December 31, 2013 and 2012**



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

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Independent Auditor's Report

To the Plan Administrator
Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan
Logan, Ohio

Report on the Financial Statements

We have audited the statements of net assets available for benefits of Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan as of December 31, 2013 and 2012 and the related statements of changes in net assets available for benefits for the years then ended and the statements of accumulated plan benefits as of December 31, 2013 and 2012, and the related statements of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 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 6, which was certified by Reliance Trust, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. 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 and for the years ended December 31, 2013 and 2012, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

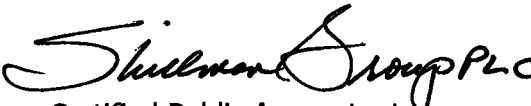
Because of the significance of matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions, which are the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

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.


Certified Public Accountants

October 13, 2014



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Statements of Net Assets Available for Benefits

<i>December 31,</i>	2013	2012
Assets		
Investments - at fair value		
Mutual funds	\$ 1,547,982	\$ 1,173,182
Corporate stock	912,849	582,051
U.S. government securities	112,051	207,952
Total Investments	2,572,882	1,963,185
Receivables		
Employer receivable	121,361	121,360
Due from broker	4,155	5,334
Total Receivables	125,516	126,694
Cash and Cash Equivalents	209,632	197,923
Total Assets	2,908,030	2,287,802
Liabilities		
Accrued Expenses	14,429	17,358
Net Assets Available for Benefits	\$ 2,893,601	\$ 2,270,444

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



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Statements of Changes in Net Assets Available for Benefits

<i>Year Ended December 31,</i>	2013	2012
Additions		
Investment Income		
Net appreciation fair value of investments	\$ 260,243	\$ 154,743
Dividend income	66,313	62,308
Interest	7,195	8,049
Other	-	3,713
Total Investment Income	333,751	228,813
Contributions		
Employer	485,441	486,082
Total Additions	819,192	714,895
Deductions		
Benefits paid to participants and beneficiaries	162,354	525,686
Fees	33,681	25,880
Total Deductions	196,035	551,566
Net Increase in Net Assets Available for Benefits	623,157	163,329
Net Assets Available for Benefits		
Beginning of year	2,270,444	2,107,115
End of year	\$ 2,893,601	\$ 2,270,444

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



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Statements of Accumulated Benefits

<i>December 31,</i>	2013	2012
Actuarial present value of accumulated plan benefits		
Vested Benefits		
Active participants	\$ 2,301,431	\$ 2,523,672
Benefits in pay status	253,837	227,327
Deferred vested benefits	312,953	141,197
Total Vested Benefits	2,868,221	2,892,196
Nonvested benefits	349,403	268,294
Actuarial present value of accumulated plan benefits at end of year	3,217,624	3,160,490

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



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Statements of Changes in Accumulated Plan Benefits

<i>Year Ended December 31,</i>	2013	2012
Actuarial present value of accumulated plan benefits at beginning of year	\$ 3,160,490	\$ 2,709,026
Increase during the year attributable to:		
Increase due to passage of time	159,921	132,471
Additional benefits accrued and experience (gain)/loss	(308,997)	222,417
Decrease due to change in actuarial assumptions	368,564	622,262
Benefit payments	(162,354)	(525,686)
Actuarial present value of accumulated plan benefits at end of year	3,217,624	3,160,490

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



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Notes to Financial Statements

1. Description of the Plan

The following description of the Amanda Bent Bolt Company (the "Company") Hourly Rated Employees' Pension Plan ("the Plan") provides only general information. The provisions of this Plan shall apply only to an employee who terminates employment on or after the Effective Date, January 1, 2003. The rights and benefits, if any, or a former employee shall be determined in accordance with the prior provisions of the Plan in effect on the date employment terminated. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan whose purpose is to provide retirement benefits for all eligible union employees of the Company. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participation

Employees who are hired prior to March 10, 2011 are eligible to participate on the first day of the next Plan year after their hire date (January 1st).

Pension Benefits

Employees with five or more years of service are entitled to annual pension benefits beginning at normal retirement age (65). The plan allows for early retirement at ages 55 - 65 for a participant, or a vested participant who has completed at least five years of service with such benefits reduced as defined in the plan's provisions. If an employee terminates before rendering five years of service, they forfeit the right to receive any benefits.

Each participant shall have a nonforfeitable right to receive a normal pension plan commencing on the first day of the calendar month first following his/her normal retirement date and payable thereafter for his/her lifetime in an amount equal to the sum of (A) below for participants retiring after the effective date in (B) below multiplied by the number of years and fractional parts of years of credited service.



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Notes to Financial Statements

1. Description of the Plan (continued)

Pension Benefits - continued

(A) Dollar Amount	(B) Effective Date
\$33.00	March 10, 2009
\$34.00	March 10, 2010
\$34.00	March 10, 2011
\$34.25	March 10, 2012
\$34.50	March 10, 2013

Death and Disability Benefits

In an event of the death of a participant who has a nonforfeitable accrued benefit, a death benefit equal to the actuarial equivalent of such accrued benefit as of the date of the participant's death shall be payable in accordance with the Plan's document. A participant who has completed at least five years of service may retire or be retired on the first day of any calendar month prior to his normal retirement date provided he has become totally and permanently disabled as defined in the Plan's document. The amount of retirement benefit shall be an immediate benefit equal to the participant's accrued benefit computed as of the effective date of the disability. If the participant is denied disability insurance benefits under Title II of the Federal Social Security Act, the amount of his disability retirement benefit payments as calculated above shall be increased by 100% until they attain age 62.

Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During 2013 and 2012, the Company made contributions of \$485,441 and \$486,082, respectively. The Company's contributions for 2013 and 2012 exceeded the minimum funding requirements of ERISA.



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Notes to Financial Statements

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. 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. See Note 5 for a discussion of fair value measurements.

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits.



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Notes to Financial Statements

3. Actuary Information

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on the employees projected monthly retirement income at normal retirement date, based on monthly plan compensation and credited service at the date of computation. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary from Midwest Pension Actuaries, Inc. 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, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The effect of plan amendments on accumulated plan benefits is recognized during the year in which such amendments are adopted.

The significant actuarial assumptions used in determining accumulated plan benefits as of December 31, 2013, are as follows:

Funding Interest Rate:

Segment Rates with a 3-Month Lookback

Segment	Rate
1	1.75%
2	4.62%
3	5.72%



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Notes to Financial Statements

3. Actuary Information (continued)

Mortality: IRS 2013 Static Mortality Table

Assumed Retirement Age:

Retirement Rates are as follows:

Age	Retirement Rate
55-59	2%
60	10%
61	15%
62	25%
63	15%
64	20%
65	100%

Funding Rate - continued

Participants eligible for unreduced retirement benefits are assumed to retire at the rate of 50% per year before the age of 65, and 100% per year at age 65 and later.

Form of Payment

All active employee benefits are assumed to be paid in the form of a lump sum payment, calculated using an assumed PBGC immediate interest rate of .96% / 3.57% / 4.58% and the IRS 2013 Applicable Mortality Table.



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Notes to Financial Statements

4. Investments

The following table represents investments that represent five percent or more of the Plan's net assets.

<i>December 31,</i>	2013	2012
Description		
Loomis Sayles Bond Fund	\$ 221,291	\$ 201,988
Vanguard Large-Cap (EFT)	189,952	147,653

During 2013 and 2012, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated / (depreciated) in value by \$260,243 and \$154,743, respectively as follows:

<i>December 31,</i>	2013	2012
Description		
Mutual Funds	\$ 103,660	\$ 101,654
Corporate Stock	166,442	50,995
U.S. Government Securities	(9,859)	2,094
	\$ 260,243	\$ 154,743

5. Fair Value Measurements

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



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Notes to Financial Statements

5. Fair Value Measurements (continued)

Level 1 Fair Value Measurements

Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date.

Common Stocks, Preferred Stocks and U.S. Government Securities

Valued at the composite closing price as reported on the active market on which the individual securities are traded.

Mutual Funds

Valued using the Net Asset Value (NAV) of shares held by the plan at year-end. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is quoted in an active market.

Level 2 Fair Value Measurements

Inputs to the valuation methodology are other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value can be determined through the use of models or other valuation methodologies.

Level 3 Fair Value Measurements

Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Notes to Financial Statements

5. Fair Value Measurements (continued)

The tables below segregates all financial assets as of December 31, 2013 and 2012 that are measured at fair value on a recurring basis (at least annually) into the most appropriate level within the fair value hierarchy based on inputs used to determine the fair value at the measurement date.

Description	12/31/2013	Fair Value Measurements Using		
		Quoted Prices In	Significant	Significant
		Active Markets	Other	Unobservable
		for Identical Assets (Level 1)	Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
Mutual Funds				
Fixed Income Funds	\$ 646,014	\$ 646,014	\$ -	\$ -
Equity Funds	901,968	901,968	-	-
Total Mutual Funds	1,547,982	1,547,982	-	-
Corporate Stock				
Preferred	179,150	179,150	-	-
Financial Services	118,479	118,479	-	-
Technology	113,749	113,749	-	-
Services	111,452	111,452	-	-
Foreign	110,821	110,821	-	-
Basic Materials	77,498	77,498	-	-
Healthcare	74,578	74,578	-	-
Industrial Goods	41,678	41,678	-	-
Consumer Goods	50,196	50,196	-	-
Conglomerates	19,793	19,793	-	-
Utilities	11,465	11,465	-	-
Other	3,990	3,990	-	-
Total Corporate Stock	912,849	912,849	-	-
U.S Government Securities	112,051	112,051	-	-
Total	\$ 2,572,882	\$ 2,572,882	\$ -	\$ -

See Independent Auditor's Report



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Notes to Financial Statements

5. Fair Value Measurements (continued)

Description	12/31/2012	Fair Value Measurements Using		
		Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual Funds				
Fixed Income Funds	\$ 646,070	\$ 646,070	\$ -	\$ -
Equity Funds	527,112	527,112	-	-
Total Mutual Funds	1,173,182	1,173,182	-	-
Corporate Stock				
Technology	112,623	112,623	-	-
Financial Services	89,468	89,468	-	-
Basic Materials	88,025	88,025	-	-
Healthcare	67,422	67,422	-	-
Industrial Goods	55,752	55,752	-	-
Services	55,469	55,469	-	-
Foreign	52,664	52,664	-	-
Consumer Goods	35,133	35,133	-	-
Conglomerates	14,587	14,587	-	-
Utilities	6,616	6,616	-	-
Other	4,292	4,292	-	-
Total Corporate Stock	582,051	582,051	-	-
U.S Government Securities	207,952	207,952	-	-
Total	\$ 1,963,185	\$ 1,963,185	\$ -	\$ -

There have been no changes in the methodologies used at December 31, 2013 and 2012.



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Notes to Financial Statements

6. Information Certified by the Plan's Custodians

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee has certified that the following data included in the accompanying financial statements and supplemental material is complete and accurate.

<i>December 31,</i>	2013	2012
Description		
Mutual Funds, at fair value	\$ 1,547,982	\$ 1,173,182
Corporate Stock, at fair value	912,849	582,051
U.S. Government Securities, at fair value	112,051	207,952
Net Appreciation in Fair Value of Investments	260,243	154,743
Dividends	66,313	62,308
Interest	7,195	8,049
Other	-	3,713

7. Risks and Uncertainties

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

Plan contributions are made and the actuarial present value of accumulated plan benefits 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 to these estimates and assumptions in the near term would be material to the financial statements.



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Notes to Financial Statements

8. Union Agreement Amendment

In March 2011 Amanda Bent Bolt Company and the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America, Local 1549, signed a new agreement. Under this agreement, a 401k plan replaced the defined pension plan for all employees hired after March 10, 2011. Future pension plan benefits under this new agreement is as follows:

<u>Dollar Amount</u>	<u>Effective Date</u>
\$34.00	March 10, 2011
\$34.25	March 10, 2012
\$34.50	March 10, 2013

9. Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated June 28, 2012, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC).

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the taxing authorities. 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. The Plan years 2006, 2007, 2008 and 2009 were under Department of Labor audit and on September 26, 2011 the Plan received notice from the Department of Labor that as a result of the corrective actions taken by the plan, no further action will be taken by the Department of Labor. As a result, the plan administrator believes it is no longer subject to income tax examinations for the years prior to 2009.



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Notes to Financial Statements

10. Party In Interest Transactions

As described in Note 1, the Plan paid certain expenses related to plan operations totaling \$33,681 and \$25,880 for the year ended December 31, 2013 and 2012, respectively. These transactions are party in interest transactions under ERISA.

11. Plan Termination

Although it has not expressed any intent to do so, the Plan may be terminated by action of the Board of Directors of the Employer or by the Pension Benefit Guaranty Corporation in accordance with the provisions of ERISA. In either event, all accrued benefits as of the date of termination shall become fully vested and nonforfeitable. If the Plan is fully funded, the Trustees shall first deduct its reasonable expenses and compensation for the administration of the Plan, and other remaining expenses to other parties. The remainder of the assets of the Plan shall be liquidated and allocated among active participants, pensioners and former participants and their beneficiaries and spouses, as described in the Plan document. If the plan terminated under distressed termination, the assets would be distributed under the guidelines established by the Pension Benefit Guaranty Corporation (PBGC).

Certain benefits under the plan are insured by the PBGC 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.

12. ERISA Bond Requirement

The Employee Retirement Income Security Act of 1974 (ERISA) requires that every person who handles funds or other property of the Plan be bonded. The bond coverage is to be determined by the balance of the total plan assets, and is required to be at least equal to the lesser of 10% of the Plan's assets at the beginning of the plan year or \$500,000. At December 31, 2013 and 2012, the Plan's sponsor maintained bond coverage in the amount of \$1,000,000.



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Notes to Financial Statements

13. Subsequent Event

On March 10, 2014, a new agreement between the company and the U.A.W Local 1549 was ratified, resulting in the following:

Each participant shall have a nonforfeitable right to receive a normal pension plan commencing on the first day of the calendar month first following his/her normal retirement date and payable thereafter for his/her lifetime in an amount equal to the sum of (A) below for participants retiring after the effective date in (B) below multiplied by the number of years and fractional parts of years of credited service.

(A) Dollar Amount	(B) Effective Date
\$35.00	March 10, 2014
\$35.50	March 10, 2015
\$36.00	March 10, 2016

14. Date of Management's Review

The Company has evaluated all events subsequent to the balance sheet date of December 31, 2013 through October 13, 2014, the date the accompany financial statements and supplemental schedules were available to be issued, and determined there were no subsequent events requiring additional disclosure.



Schedule SB, line 26 - Schedule of Active Participant Data

YEARS OF CREDITED SERVICE

Attained Age	Under 1		1 To 4		5 To 9		10 To 14		15 To 19		20 To 24		25 To 29		30 To 34		35 To 39		40 & Up	
	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp
Under 25	3	0	15	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25 to 29	1	0	23	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30 to 34	1	0	10	0	1	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0
35 to 39	2	0	9	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
40 to 44	3	0	10	0	0	0	3	0	4	0	1	0	0	0	0	0	0	0	0	0
45 to 49	0	0	11	0	0	0	2	0	4	0	2	0	2	0	0	0	0	0	0	0
50 to 54	2	0	6	0	1	0	0	0	0	0	2	0	1	0	1	0	1	0	0	0
55 to 59	1	0	6	0	0	0	1	0	1	0	3	0	2	0	1	0	4	0	0	0
60 to 64	1	0	1	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0
65 to 69	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
70 & Up	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Name of plan: Amanda Bent Bolt Company Hourly Rated Ees' Pension Plan
Plan sponsor's name: Amanda Bent Bolt Company
Plan number: 002
EIN: 31-0928132

Schedule SB, Part V - Statement of Actuarial Assumptions

Target Assumptions:

Male Nonannuitant: 2013 Nonannuitant Male
 Female Nonannuitant: 2013 Nonannuitant Female
 Male Annuitant: 2013 Annuitant Male
 Female Annuitant: 2013 Annuitant Female

Applicable months from valuation month: 4
 Probability of lump sum: 100.00%
 Use pre-retirement mortality: Yes

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Segment rates:	1.75	4.62	5.72
High Quality Bond rates:	N/A	N/A	N/A
Final rates:	4.94	6.15	6.76
Override:	0.00	0.00	0.00

Salary Scale

Male: 0.00%
 Female: 0.00%

Withdrawal

Male: None
 Female: None

Withdrawal-Select

Male: None
 Female: None

Early Retirement Rates

Male: ER Amanda
 Female: ER Amanda

Subsidized Early Retirement Rates

Male: 50% - 62, 63, 64
 Female: 50% - 62, 63, 64

Options:

Use optional combined mortality table for small plans: Yes
 Use discount rate transition: No
 Lump sums use proposed regulations: Yes

Actuarial Equivalent Floor

Stability period: plan year
 Lookback months: 3
 Nonannuitant: 2013 Applicable
 Annuitant: 2013 Applicable

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Current:	0.96	3.57	4.58
Override:	0.00	0.00	0.00

Late Retirement Rates

Male: None
 Female: None

Marriage Probability

Male: 0.00%
 Female: 0.00%
 Expense loading: 0.00%

Disability Rates

Male: None
 Female: None

Mortality

Male: None
 Female: None

Setback

0

Setback

0

0

Name of Plan: Amanda Bent Bolt Company Hourly F
 Plan Sponsor's EIN: 31-0928132
 Plan Number: 002

Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, line 4j - Schedule of Reportable Transactions For the Year Ended December, 31, 2013

EIN: 31-0928132
Plan Number: 002
Form: 5500

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain / (Loss)
Mutual Funds								
Fixed Income	Blackrock Strategic Income							
	Opptys Instl	\$ 152,148	\$ 151,757	\$ -	\$ -	\$ 152,148	\$ 151,758	\$ (391)
	Lord Abbott Investment							
	Trust-Short Duration							
	Income Fund-F	\$ 128,022	\$ 127,645	\$ -	\$ -	\$ 128,022	\$ 127,644	\$ (377)
	Prudential High Yield Fund							
	Class Z	\$ 109,453	\$ 110,784	\$ -	\$ -	\$ 105,906	\$ 127,644	\$ 1,331

(a) Represents a transaction or a series of transactions in securities of the same issue in excess of 5 percent of the plan market value as of December 31, 2013.

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

► **Round off amounts to nearest dollar.**
 ► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>Amanda Bent Bolt Company</u>	D Employer Identification Number (EIN) <u>31-0928132</u>	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2013</u>			
2 Assets:			
a Market value	2a		2,270,310
b Actuarial value	2b		2,259,325
3 Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	5	135,309
b For terminated vested participants.....	3b	23	199,108
c For active participants:			
(1) Non-vested benefits	3c(1)		213,513
(2) Vested benefits	3c(2)		2,236,110
(3) Total active.....	3c(3)	142	2,449,623
d Total.....	3d	170	2,784,040
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate	5		6.25 %
6 Target normal cost	6		184,475

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 <u>Andrew Behnke, MSPA, MAAA</u> Type or print name of actuary <u>Midwest Pension Actuaries, Inc.</u> Firm name <u>30680 Twelve Mile Road</u> <u>Farmington Hills</u> MI <u>48334-3808</u> Address of the firm	<u>10/14/2014</u> Date <u>14-07643</u> Most recent enrollment number <u>(248) 539-5000</u> Telephone number (including area code)
------------------	--	--

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>11.95</u> %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		173,401
	b Interest on (a) using prior year's effective interest rate of <u>6.95</u> % except as otherwise provided (see instructions)		12,051
	c Total available at beginning of current plan year to add to prefunding balance		185,452
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	81.15 %
15	Adjusted funding target attainment percentage	15	81.15 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	85.55 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/09/2013	121,360	0			
07/01/2013	121,360	0			
10/09/2013	121,360	0			
01/03/2014	121,361	0			
Totals ►			18(b)	485,441	18(c)
					0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	467,177

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 65
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	184,475	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	524,715	176,677	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	361,152	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	361,152	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	467,177	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	106,025	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

Schedule SB, line 19 - Discounted Employer Contributions

Interest Rates for Contribution Year End Date: 12/31/2013

Effective: 6.25%

Late Quarterly: 11.25%

<u>Effective Date</u>	<u>Amount</u>	<u>Effective Interest</u>	<u>Quarterly Interest</u>	<u>Discounted</u>
04/09/2013	\$121,360	-1,959	0	\$119,401
07/01/2013	\$121,360	-3,594	0	\$117,766
10/09/2013	\$121,360	-5,534	0	\$115,826
01/03/2014	\$121,361	-7,177	0	\$114,184
	\$485,441			\$467,177

Name of Plan: Amanda Bent Bolt Company Hourly F
Plan Sponsor's EIN: 31-0928132
Plan Number: 002
Plan Sponsor's Name: Amanda Bent Bolt Company

Schedule SB, Part V - Summary of Plan Provisions

Eligibility Requirements

Age (yrs) : 0
 Age (months) : 0
 Wait (months) : 0
 Two year eligibility : No

Service/Participation Requirements

Definition of years: Hours worked
 Continuing hours: 1,000
 Excluded classes:

Earnings

Total compensation excluding : 403(b)
 Cafeteria
 Other
 Prior to participation
 415 prior to participation

<u>Retirement</u>	<u>Normal</u>	<u>Early</u>	<u>Subsidized Early</u>	<u>Disability</u>	<u>Death</u>
Age:	65	55	62	0	0
Service:	0	5	30	5	5
Participation:	0	0	0	0	0
Defined:	1st of month following	1st of month following	1st of month following	1st of month following	1st of month during

Benefit Reduction / Mortality table & setback

Male:	Early Retirement Reduction	Fully subsidized	None	0
Female:	Early Retirement Reduction	Fully subsidized	None	0

Rates - Male:	ER Amanda	50% - 62, 63, 64	None
Rates - Female:	ER Amanda	50% - 62, 63, 64	None

Use Social Security Retirement Age:	No	REACT Benefits Percentage:	50.00%
Vesting Schedule:	5 Year Cliff	Pre-retirement death benefit	
Vesting Definition:	Hours Worked	Percentage of accrued benefit:	50.00%
		Death Benefit Payment method:	PVAB

	<u>Annuity</u>	<u>Percent</u>	<u>Years</u>
Normal:	Life only	0.00%	0
QJSA:	Joint and contingent	50.00%	0

Significant Changes in Plan Provisions Since Last Valuation

Name of Plan: Amanda Bent Bolt Company Hourly Rated Ees' Pension Plan
 Plan Sponsor's EIN: 31-0928132
 Plan Number: 002
 Plan Sponsor's Name: Amanda Bent Bolt Company

Schedule SB, Part V - Summary of Plan Provisions

Benefits

Pension Formula:	Benefit formula		
Type of Formula:	Unit benefit non-integrated		
Effective Date:	01/01/2010		
 Unit type:	 Dollar		
Unit based on:	Accrual		
Maximum total percent:			
Tiers based on:	None		
First tier:	\$34.25	for 1st	None
Second tier:	None	for next	None
Third tier:	None	for remaining yrs	
 Maximum credit:			
Past years:	99		
Future years:	99		
Total years:	99		

Averaging

Projection method:	Current Compensation	Apply exclusion to accrued benefit:	No
Based on:	Final Average	Annualize short compensation years:	No
Highest:	0	Annualize short plan years:	No
In the last:	0	Include compensations based	
Excluding:	0	on years of:	Accrual

Accrual

Frozen:	No					
Definition of years:	Pro rata				Fractions based on:	N/A
 Accrual credit:	<u>Continuing</u>	<u>Died</u>	<u>Disabled</u>	<u>Retired</u>	<u>Terminated</u>	Precision: 1
	1800	1800	1800	1800	1800	Limit current credit
						to: 1.000000
 Years based on:	Service			Cap/floor years:		0
Maximum past accrual years:	0.0000			Cap or floor:		Floor
Method:	Unit accrual			Accrual % per year:		0.00%
				Apply 415 before accrual:		No

Name of Plan:	Amanda Bent Bolt Company Hourly Rated Ees' Pension Plan
Plan Sponsor's EIN:	31-0928132
Plan Number:	002
Plan Sponsor's Name:	Amanda Bent Bolt Company

Supplemental Schedules



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, line 4i - Schedule of Assets (Held at End of Year) December 31, 2013

EIN: 31-0928132
Plan Number: 002
Form: 5500

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Mutual Funds				
Fixed Income Funds				
	Loomis Sayles Bond Fund I	14,597 shares	\$ 202,472	\$ 221,290
	Mainstay High Yield Opportunities I	6,410 shares	79,110	78,718
	Lord Abbett Investment Trust Short Duration Income Fund F	16,659 shares	77,268	75,797
	Pimco All Asset All Authority Fund P	7,362 shares	79,424	72,881
	Allianz Global Investors Series C	4,211 shares	55,272	51,332
	Blackrock Strategic Income Opptys Inst	5,051 shares	51,367	51,323
	Lord Abbett Floating Rate F	4,992 shares	46,952	47,379
	Allianz Global Investors Series M	4,470 shares	44,483	47,293
Total Fixed Income			636,348	646,013
Equity Funds				
	Vanguard Large-Cap (ETF)	2,240 shares	118,246	189,952
	American Europacific Growth Fund F2	2,287 shares	87,400	112,017
	Thornburg International Value Fund I	3,366 shares	86,464	107,914
	Mainstay Marketfield Class I	5,701 shares	100,012	105,574
	Lord Asset Management Tr Thomas White International Inv	5,322 shares	86,987	104,040
	Blackrock Global Long/Short Credit Inst	9,342 shares	100,145	100,986
	ING Small Company Fund I	5,317 shares	80,164	96,238
	Putnam Capital Spectrum Fund Y	1,510 shares	51,110	54,229
	Blackrock Global Allocation Fund	1,447 shares	27,688	31,019
Total Equity Funds			738,216	901,969
Total Mutual Funds			\$ 1,374,564	\$ 1,547,982



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, line 4i - Schedule of Assets (Held at End of Year) December 31, 2013

EIN: 31-0928132

Plan Number: 002

Form: 5500

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Stock				
	Abbott Laboratories	121 shares	\$ 4,594	\$ 4,638
	Aetna Inc.	56 shares	2,129	3,841
	Alcoa Inc.	310 shares	2,672	3,295
	Alliance Data Systems Corp	44 shares	7,493	11,569
	Altera Corp	147 shares	5,115	4,779
	Amazon.com Inc.	15 shares	2,925	5,982
	American Airlines Group Inc.	299 shares	6,043	7,550
	AON PLC	65 shares	4,164	5,453
	Apple Inc.	35 shares	11,371	19,636
	Archer-Daniels-Midland Co.	132 shares	4,219	5,729
	Bank of New York Mellon Corp.	325 shares	9,694	11,356
	CR Bard Inc.	30 shares	3,466	4,018
	Biomarin Pharmaceutical Inc.	64 shares	4,486	4,502
	Biogen Idec Inc.	17 shares	2,009	4,753
	Boeing Co.	56 shares	4,077	7,643
	BorgWarner Inc.	67 shares	3,725	3,746
	Bristol-Myers Squibb Co.	158 shares	5,368	8,398
	CIT Group Inc.	112 shares	5,593	5,839
	CME Group Inc.	127 shares	8,999	9,964
	CVS Caremark Corp	86 shares	5,094	6,155
	CA Inc.	86 shares	2,460	2,894
	Carpenter Technology Corp	58 shares	3,409	3,608
	Caterpillar Inc.	43 shares	3,607	3,905
	Celgene Corp	24 shares	3,636	4,055
	Cisco Systems Inc.	425 shares	8,331	9,533
	Citigroup Inc.	244 shares	8,330	12,715
	Cliffs Natural Resources Inc.	82 shares	1,694	2,149
	Coca-Cola Co.	166 shares	6,079	6,857
	Comcast Corp.	100 shares	4,398	5,197



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, line 4i - Schedule of Assets (Held at End of Year) December 31, 2013

EIN: 31-0928132

Plan Number: 002

Form: 5500

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Stock - continued				
	Comerica Inc.	221 shares	\$ 9,694	\$ 10,506
	Crown Castle International Corp.	77 shares	4,555	5,654
	Danaher Corp.	104 shares	6,070	8,029
	Discovery Communications Inc. A	55 shares	2,924	4,973
	Dominion Resources Inc.	119 shares	7,126	7,698
	Dow Chemical Co.	177 shares	6,184	7,859
	EMC Corp.	114 shares	2,924	2,867
	Ebay Inc.	51 shares	2,653	2,798
	Edwards Lifesciences Corp.	59 shares	5,221	3,880
	Family Dollar Stores Inc.	74 shares	4,429	4,808
	FedEx Corp.	48 shares	4,468	6,901
	Fluor Corp.	52 shares	3,323	4,175
	General Electric Co.	178 shares	7,350	7,275
	Goldman Sachs Group Inc.	54 shares	7,744	9,572
	Google Inc.	17 shares	11,297	19,052
	Halliburton Co.	156 shares	5,718	7,917
	Home Depot Inc.	84 shares	6,598	6,917
	Intel Corp.	438 shares	10,856	11,368
	International Business Machines Corp.	26 shares	5,338	4,877
	Intuit Inc.	51 shares	3,651	3,892
	JPMorgan Chase & Co.	297 shares	12,290	17,369
	Johnson & Johnson	175 shares	13,974	16,028
	Kinder Morgan Inc.	224 shares	8,257	8,064
	Kraft Foods Group Inc.	81 shares	4,089	4,367
	Estee Lauder Cos Inc.	49 shares	3,521	3,691
	Lincoln National Corp.	219 shares	5,272	11,305
	Merck & Co Inc.	150 shares	6,456	7,507
	Marriot International Inc Class A	17,391 shares	-	5
	MetLife Inc.	146 shares	6,827	7,872



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, line 4i - Schedule of Assets (Held at End of Year) December 31, 2013

EIN: 31-0928132
Plan Number: 002
Form: 5500

(b) (a) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Stock - continued			
Microsoft Corp.	231 shares	\$ 6,553	\$ 8,642
Monsanto Co.	100 shares	7,964	11,655
Nextera Energy Inc.	44 shares	3,762	3,767
Noble Energy Inc.	59 shares	4,333	4,018
Nucor Corp	72 shares	3,371	3,843
O Reilly Automotive Inc.	31 shares	2,887	3,990
Occidental Petroleum Corp.	57 shares	5,144	5,421
Oracle Corp.	102 shares	3,763	3,903
PNC Financial Services Group Inc.	95 shares	7,159	7,370
PPG Industries Inc.	32 shares	5,318	6,069
Pall Corp.	48 shares	3,384	4,097
Parker Hannifin Corp.	46 shares	4,737	5,917
Pepisco Inc.	43 shares	3,635	3,566
Pfizer Inc.	128 shares	2,607	3,921
Philip Morris International Inc.	52 shares	4,291	4,531
Pioneer Natural Resources Co.	27 shares	2,973	4,970
Precision Castparts Corp.	38 shares	5,962	10,233
Procter & Gamble Co.	69 shares	5,118	5,617
Range Resources Corp.	160 shares	9,522	13,490
Regions Financial Corp.	366 shares	2,299	3,620
Sandisk Corp	87 shares	4,470	6,137
Sherwin-Williams Co.	36 shares	5,732	6,606
Staples Inc.	228 shares	3,228	3,623
Starbucks Corp.	91 shares	3,741	7,133
Terex Corp.	143 shares	4,961	6,005
Twenty First Century Fox Inc. Class A	113 shares	3,432	3,974
Union Pacific Corp.	55 shares	6,339	9,240
Union Continental Holdings Inc.	359 shares	11,140	13,581
Unitedhealth Group Inc.	120 shares	6,831	9,036



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, line 4i - Schedule of Assets (Held at End of Year) December 31, 2013

EIN: 31-0928132

Plan Number: 002

Form: 5500

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Stock - continued				
	Verizon Communications Inc.	214 shares	\$ 8,916	\$ 10,516
	Wal-Mart Stores Inc.	86 shares	6,550	6,767
	Wells Fargo & Co.	122 shares	3,739	5,539
	Whitewave Foods Co. Com Cl A	210 shares	4,664	4,817
	Whole Foods Market Inc.	74 shares	3,223	4,279
Foreign Stock				
	Anheuser Busch Inbev NV Spn ADR	73 shares	6,290	7,772
	BHP Billiton Ltd ADR	97 shares	6,749	6,615
	Carnival Corp.	210 shares	7,229	8,436
	McDermott International Inc.	453 shares	3,574	4,150
	Mitsubishi UFJ Financial Group ADR	522 shares	3,477	3,487
	Unilever NV New York Shs	119 shares	4,535	4,787
	Covidien	81 shares	5,494	5,516
	Eaton Corp PLC	295 shares	18,804	22,455
	Invesco Ltd	462 shares	14,094	16,817
	Michael Kors Holdings Ltd	43 shares	2,635	3,491
	Rowan Companies PLC	100 shares	3,735	3,536
	Check Point Software Technologies	74 shares	4,302	4,773
	ASML Holdings NV NY Registry SHS	67 shares	4,164	6,278
	Lyondellbasell Indust NV Class A	132 shares	7,445	10,597
	Nielsen Holdings NV	46 shares	1,850	2,111
Preferred Stock				
	Bank America Corp Step NT LKD 16	5,000 shares	50,000	52,950
	Bank America Corp Step UP LKD 16	5,000 shares	50,000	52,750
	Bank America Corp Mkt LKD PFD	5,000 shares	50,000	47,950
	Bank America Corp Auto Call LKTD	2,500 shares	25,000	25,500
Total Corporate Stock			\$ 765,114	\$ 912,849



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, line 4i - Schedule of Assets (Held at End of Year) December 31, 2013

EIN: 31-0928132
Plan Number: 002
Form: 5500

(a)	(b)	(c)	(d)	(e)
Identity of Issue	Description of Investment	Cost	Current Value	
U.S. Government Securities				
U.S. Government Obligations				
Federal Home Loan Mortgage Corp.				
Note DTD 1/1/11; 3.5%; 1/1/41	4,128 units	\$ 4,327	\$ 4,100	
U.S. Treasury Note				
DTD 10/31/12; .75%; 10/31/17	17,000 units	17,085	16,692	
U.S. Treasury Note				
DTD 11/15/11; 2%; 11/15/21	8,000 units	8,237	7,636	
U.S. Treasury Note				
DTD 12/31/12; 1.125%; 12/31/19	11,000 units	10,869	10,389	
U.S. Treasury Note				
DTD 2/15/13; 2%; 2/15/23	7,000 units	7,077	6,494	
Mortgaged Backed Securities				
Federal Home Loan Mortgage Corp				
PC Gold Comb 30 Pool #A9-4713				
DTD 10/1/10; 4%; 11/1/40	8,025 units	8,614	8,247	
Federal National Mortgage Assn				
Pool #AH3645				
DTD 1/1/11; 4%; 2/1/41	4,801 units	5,088	4,946	
Federal National Mortgage Assn				
Pool #AL0065				
DTD 3/1/11; 4.5%; 4/1/41	7,180 units	7,245	7,609	
Federal National Mortgage Assn				
Pool #AO9925				
DTD 7/1/12; 3.5%; 7/1/42	840 units	899	835	
Federal National Mortgage Assn				
Pool #AP7553				
DTD 9/1/12; 3%; 9/1/42	6,653 units	7,005	6,323	



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, line 4i - Schedule of Assets (Held at End of Year) December 31, 2013

EIN: 31-0928132
Plan Number: 002
Form: 5500

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Mortgaged Backed Securities - continued				
	Federal National Mortgage Assn			
	Pool #745275			
	DTD 1/1/06; 5%; 2/1/36	1,944 units	\$ 1,913	\$ 2,110
	Federal National Mortgage Assn			
	Pool #889579			
	DTD 5/1/08; 6%; 5/1/38	2,501 units	2,633	2,769
	Federal National Mortgage Assn			
	Pool #AB4102			
	DTD 11/1/11; 3.5%; 12/1/41	4,615 units	4,751	4,590
	Federal Home Loan Mortgage Corp			
	Pool #GO-8541			
	DTD 8/1/13; 3.5%; 8/1/43	1,000 units	977	993
	Federal National Mortgage Assn			
	Pool #AJ5300			
	DTD 11/1/11; 4%; 11/1/41	1,642 units	1,685	1,694
	Federal National Mortgage Assn			
	Pool #745580			
	DTD 5/1/06; 5%; 6/1/36	279 units	303	303



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, line 4i - Schedule of Assets (Held at End of Year) December 31, 2013

EIN: 31-0928132
Plan Number: 002
Form: 5500

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Collateralized Mortgage Obligations			
	U.S Treasury Note (TIPS)			
	DTD 7/15/04; 2.375%; 1/15/25	4,000 units	\$ 6,533	\$ 5,697
	U.S Treasury Note (TIPS)			
	DTD 1/15/09; 2.5%; 1/15/29	7,000 units	10,705	8,949
	U.S Treasury Note (TIPS)			
	DTD 7/15/12; .125%; 7/15/22	12,000 units	12,993	11,675
	Total U.S. Government Securities		\$ 118,939	\$ 112,051
	Total Investments		\$ 2,258,617	\$ 2,572,882

* Represents a party in interest



Amanda Bent Bolt Company
Amanda Bent Bolt Company Hourly Rated Ees' Pension Plan
Amortization Bases for Pension Protection Act Report
Valuation as of 01/01/2013 for the Plan Year Ending 12/31/2013

Pension Protection Act

<u>Type of Base</u>	<u>Effective Date</u>	<u>Interest Rate</u>	<u>Initial Amount</u>	<u>Initial Amort</u>	<u>Current Balance</u>	<u>Rem Amort</u>	<u>Payment</u>
Shortfall	01/01/2008	4.94 / 0.00	871,170	7.00	284,561	2.00	145,710
Shortfall	01/01/2009	4.94 / 0.00	-131,881	7.00	-67,199	3.00	-23,488
Shortfall	01/01/2010	4.94 / 0.00	284,553	7.00	178,446	4.00	47,888
Shortfall	01/01/2011	4.94 / 6.15	-506,752	7.00	-379,436	5.00	-83,376
Shortfall	01/01/2012	4.94 / 6.15	257,819	7.00	231,606	6.00	43,758
Shortfall	01/01/2013	4.94 / 6.15	276,737	7.00	276,737	7.00	46,185
Totals	Shortfall				524,715		176,677