

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	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>MOLEX INCORPORATED HOURLY 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>07/01/1973</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>07/01/1973</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>07/01/1973</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>MOLEX INCORPORATED</u> <u>2222 WELLINGTON COURT</u> <u>LISLE, IL 60532-1682</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>36-2369491</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>630-969-4550</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>335900</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>36-2369491</u>	2c Sponsor's telephone number <u>630-969-4550</u>	2d Business code (see instructions) <u>335900</u>	
2b Employer Identification Number (EIN) <u>36-2369491</u>					
2c Sponsor's telephone number <u>630-969-4550</u>					
2d Business code (see instructions) <u>335900</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.	10/15/2014	BRYN WILEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2014	BRYN WILEY
	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) <u>GRANT THORNTON LLP</u> <u>175 W. JACKSON BLVD., 20TH FLOOR</u> <u>CHICAGO, IL 60604</u>			Preparer's telephone number (optional) <u>312-856-0200</u>

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	3295
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	1506
b Retired or separated participants receiving benefits		6b	462
c Other retired or separated participants entitled to future benefits		6c	1247
d Subtotal. Add lines 6a , 6b , and 6c		6d	3215
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	0
f Total. Add lines 6d and 6e		6f	3215
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	42
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 3H			
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) ☐ <u>0</u> 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>MOLEX INCORPORATED HOURLY 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>MOLEX INCORPORATED</u>	D Employer Identification Number (EIN) <u>36-2369491</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>77789498</u>
b Actuarial value	2b <u>76025548</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>452</u> <u>16817208</u>
b For terminated vested participants.....	3b <u>1226</u> <u>17829264</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>967857</u>
(2) Vested benefits	3c(2) <u>32476442</u>
(3) Total active.....	3c(3) <u>1617</u> <u>33444299</u>
d Total.....	3d <u>3295</u> <u>68090771</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>6.45 %</u>
6 Target normal cost	6 <u>1102265</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>09/24/2014</u>
	Signature of actuary	Date
<u>ERIN R. SABO</u>	Type or print name of actuary	<u>14-06742</u>
		Most recent enrollment number
<u>HEWITT ASSOCIATES LLC</u>	Firm name	<u>847-295-5000</u>
		Telephone number (including area code)
<u>4 OVERLOOK POINT LINCOLNSHIRE, IL 60069</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)	10946919	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	698961	0
9 Amount remaining (line 7 minus line 8)	10247958	0
10 Interest on line 9 using prior year's actual return of <u>14.25</u> %	1460334	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		1484697
b Interest on (a) using prior year's effective interest rate of <u>5.76</u> % except as otherwise provided (see instructions)		144860
c Total available at beginning of current plan year to add to prefunding balance		1629557
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	4000000	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	7708292	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	100.33 %
15 Adjusted funding target attainment percentage	15	111.65 %
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	100.09 %
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
04/12/2013	50000	0			
09/15/2014	1500000	0			
			Totals ►	18(b)	1550000
				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	1397584
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

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

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	1102265	
b Excess assets, if applicable, but not greater than line 31a	31b	226485	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	875780	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	1456567	0	1456567
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	1397584	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1397584	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	1397584	
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 MOLEX INCORPORATED HOURLY EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 MOLEX INCORPORATED	D Employer Identification Number (EIN) 36-2369491

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

HEWITT ASSOCIATES

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	150676	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BMO HARRIS BANK

39-6436442

(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?
21 50	NONE	35986	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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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>MOLEX INCORPORATED HOURLY 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>MOLEX INCORPORATED</u>	D Employer Identification Number (EIN) <u>36-2369491</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)	2400000	1500000
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	49488	74742
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(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)	75399415	84665461
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	77848903	86240203

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	77848903	86240203
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1550000	
(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)		1550000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1705682	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1705682
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(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)		7189451
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		10445133

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1836535	
(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)		1836535
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)	150676	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	66622	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		217298
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2053833

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8391300
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: GRANT THORNTON LLP

(2) EIN: 36-6055558

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		10000000
4e	X		10000000
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.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2013</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
A Name of plan MOLEX INCORPORATED HOURLY EMPLOYEES' PENSION PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 MOLEX INCORPORATED		D Employer Identification Number (EIN) 36-2369491
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): 39-6436442		
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 13
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: 58.2% Investment-Grade Debt: 25.5% High-Yield Debt: 6.1% Real Estate: 6.9% Other: 3.3%

- 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):



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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Employee Benefits Fiduciary Committee
Molex Incorporated
Hourly Employees' Pension Plan

Report on the financial statements

We were engaged to audit the accompanying financial statements of Molex Incorporated Hourly Employees' Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years then ended, statement of accumulated Plan benefits as of December 31, 2012, and statement of changes in accumulated Plan benefits for the year ended December 31, 2012, and the related notes to the financial statements.

Management's responsibility for the financial statements

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

Auditor's responsibility

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

Basis for disclaimer of opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's 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 certified information described in note D, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the certifying entity meets the requirements of 29 CFR 2520.103-8. The

Plan administrator obtained a certification from this entity as of and for the years ended December 31, 2013 and 2012, stating that the certified information provided to the Plan administrator is complete and accurate.

Disclaimer of opinion

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

Supplementary information

The supplemental schedules of assets (held at end of year) as of December 31, 2013, and of reportable transactions for the year ended December 31, 2013, are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplementary information 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, we do not express an opinion on the supplemental schedules.

Report on form and content in compliance with DOL rules and regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the certified information described in note D, 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.



Chicago, Illinois
October 9, 2014

Schedule SB Attachment (Form 5500)—2013 Plan Year
Molex Incorporated Hourly Employees' Pension Plan
EIN: 36-2369491 PN: 002

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

Attained Age	Number of Participants and Average Compensation									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	24 \$29,813	10								
25-29	33 \$35,162	45 \$40,630	13							
30-34	23 \$43,329	52 \$50,366	32 \$48,809	24 \$47,915						
35-39	15	54 \$45,014	42 \$53,297	56 \$50,275	9					
40-44	23 \$32,599	78 \$44,847	40 \$59,850	71 \$54,344	30 \$49,626	3				
45-49	23 \$33,423	62 \$46,064	37 \$57,436	87 \$56,491	40 \$59,288	9	6			
50-54	22 \$29,815	57 \$39,763	37 \$58,742	75 \$55,120	34 \$59,881	14	12	4		
55-59	12	41 \$44,508	27 \$51,168	64 \$47,971	20 \$61,380	11	14	3	2	
60-64	9	27 \$32,143	15	41 \$47,674	14	12	10	3	2	
65-69	7	19	13	19	5	2	2			
70+		9	9	7	6	1				

N-1,617

Schedule SB Attachment (Form 5500)—2013 Plan Year
Molex Incorporated Hourly Employees' Pension Plan
EIN: 36-2369491 PN: 002

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2012), each adjusted as needed to fall within the 25-year average interest rate corridor under MAP-21
1st Segment Rate	4.94%
2nd Segment Rate	6.15%
3rd Segment Rate	6.76%
Salary Increases	
Minimum Funding Target Normal Cost	3.50%
Cash Balance Interest Crediting Rate	3.50%
Cash Balance Annuity Conversion Rate	N/A
Optional Payment Form Election Percentage	
Hourly Plan	100% elect life annuity
Woodhead Plan	100% elect lump sum
Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums
Optional Payment Form Conversion Mortality	Current IRC section 417(e) table for lump sums
Retirement Age	
Active Participants	See Tables 1–2. Short term rates are used for the first three years and long term rates are used for all future years.
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2013 static mortality table for annuitants and non- annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 3
Disability Rates	See Table 4
Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year

Schedule SB Attachment (Form 5500)—2013 Plan Year
Molex Incorporated Hourly Employees' Pension Plan
EIN: 36-2369491 PN: 002

Surviving Spouse Benefit	It is assumed that 70% of males and 70% of females have an eligible spouse, and that males are two years older than their spouses.
Valuation Compensation	2012 Pensionable earnings rolled forward one year with the salary increase assumption
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$205,000 and the IRC section 401(a)(17) compensation limit of \$255,000.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2011 Plan Year	8.00%, limited to 6.57%
2012 Plan Year	7.75%, limited to 6.32%
Trust Expenses Included in Target Normal Cost	Expenses are assumed to be equal to the average of the prior three year's actual administrative expenses paid from the trust, rounded to the nearest \$10,000 (\$90,000 for 2013).
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2013

Schedule SB Attachment (Form 5500)—2013 Plan Year
Molex Incorporated Hourly Employees' Pension Plan
EIN: 36-2369491 PN: 002

Table 1

Retirement Rates—Long Term Retirement Rates (2016+)

<u>Age</u>	<u>Rate</u>
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	10.00%
61	10.00%
62	15.00%
63	10.00%
64	10.00%
65	35.00%
66	25.00%
67	25.00%
68	25.00%
69	25.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2013 Plan Year
Molex Incorporated Hourly Employees' Pension Plan
EIN: 36-2369491 PN: 002

Table 2

Retirement Rates—Short Term Retirement Rates (2013-2015)

<u>Age</u>	<u>Rate</u>
55	3.00%
56	3.00%
57	3.00%
58	3.00%
59	3.00%
60	3.00%
61	3.00%
62	5.00%
63	10.00%
64	10.00%
65	15.00%
66	15.00%
67	15.00%
68	5.00%
69	5.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2013 Plan Year
Molex Incorporated Hourly Employees' Pension Plan
EIN: 36-2369491 PN: 002

Table 3—Page 1 of 2

Withdrawal Rates

Age	Years of Service			
	0	1	2	3+
15	26.625%	26.625%	26.625%	26.625%
16	26.625%	26.625%	26.625%	26.625%
17	26.625%	26.625%	26.625%	26.625%
18	26.625%	26.625%	26.625%	26.625%
19	26.625%	26.625%	26.625%	26.625%
20	26.625%	26.625%	26.625%	26.625%
21	26.625%	26.625%	26.625%	26.625%
22	25.125%	25.125%	25.125%	25.125%
23	24.975%	23.775%	23.775%	23.775%
24	24.975%	22.425%	22.425%	22.425%
25	24.975%	22.200%	21.075%	21.075%
26	24.975%	22.200%	19.800%	19.800%
27	24.975%	22.200%	19.650%	18.600%
28	24.975%	22.200%	19.650%	17.400%
29	24.975%	22.200%	19.650%	16.275%
30	24.975%	22.200%	19.650%	15.225%
31	24.975%	22.200%	19.650%	14.175%
32	24.975%	22.200%	19.650%	13.125%
33	24.975%	22.200%	19.650%	12.225%
34	24.975%	22.200%	19.650%	11.325%
35	24.975%	22.200%	19.650%	10.425%
36	24.975%	22.200%	19.650%	9.600%
37	24.975%	22.200%	19.650%	8.850%
38	24.975%	22.200%	19.650%	8.100%
39	24.975%	22.200%	19.650%	7.425%
40	24.975%	22.200%	19.650%	6.750%
41	24.975%	22.200%	19.650%	6.150%
42	24.975%	22.200%	19.650%	5.625%
43	24.975%	22.200%	19.650%	5.100%
44	24.975%	22.200%	19.650%	4.650%

Schedule SB Attachment (Form 5500)—2013 Plan Year
Molex Incorporated Hourly Employees' Pension Plan
EIN: 36-2369491 PN: 002

Table 3—Page 2 of 2

Withdrawal Rates

Age	Years of Service			
	0	1	2	3+
45	24.975%	22.200%	19.650%	4.200%
46	24.975%	22.200%	19.650%	3.825%
47	24.975%	22.200%	19.650%	3.525%
48	24.975%	22.200%	19.650%	3.225%
49	24.975%	22.200%	19.650%	3.000%
50	24.975%	22.200%	19.650%	2.775%
51	24.975%	22.200%	19.650%	2.625%
52	24.975%	22.200%	19.650%	2.550%
53	24.975%	22.200%	19.650%	2.475%
54	24.975%	22.200%	19.650%	2.475%
55	24.975%	22.200%	19.650%	2.475%
56	24.975%	22.200%	19.650%	2.475%
57	24.975%	22.200%	19.650%	2.475%
58	24.975%	22.200%	19.650%	2.475%
59	24.975%	22.200%	19.650%	2.475%
60	24.975%	22.200%	19.650%	2.475%
61	24.975%	22.200%	19.650%	2.475%
62	24.975%	22.200%	19.650%	2.475%
63+	24.975%	22.200%	19.650%	2.475%

Schedule SB Attachment (Form 5500)—2013 Plan Year
Molex Incorporated Hourly Employees' Pension Plan
EIN: 36-2369491 PN: 002

Table 4

Disability Rates

Age	Rate	Age	Rate
15	0.010%	45	0.400%
16	0.010%	46	0.436%
17	0.020%	47	0.472%
18	0.030%	48	0.508%
19	0.040%	49	0.544%
20	0.050%	50	0.580%
21	0.054%	51	0.620%
22	0.058%	52	0.660%
23	0.062%	53	0.700%
24	0.066%	54	0.740%
25	0.070%	55	0.780%
26	0.074%	56	0.854%
27	0.078%	57	0.928%
28	0.082%	58	1.002%
29	0.086%	59	1.076%
30	0.090%	60	1.150%
31	0.104%	61	1.150%
32	0.118%	62	1.150%
33	0.132%	63	1.150%
34	0.146%	64	1.150%
35	0.160%	65+	1.150%
36	0.180%		
37	0.200%		
38	0.220%		
39	0.240%		
40	0.260%		
41	0.288%		
42	0.316%		
43	0.344%		
44	0.372%		

Molex Incorporated
Hourly Employees' Pension Plan
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2013

Identity of party involved	Description	Number of purchases/sales	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain (loss)
BMO Harris Bank N.A.	Dreyfus Boston Company Small Cap Value Fund Class I	4	\$ 389,845	\$ -	\$ 389,845	\$ 389,845	\$ -
BMO Harris Bank N.A.	Dreyfus Boston Company Small Cap Value Fund Class I	1	-	4,271,000	2,844,818	-	1,426,182
BMO Harris Bank N.A.	Hartford Small Cap Growth HIs Fund - IA	2	251,813	-	251,813	251,813	-
BMO Harris Bank N.A.	Hartford Small Cap Growth HIs Fund - IA	2	-	5,353,000	3,295,550	-	2,057,450
BMO Harris Bank N.A.	JP Morgan High Yield Find Select	15	5,568,556	-	5,568,556	5,568,556	-
BMO Harris Bank N.A.	PIMCO Commodity Real Return Strategy	5	8,015,809	-	8,015,809	8,015,809	-
BMO Harris Bank N.A.	Vanguard Institutional Index Fund	4	325,702	-	325,702	325,702	-
BMO Harris Bank N.A.	Vanguard Institutional Index Fund	2	-	6,767,000	5,329,154	-	1,437,849
BMO Harris Bank N.A.	BMO Prime Money Fund	31	20,433,762	-	20,433,762	20,433,762	-
BMO Harris Bank N.A.	BMO Prime Money Fund	66	-	20,174,100	20,174,100	-	-

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 Molex Incorporated Hourly Employees' Pension Plan	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">B Three-digit plan number (PN) ►</td> <td style="width: 40%; text-align: center;">002</td> </tr> <tr> <td colspan="2">D Employer Identification Number (EIN) 36-2369491</td> </tr> </table>	B Three-digit plan number (PN) ►	002	D Employer Identification Number (EIN) 36-2369491	
B Three-digit plan number (PN) ►	002				
D Employer Identification Number (EIN) 36-2369491					
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Molex Incorporated					
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		77,789,498
b Actuarial value	2b		76,025,548
3 Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	452	16,817,208
b For terminated vested participants	3b	1,226	17,829,264
c For active participants:			
(1) Non-vested benefits	3c(1)		967,857
(2) Vested benefits	3c(2)		32,476,442
(3) Total active	3c(3)	1,617	33,444,299
d Total	3d	3,295	68,090,771
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	6.45 %	
6 Target normal cost	6	1,102,265	

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	<div style="text-align: center;"> ERIN R. SABO <i>ERS</i> Signature of actuary </div> <div style="text-align: center; margin-top: 20px;"> Erin R. Sabo Type or print name of actuary Hewitt Associates LLC Firm name 4 Overlook Point Lincolnshire IL 60069 Address of the firm </div>	<div style="text-align: center;"> 09/24/2014 Date 14-06742 Most recent enrollment number (847) 295-5000 Telephone number (including area code) </div>
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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 ☐

Part II	Beginning of Year Carryover and Prefunding Balances
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Part III	Funding Percentages
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Part IV	Contributions and Liquidity Shortfalls
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19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

20 Quarterly contributions and liquidity shortfalls:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

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

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	1,102,265	
b Excess assets, if applicable, but not greater than line 31a	31b	226,485	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	875,780	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	1,456,567	0	1,456,567
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	1,397,584	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1,397,584	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	1,397,584	
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 Attachment (Form 5500)—2013 Plan Year
Molex Incorporated Hourly Employees' Pension Plan
EIN: 36-2369491 PN: 002

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2013

Date	Amount	Days to Discount to 1/1/2013 at 6.45%	Interest Adjusted Contribution
April 12, 2013	\$ 50,000	101	\$ 49,143
September 15, 2014	\$ 1,500,000	622	\$ 1,348,441
Total Contribution	\$ 1,550,000		\$ 1,397,584

Schedule SB Attachment (Form 5500)—2013 Plan Year
Molex Incorporated Hourly Employees' Pension Plan
EIN: 36-2369491 PN: 002

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

Long Term Retirement Rates (2016+)

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	5.00%	0.8574	2.51
59.5	5.00%	0.8145	2.42
60.5	10.00%	0.7738	4.68
61.5	10.00%	0.6964	4.28
62.5	15.00%	0.6268	5.88
63.5	10.00%	0.5327	3.38
64.5	10.00%	0.4795	3.09
65.5	35.00%	0.4315	9.89
66.5	25.00%	0.2805	4.66
67.5	25.00%	0.2104	3.55
68.5	25.00%	0.1578	2.70
69.5	25.00%	0.1183	2.06
70	100.00%	0.0887	6.21
Weighted Average			63.36

Schedule SB Attachment (Form 5500)—2013 Plan Year
Molex Incorporated Hourly Employees' Pension Plan
EIN: 36-2369491 PN: 002

Short Term Retirement Rates (2013-2015)

(a)	(b)	(c)	(d) Product
Age	Rate	Weight	(a) × (b) × (c)
55.5	3.00%	1.0000	1.67
56.5	3.00%	0.9700	1.64
57.5	3.00%	0.9409	1.62
58.5	3.00%	0.9127	1.60
59.5	3.00%	0.8853	1.58
60.5	3.00%	0.8587	1.56
61.5	3.00%	0.8330	1.54
62.5	5.00%	0.8080	2.52
63.5	10.00%	0.7676	4.87
64.5	10.00%	0.6908	4.46
65.5	15.00%	0.6217	6.11
66.5	15.00%	0.5285	5.27
67.5	15.00%	0.4492	4.55
68.5	5.00%	0.3818	1.31
69.5	5.00%	0.3627	1.26
70	100.00%	0.3446	24.12
	Weighted Average		65.68

Schedule SB Attachment (Form 5500)—2013 Plan Year
Molex Incorporated Hourly Employees' Pension Plan
EIN: 36-2369491 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

Effective Date June 30, 1973. Last restated and amended effective January 1, 2010.

Participation Effective December 31, 2010, the plan was frozen to new entrants. No employee hired after December 31, 2010 is eligible to participate in the plan. At this time, benefit service was frozen. Participants will continue to accrue pay increases through December 31, 2016.

Normal Retirement

Eligibility Age 65.

Benefit Greater of (1) or (2):

1. the sum of:
 - \$110 times service
 - 0.50% of career average compensation times service
2. 1% of final five-year average pay times service

For Plan Hourly employees of Molex Fiber Optics, Molex Auburn Hills, Molex New England, Molex Copper Flex Products, and Woodhead, the accrued benefit is only calculated according to (2). Pay increases through December 31, 2016 only.

Early Retirement

Eligibility Age 55 and 10 years of service.

Benefit Accrued normal retirement benefit, multiplied by factor below for early commencement of benefit payments.

Age	Factor	Age	Factor
64	.886	59	.508
63	.788	58	.458
62	.703	57	.414
61	.629	56	.375
60	.564	55	.340

Schedule SB Attachment (Form 5500)—2013 Plan Year
Molex Incorporated Hourly Employees' Pension Plan
EIN: 36-2369491 PN: 002

Late Retirement	
Eligibility	Age 65.
Benefit	Calculated the same as normal retirement benefit, recognizing pay increases and service accruals beyond normal retirement age.
Vested Termination	
Eligibility	Five years of service.
Benefit	Accrued normal retirement benefit, payable at age 65. The benefit is payable as early as age 55 and is reduced by the early retirement factors.
Surviving Spouse Benefit	
Eligibility	Five years of service.
Benefit	The benefit shall be paid to the surviving spouse for an amount equal to the benefit assuming the participant terminated on the date of death and retired on the later of age 55 or the date of death with a 50% Joint & Survivor Annuity.
Normal Form of Payment	If married, 50% Joint and Survivor. Otherwise, a Life Annuity.
Optional Form of Payment	67%, 75%, and 100% Joint and Survivor, 10-year certain and life, and level income option.
Definitions	
Year of Vesting Service	1,000 hours of service.
Benefit Service	Years and complete months of service as a participant.
Final Five-Year Average Pay	The average of the five consecutive calendar years out of the last 10 consecutive calendar years during which earnings were the highest.
Actuarial Equivalence	1971 Group Annuity Mortality Table with a 3-year setback weighted 100% male and 7% interest rate.

Schedule SB Attachment (Form 5500)—2013 Plan Year
Molex Incorporated Hourly Employees' Pension Plan
EIN: 36-2369491 PN: 002

Benefits from the prior Woodhead Plan

Effective Date	October 1, 1973. Effective September 30, 2009, the Retirement Plan for Employees of Woodhead Industries Inc. & Affiliated Companies (the Woodhead Plan) merged into the Molex Incorporated Hourly Employees Pension Plan
Participation	Twelve months, 1,000 hours.
Normal Retirement Eligibility	Age 65.
Benefit	<p>Greater of (1) or (2):</p> <ol style="list-style-type: none">1. 1.2% of average monthly compensation less 0.6% of covered compensation up to 30 years (offset cannot exceed 0.6% of final average compensation times service up to 30 years)2. \$2.50 times service <p>Participants employed by Advanced Interconnect, Inc. shall be entitled to a monthly pension that is the Actuarial Equivalent of a Participant's Cash Balance Account, commencing at his Normal Retirement Date, determined as follows:</p> <p>Cash Balance Account: A Participant's Cash Balance Account shall be the sum of the Compensation Credits and Interest Credits credited to his Cash Balance Account.</p> <p>Compensation Credits: The Participant's Cash Balance Account shall be credited with a Compensation Credit equal to 3.0% of the Participant's Compensation for the Plan Year.</p> <p>Interest Credits: The Participant's Cash Balance Account shall be credited with an Interest Credit equal to the Participant's Cash Balance Account balance as of the first day of such Plan Year times the Interest Credit Rate for such Plan Year. The Interest Credit Rate for any Plan Year is the annual interest rate on ten-year Treasury Constant Maturities for the month of September preceding, or in which occurs, the first day of the Plan Year.</p> <p>The plan was frozen as of December 31, 2007 with no further accruals.</p>

Schedule SB Attachment (Form 5500)—2013 Plan Year
Molex Incorporated Hourly Employees' Pension Plan
EIN: 36-2369491 PN: 002

Early Retirement
Eligibility

Age 55 and 10 years of service.

Benefit

Accrued normal retirement benefit, multiplied by factor below for early commencement of benefit payments.

Age	Factor	Age	Factor
64	.933	59	.633
63	.867	58	.600
62	.800	57	.567
61	.733	56	.533
60	.667	55	.500

Late Retirement
Eligibility

Age 65.

Benefit

Calculated on a single-life basis equal to hours accrued benefit based upon service, credited service and earning at termination of employment.

Vested Termination
Eligibility

Five years of service.

Benefit

Accrued normal retirement benefit, payable at age 65. If the participant has ten years of service, the benefit is payable as early as age 55 and is reduced by the early retirement factors.

Surviving Spouse Benefit
Eligibility

Five years of service.

Benefit

The benefit shall be paid to the surviving spouse for an amount equal to the benefit assuming the participant terminated on the date of death and retired on the later of age 55 or the date of death with a 50% Joint & Survivor Annuity. No reduction for commencement prior to 55 is applied.

Normal Form of Payment

If married, 50% Joint and Survivor. Otherwise, a Life Annuity.

Optional Form of Payment

67% and 100% Joint and Survivor, 10-year certain and life, level income option, lump sum payment (automatic if value is less than \$5,000).

Schedule SB Attachment (Form 5500)—2013 Plan Year
Molex Incorporated Hourly Employees' Pension Plan
EIN: 36-2369491 PN: 002

Disability Retirement Benefit

Eligibility	Five years of service and after incapable of continuing employment due to physical or mental disability.
Benefit	Single-life basis commencing as of the date of disability.
Definitions	
Year of Vesting Service	1,000 hours of service.
Benefit Service	Years and complete months of service as a participant.
Average Monthly Compensation	The average of the five consecutive calendar years during which earnings were the highest.
Final Average Compensation	The average of the last three plan years of compensation. Compensation in each of these years is limited to the Social Security Wage Base in effect at the beginning of that plan year.

Plan Changes Since the Prior Year

The funding valuation reflects the following plan changes:

- An update to the mortality and interest rates for determining minimum lump sum payments under IRC section 417(e)(3) to the applicable rates for the current plan year.
- An increase in the annual pay limit under IRC Section 401(a)(17) from \$250,000 in 2012 to \$255,000 in 2013.
- An increase in the annual maximum benefit limit under IRC section 415 from \$200,000 in 2012 to \$205,000 in 2013.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Molex Incorporated
Hourly Employees' Pension Plan
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2013

Description of investment	Shares/ units	Cost	Current value
Delaware Pooled Trust - The Emerging Markets Portfolio Fund	753,843	\$ 7,577,147	\$ 6,950,430
American EuroPacific Growth Fund	141,781	4,919,629	6,831,022
Nuveen Real Estate Securities Fund	387,796	6,688,450	7,546,506
Hartford Small Cap Growth HLS Fund	74,690	1,137,351	2,434,910
Ivy International Core Equity	360,897	5,297,081	6,820,952
Dreyfus Funds - The Boston Co. Small Cap Value Fund	79,973	1,546,257	2,370,408
PIMCO Commodity Real Return Strategy Fund	1,706,527	11,368,631	9,368,832
PIMCO Total Return Fund	533,558	5,712,852	5,703,731
PIMCO Foreign Bond Fund	373,820	3,915,841	3,753,155
Vanguard Institutional Index Fund	83,444	8,816,916	14,125,385
Vanguard Inflation Protected Securities Fund	425,932	4,195,290	4,416,914
Wells Fargo Advantage International Bond Fund	348,668	3,867,888	3,755,152
JP Morgan High Yield Bond Fund	1,250,743	10,190,206	9,980,930
BMO Prime Money Market Fund*	-	<u>607,134</u>	<u>607,134</u>
Total investments		<u>\$75,840,673</u>	<u>\$84,665,461</u>

*Party-in-interest.

Schedule SB Attachment (Form 5500)—2013 Plan Year
Molex Incorporated Hourly Employees' Pension Plan
EIN: 36-2369491 PN: 002

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following non-prescribed assumption changes:

- A change in retirement rates for Molex Hourly and Woodhead participants to more accurately reflect anticipated plan experience.
- A change in withdrawal rates to more accurately reflect anticipated plan experience.

These changes were made to better reflect the anticipated plan experience. These assumption changes either increased the funding shortfall or reduced it by less than the applicable threshold, as such approval of the Commissioner is not required.



Financial Statements and Report of Independent
Certified Public Accountants

Molex Incorporated
Hourly Employees' Pension Plan

December 31, 2013 and 2012

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Employee Benefits Fiduciary Committee
Molex Incorporated
Hourly Employees' Pension Plan

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Report on the financial statements

We were engaged to audit the accompanying financial statements of Molex Incorporated Hourly Employees' Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years then ended, statement of accumulated Plan benefits as of December 31, 2012, and statement of changes in accumulated Plan benefits for the year ended December 31, 2012, and the related notes to the financial statements.

Management's responsibility for the financial statements

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

Auditor's responsibility

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

Basis for disclaimer of opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's 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 certified information described in note D, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the certifying entity meets the requirements of 29 CFR 2520.103-8. The

Plan administrator obtained a certification from this entity as of and for the years ended December 31, 2013 and 2012, stating that the certified information provided to the Plan administrator is complete and accurate.

Disclaimer of opinion

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

Supplementary information

The supplemental schedules of assets (held at end of year) as of December 31, 2013, and of reportable transactions for the year ended December 31, 2013, are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplementary information 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, we do not express an opinion on the supplemental schedules.

Report on form and content in compliance with DOL rules and regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the certified information described in note D, 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.



Chicago, Illinois
October 9, 2014

Molex Incorporated
Hourly Employees' Pension Plan
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31,

	<u>2013</u>	<u>2012</u>
Assets		
Investments, at fair value		
Mutual funds	\$84,665,461	\$75,399,415
Receivables		
Accrued interest and dividends	74,742	49,488
Employer contributions	<u>1,500,000</u>	<u>2,400,000</u>
Total receivables	<u>1,574,742</u>	<u>2,449,488</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$86,240,203</u>	<u>\$77,848,903</u>

The accompanying notes are an integral part of these statements.

Molex Incorporated
Hourly Employees' Pension Plan
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years ended December 31,

	<u>2013</u>	<u>2012</u>
Additions		
Investment income		
Net appreciation in fair value of mutual funds	\$ 7,189,451	\$ 7,627,528
Interest and dividend income	<u>1,705,682</u>	<u>1,764,881</u>
Net investment income	8,895,133	9,392,409
Employer contributions	<u>1,550,000</u>	<u>2,850,000</u>
Total additions	10,445,133	12,242,409
Deductions		
Distributions to participants	1,836,535	1,796,457
Administrative expenses	<u>217,298</u>	<u>93,963</u>
Total deductions	<u>2,053,833</u>	<u>1,890,420</u>
NET INCREASE	8,391,300	10,351,989
Net assets available for benefits		
Beginning of year	<u>77,848,903</u>	<u>67,496,914</u>
End of year	<u>\$86,240,203</u>	<u>\$77,848,903</u>

The accompanying notes are an integral part of these statements.

Molex Incorporated
Hourly Employees' Pension Plan
STATEMENT OF ACCUMULATED PLAN BENEFITS
December 31, 2012

Actuarial present value of accumulated Plan benefits	
Vested benefits	
Participants currently receiving benefits	\$14,968,252
Other participants	<u>41,202,408</u>
Total vested benefits	56,170,660
Non-vested benefits	<u>875,267</u>
Total actuarial present value of accumulated Plan benefits	<u>\$57,045,927</u>

The accompanying notes are an integral part of this statement.

Molex Incorporated
Hourly Employees' Pension Plan
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
Year ended December 31, 2012

Actuarial present value of accumulated Plan benefits, beginning of year	\$52,179,245
Increase (decrease) during the year attributable to	
Increase for interest due to the decrease in the discount period	3,975,668
Benefits paid	(1,794,094)
Assumption changes	2,667,187
Other changes	<u>17,921</u>
Net increase	<u>4,866,682</u>
Actuarial present value of accumulated Plan benefits, end of year	<u>\$57,045,927</u>

The accompanying notes are an integral part of this statement.

Molex Incorporated
Hourly Employees' Pension Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2013 and 2012

NOTE A - DESCRIPTION OF THE PLAN

The following description of the Molex Incorporated Hourly Employees' Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a non-contributory, defined benefit plan for the plant hourly employees of Molex Incorporated (the Company). Effective January 1, 2011, the Company amended the Plan to freeze participation and benefit accruals and exclude certain future compensation from the calculation of Plan benefits. All prior eligible employees of the Company had begun participation in the Plan as of their date of hire.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Pension Benefits

The normal annual retirement benefit is equal to the sum of (1) \$110 multiplied by the years and months of service of the participants and (2) one-half of 1% of the participants' average compensation, as defined, multiplied by their years and months of service, subject to certain minimum and maximum provisions, but not less than 1% of the participants' final average salary, as defined, multiplied by their years and months of service. The normal retirement date of participants is the first day of the month coinciding with, or the next following, their 65th birthdate. Early retirement is permitted, with a corresponding reduction in the normal retirement benefits. A participant is eligible for early retirement if he or she satisfies 10 years of service and has attained age 55.

Vesting

Participants vest in their accounts after five years of service. A participant becomes fully vested upon attaining normal retirement age of 65 if not otherwise already vested. Distributions to participants generally are in the form of monthly annuity payments, commencing on the retirement date and ceasing upon the date of death. Certain other distribution options are available under the Plan.

Contributions and Funding Policy

Contributions to provide benefits under the Plan are made solely by the Company. The actuarial assumptions referred to in note C have been designed to provide sufficient funds to pay benefits as they become payable under the Plan. Prior service costs are funded over the average future years of service of the active participants. The Plan has met the ERISA minimum funding requirements.

Expenses

Investment management, Pension Benefit Guaranty Corporation (PBGC) payments and administrative record-keeping expenses of the Plan are paid by the Plan unless the Company elects to pay the expenses.

Molex Incorporated
Hourly Employees' Pension Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2013 and 2012

NOTE B - SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are stated at fair value. Fair value is defined as 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 (exit price). See note F for further 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.

Administrative Expenses

Investment management and administrative record-keeping expenses of the Plan are paid by the Plan unless the Company elects to pay the expenses.

NOTE C - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

The Plan's external actuary estimated the actuarial present value of accumulated Plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits earned by the participants 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 expected date of payment.

Molex Incorporated
Hourly Employees' Pension Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2013 and 2012

The significant actuarial assumptions underlying the actuarial computations are as follows:

Discount rate of return on investments	7.75%
Retirement age	65
Mortality tables	2013 - The 2013 Static Mortality Table for Annuitants and Non-Annuitants 2012 - The 2012 Static Mortality Table for Annuitants and Non-Annuitants

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

NOTE D - INFORMATION CERTIFIED BY TRUSTEE

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, BMO Harris Bank N.A. (BMO Harris), the trustee of the Plan, has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate:

- Investments and accrued interest and dividends, as shown in the statements of net assets available for benefits as of December 31, 2013 and 2012.
- Net investment income, as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2013 and 2012.
- Schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2013.
- Schedule H, line 4j - schedule of reportable transactions for the year ended December 31, 2013.

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

Molex Incorporated
Hourly Employees' Pension Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2013 and 2012

NOTE E - INVESTMENTS

Investments that represent 5% or more of the Plan's net assets at December 31, 2013 and 2012, are as follows:

	2013	2012
Vanguard Institutional Index Fund	\$14,125,385	\$16,324,639
Vanguard Inflation Protected Securities Fund	4,416,914	8,536,027
American EuroPacific Growth Fund	6,831,022	6,683,138
Hartford Small Cap Growth HLS Fund	N/A*	5,959,977
Nuveen Real Estate Securities Fund	7,546,506	5,197,288
Ivy International Core Equity	6,820,952	5,573,972
Dreyfus Funds - The Boston Co. Small Cap Value Fund	N/A*	5,261,395
PIMCO Total Return Fund	5,703,731	5,010,243
JP Morgan High Yield Bond Fund	9,980,930	4,633,027
Delaware Pooled Trust - The Emerging Markets Portfolio Fund	6,950,430	4,016,076
PIMCO Commodity Real Return Strategy Fund	9,368,832	N/A*

*Below 5% threshold.

NOTE F - FAIR VALUE MEASUREMENTS

Fair value is defined as 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 (i.e., an exit price). The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value. The fair value hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

Level 1 - Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.

Level 2 - Inputs other than quoted prices in active markets for identical assets and liabilities that are observable, either directly or indirectly, for substantially the full term of the asset or liability. Level 2 inputs include the following:

- Quoted prices for similar assets and liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in markets that are not active.
- Observable inputs other than quoted prices that are used in the valuation of the assets or liabilities (e.g., interest rate and yield curve quotes at commonly quoted intervals).
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Molex Incorporated
Hourly Employees' Pension Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2013 and 2012

Level 3 - Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs include management's own assumption about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

The level in the fair value hierarchy in which the fair value measurement is classified is determined based on the lowest level of input that is significant to the fair value measurement in its entirety.

The following is a description of the valuation technique and inputs used for each major class of assets measured at fair value by the Plan:

Mutual funds - Valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets carried at fair value as of December 31:

2013				
	Level 1	Level 2	Level 3	Total
Mutual funds				
Fixed income	\$27,609,883	\$ -	\$ -	\$27,609,883
U.S. equities	35,846,039	-	-	35,846,039
International equities	20,602,405	-	-	20,602,405
Money market fund	<u>607,134</u>	<u>-</u>	<u>-</u>	<u>607,134</u>
Total assets at fair value	<u>\$84,665,461</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$84,665,461</u>
2012				
	Level 1	Level 2	Level 3	Total
Mutual funds				
Fixed income	\$23,917,484	\$ -	\$ -	\$23,917,484
U.S. equities	34,861,272	-	-	34,861,272
International equities	16,273,186	-	-	16,273,186
Money market fund	<u>347,473</u>	<u>-</u>	<u>-</u>	<u>347,473</u>
Total assets at fair value	<u>\$75,399,415</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$75,399,415</u>

NOTE G - INCOME TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service (the IRS) dated May 30, 2012, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the IRC) and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan, as amended and restated, is qualified and the related trust is tax-exempt.

Molex Incorporated
Hourly Employees' Pension Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2013 and 2012

U.S. GAAP requires Plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2013 and 2012, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

NOTE H - PLAN TERMINATION

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

NOTE I - RELATED-PARTY TRANSACTIONS

The Plan holds shares of mutual funds managed by BMO Harris, the trustee of the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA. Fees paid by the Plan to BMO Harris for investment management and administrative record-keeping services were \$35,986 and \$32,407 for the years ended December 31, 2013 and 2012, respectively.

NOTE J - 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 those changes could materially affect the amounts reported in the statements of net assets available for benefits.

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

Molex Incorporated
Hourly Employees' Pension Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2013 and 2012

NOTE K - SUBSEQUENT EVENTS

Management evaluated its December 31, 2013, financial statements for subsequent events through October 9, 2014, the date the financial statements were available to be issued. Management is not aware of any subsequent events that would require recognition or disclosure in the financial statements.

SUPPLEMENTAL SCHEDULES

Molex Incorporated
Hourly Employees' Pension Plan
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2013

Description of investment	Shares/ units	Cost	Current value
Delaware Pooled Trust - The Emerging Markets Portfolio Fund	753,843	\$ 7,577,147	\$ 6,950,430
American EuroPacific Growth Fund	141,781	4,919,629	6,831,022
Nuveen Real Estate Securities Fund	387,796	6,688,450	7,546,506
Hartford Small Cap Growth HLS Fund	74,690	1,137,351	2,434,910
Ivy International Core Equity	360,897	5,297,081	6,820,952
Dreyfus Funds - The Boston Co. Small Cap Value Fund	79,973	1,546,257	2,370,408
PIMCO Commodity Real Return Strategy Fund	1,706,527	11,368,631	9,368,832
PIMCO Total Return Fund	533,558	5,712,852	5,703,731
PIMCO Foreign Bond Fund	373,820	3,915,841	3,753,155
Vanguard Institutional Index Fund	83,444	8,816,916	14,125,385
Vanguard Inflation Protected Securities Fund	425,932	4,195,290	4,416,914
Wells Fargo Advantage International Bond Fund	348,668	3,867,888	3,755,152
JP Morgan High Yield Bond Fund	1,250,743	10,190,206	9,980,930
BMO Prime Money Market Fund*	-	<u>607,134</u>	<u>607,134</u>
Total investments		<u>\$75,840,673</u>	<u>\$84,665,461</u>

*Party-in-interest.

Molex Incorporated
Hourly Employees' Pension Plan
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended December 31, 2013

Identity of party involved	Description	Number of purchases/sales	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain (loss)
BMO Harris Bank N.A.	Dreyfus Boston Company Small Cap Value Fund Class I	4	\$ 389,845	\$ -	\$ 389,845	\$ 389,845	\$ -
BMO Harris Bank N.A.	Dreyfus Boston Company Small Cap Value Fund Class I	1	-	4,271,000	2,844,818	-	1,426,182
BMO Harris Bank N.A.	Hartford Small Cap Growth HIs Fund - IA	2	251,813	-	251,813	251,813	-
BMO Harris Bank N.A.	Hartford Small Cap Growth HIs Fund - IA	2	-	5,353,000	3,295,550	-	2,057,450
BMO Harris Bank N.A.	JP Morgan High Yield Find Select	15	5,568,556	-	5,568,556	5,568,556	-
BMO Harris Bank N.A.	PIMCO Commodity Real Return Strategy	5	8,015,809	-	8,015,809	8,015,809	-
BMO Harris Bank N.A.	Vanguard Institutional Index Fund	4	325,702	-	325,702	325,702	-
BMO Harris Bank N.A.	Vanguard Institutional Index Fund	2	-	6,767,000	5,329,154	-	1,437,849
BMO Harris Bank N.A.	BMO Prime Money Fund	31	20,433,762	-	20,433,762	20,433,762	-
BMO Harris Bank N.A.	BMO Prime Money Fund	66	-	20,174,100	20,174,100	-	-