

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

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>COLUMBUS STEEL CASTINGS 401K RETIREMENT SAVINGS 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>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/2010</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>06-1678153</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>614-445-2080</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>331110</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/2010</u>		2b Employer Identification Number (EIN) <u>06-1678153</u>		2c Sponsor's telephone number <u>614-445-2080</u>		2d Business code (see instructions) <u>331110</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>07/01/2010</u>											
2b Employer Identification Number (EIN) <u>06-1678153</u>											
2c Sponsor's telephone number <u>614-445-2080</u>											
2d Business code (see instructions) <u>331110</u>											
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>COLUMBUS STEEL CASTINGS</u> <u>2211 PARSONS AVENUE</u> <u>COLUMBUS, OH 43207</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	MICHELLE BENNETT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	699
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	575
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits.....		6c	234
d Subtotal. Add lines 6a , 6b , and 6c		6d	809
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	0
f Total. Add lines 6d and 6e		6f	809
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	510
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	38
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: 2E 2F 2G 2J 3D			
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>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013	
A Name of plan COLUMBUS STEEL CASTINGS 401K RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 COLUMBUS STEEL CASTINGS	D Employer Identification Number (EIN) 06-1678153

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
LINCOLN NATIONAL LIFE INSURANCE CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	GP 77713	521	01/01/2013	12/31/2013

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	6902

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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INVESTACORP INC.
SUITE 100
4400 BISCAYNE BLVD
MIAMI, FL 33137

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	6877	SALES AND BASE COMMISSION	4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

INVESTACORP INC.
SUITE 100
4400 BISCAYNE BLVD
MIAMI, FL 33137

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	25	NON-MONETARY COMPENSATION TO SALES REP	4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	131114
5 Current value of plan's interest under this contract in separate accounts at year end	5	2533560

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GRP VAR ANNTY W/GUAR FUND

b Balance at the end of the previous year	7b	144084
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c Additions: (1) Contributions deposited during the year	7c(1)	26852	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	2022	
(4) Transferred from separate account	7c(4)	93	
(5) Other (specify below)	7c(5)	11180	
▶ LOAN REPAY/FORF/TAKEOVER/ADJUSTMENT			

(6) Total additions	7c(6)	40147
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d Total of balance and additions (add lines 7b and 7c(6))	7d	184231
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	36627	
(2) Administration charge made by carrier	7e(2)	1573	
(3) Transferred to separate account	7e(3)	3510	
(4) Other (specify below)	7e(4)	11407	
▶ LOAN ISSUE/FORF/FEEES/CORRECTIVES/ ADJUSTMENTS/INS PREM			

(5) Total deductions	7e(5)	53117
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	131114
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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 COLUMBUS STEEL CASTINGS 401K RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 COLUMBUS STEEL CASTINGS	D Employer Identification Number (EIN) 06-1678153	

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	
LINCOLN NATIONAL CORPORATION	1300 CLINTON STREET FT WAYNE, IN 46801
35-1140070	

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

LINCOLN NATIONAL CORPORATION

1300 CLINTON STREET
FT WAYNE, IN 46801

(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?
13	SERVICE PROVIDER	39777	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

BURKE & SCHINDLER, PLL

901 ADAMS CROSSING
CINCINNATI, OH 45202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	SERVICE PROVIDER	22245	Yes ☐ No ☒	Yes ☐ No ☒	0	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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan 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.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>COLUMBUS STEEL CASTINGS 401K RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>COLUMBUS STEEL CASTINGS</u>	D Employer Identification Number (EIN) <u>06-1678153</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA11 DELAWARE GROWTH & INCOME</u>			
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL CORPORATION</u>			
c EIN-PN <u>35-1140070-111</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>18036</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SAS12 LVIP DELAWARE BOND</u>			
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL CORPORATION</u>			
c EIN-PN <u>35-1140070-112</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>18348</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA14 FEDERATED GOVT ULTRASHORT</u>			
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL CORPORATION</u>			
c EIN-PN <u>35-1140070-114</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>822855</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA17 COLUMBIA ACORN</u>			
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL CORPORATION</u>			
c EIN-PN <u>35-1140070-117</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8623</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA19 LVIP VANGUARD DOMESTIC EQU</u>			
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL CORPORATION</u>			
c EIN-PN <u>35-1140070-119</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2138</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA20 FRANKLIN HIGH INCOME</u>			
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL CORPORATION</u>			
c EIN-PN <u>35-1140070-120</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16693</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LNL SA21 VANGUARD LIFE MODERATE</u>			
b Name of sponsor of entity listed in (a): <u>LINCOLN NATIONAL CORPORATION</u>			
c EIN-PN <u>35-1140070-121</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>17536</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA22 LVIP MONDRIAN INT'L VALUE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-122	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3473
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA23 SSGA RUSSELL ALL CAP INDEX		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATIO		
c EIN-PN 35-1140070-123	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3103
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA24 SSGA RUSSELL SMALL/MID CAP		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-124	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29574
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA27 LVIP SSGA S&P 500 INDEX		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-127	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25536
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA29 VLIP T ROWE PRICE GROWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-129	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA30 VANGUARD LIFE CON GROWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-130	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24810
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA31 ALLIANCEBERNSTEIN VPS GLOB		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-131	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA32 VANGUARD LIFE GROWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-132	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1893
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA33 LVIP DELWARE SOCIAL AWARE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-133	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1309
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA35 FIDELITY CONTRA FUND		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-135	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4141

a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SA 36 LVIP SSGA SMALLCAP INDEX](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-136	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8287
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SA38 LVIP MIDCAP VALUE](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-138	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SA39 ALLIANCEBERNSTEIN VPS SMA](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-139	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15819
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SA55 LVIP CLARION GLOBAL RE](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-155	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5895
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SA56 DELAWARE VIP SMALL CAP VAL](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-156	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15345
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SA57 VLIP DIMENSIONAL US EQUITY](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-157	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12012
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SA58 FRANKLIN GROWTH](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-158	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27559
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SA59 LVIP VANGUARD INT'L EQ ETF](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-159	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 99
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SA61 DELAWARE VIP VALUE](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-161	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11513
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SA62 LVIP TEMPLTON GROWTH](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-162	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1286
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA63 WELLS FARGO ADV DISCOVERY**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-163	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	9043
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a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS ASPEN ENTERPRISE**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-164	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	17306
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA65 MFS VIT GROWTH SERIES**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-165	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7111
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA67 MFS VIT UTILITIES SERIES**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-167	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5966
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA76 INVESCO SMALL CAP DISCOVER**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-176	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	13023
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA77 BLACKROCK ENERGY & RESOURC**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-177	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	47230
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA80 BLACKROCK LARGE CAP VAL**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-180	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA81 BLACKROCK CAPITAL APPREC**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-181	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	4158
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA83 BLACKROCK FLEXIBLE EQUITY**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-183	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	21511
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA84 FIDELITY VIP MID CAP**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-184	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	48195
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SA86 FTVIPT TEMPLETON GLOBAL BO](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-186	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13415
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SA93 DELAWARE VIP DIVERISIFIED](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-193	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10485
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SA94 OPPENHEIMER DEVELOPING MAR](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-194	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18880
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SA95 LVIP DELAWARE FNDTN CONSER](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-195	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4205
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SA96 LVIP DELAWARE FNDTN MODERA](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-196	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 201306
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SAV97 LVIP DELAWARE FNDTN AGGRE](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-197	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 80677
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SAL1 LVIP PROTECTED 2010](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-701	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22194
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SAL2 LVIP PROTECTED 2020](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-702	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 204313
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SAL3 LVIP PROTECTED 2030](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-703	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 75845
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LNL SAL4 LVIP PROTECTED 2040](#)**b** Name of sponsor of entity listed in (a): [LINCOLN NATIONAL CORPORATION](#)

c EIN-PN 35-1140070-704	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 84739
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL5 LVIP SGA INTERNATIONAL IND		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-708	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3903
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL6 LVIP SSGA BOND INDEX		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-709	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7696
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL7 LVIP DELAWARE SPECL OPPORT		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-710	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21069
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL8 SSGA RUSSELL LRG CAP VAL		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-711	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3757
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SAL9 SSGA RUSSELL LRG CAP GR		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-712	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2178
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SALA SSGA SP MIDCAP INDEX		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-713	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15459
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SALB SSGA RUSSELL SM CP VALUE		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-714	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8292
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SALC SSGA RUSSELL SM CP GROWTH		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1140070-715	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11909
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SALL LVIP MANAGED RISK 2050		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1400070-719	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17696
a Name of MTIA, CCT, PSA, or 103-12 IE: LNL LINCOLN LIFE SEPARATE ACCOUNT		
b Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION		
c EIN-PN 35-1400070-402	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 451891

a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA70 JANUS ASPEN**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-170	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA28 INVESCO GROWTH & INCOME**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-128	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 633
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SALM PIMCO TOTAL RETURN**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-720	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1910
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a Name of MTIA, CCT, PSA, or 103-12 IE: LNL SA92 LVIP BLACKROCK INFLA PROT**b** Name of sponsor of entity listed in (a): LINCOLN NATIONAL CORPORATION

c EIN-PN 35-1140070-192	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1679
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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>COLUMBUS STEEL CASTINGS 401K RETIREMENT SAVINGS PLAN</u>		B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COLUMBUS STEEL CASTINGS</u>		D Employer Identification Number (EIN) <u>06-1678153</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)		
(2) Participant contributions.....	1b(2)	7700	0
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	229689	203078
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	2438683	2533560
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	144083	131114
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2820155	2867752

Liabilities

g Benefit claims payable	1g	9818	2298
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	9818	2298

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2810337	2865454
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	384711	
(C) Others (including rollovers)	2a(1)(C)	4562	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		389273
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)	7255	
(F) Other	2b(1)(F)	2022	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		9277
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		284119
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		682669

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	514248	
(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)		514248
f Corrective distributions (see instructions)	2f		9818
g Certain deemed distributions of participant loans (see instructions)	2g		41464
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	27855	
(3) Investment advisory and management fees	2i(3)	34167	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		62022
j Total expenses. Add all expense amounts in column (b) and enter total	2j		627552

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		55117
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: MCGLADREY LLP

(2) EIN: 42-0714325

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

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

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

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

A Name of plan <u>COLUMBUS STEEL CASTINGS 401K RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COLUMBUS STEEL CASTINGS</u>	D Employer Identification Number (EIN) <u>06-1678153</u>

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	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>35-1140070</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Columbus Steel Castings 401(k) Retirement Savings Plan

Financial Report
December 31, 2013

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Independent Auditor's Report

To the Board of Directors
Columbus Steel Castings
401(k) Retirement Savings Plan
Columbus, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Columbus Steel Castings 401(k) Retirement Savings Plan (the Plan), which comprise the statements of net assets available for as of December 31, 2013, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified or provided by Lincoln National Life Insurance Company, the custodian of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the custodian holds the Plan's assets and executes transactions. The Plan Administrator has obtained a certification from the custodian as of and for the year ended December 31, 2013, that the information provided to the Plan Administrator by the custodian 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.

Independent Auditor's Report (Continued)

Other Matter – 2012 Financial Statements

The financial statements of the Plan as of December 31, 2012, were audited by other auditors whose report, dated October 15, 2013, did not express an opinion on the 2012 financial statements for the same reason described in the Basis for Disclaimer of Opinion paragraph. Their report also indicated the form and content of the information included in the 2012 financial statements, other than that derived from the information certified by the custodian, was presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Other Matter – Supplemental Schedule

The supplemental schedule of assets (held at end of year) as of December 31, 2013, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. 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 schedule.

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



Columbus, Ohio
October 14, 2014

**Columbus Steel Castings
401(k) Retirement Savings Plan**

**Statements of Net Assets Available for Benefits
December 31, 2013 and 2012**

	2013	2012
Assets		
Investments, at fair value	\$ 2,664,674	\$ 2,582,766
Receivables		
Participant contributions	-	7,700
Notes receivable from participants	203,078	229,689
Total receivables	203,078	237,389
Liabilities		
Excess employee contributions payable	(2,298)	(9,818)
Net assets available for benefits	\$ 2,865,454	\$ 2,810,337

See Notes to Financial Statements.

**Columbus Steel Castings
401(k) Retirement Savings Plan**

**Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2013**

Additions	
Investment Income	
Net appreciation in fair value of investments	\$ 284,119
Interest and dividends	2,022
Total investment income	286,141
Interest income on notes receivable from participants	7,255
Contributions	
Participant	384,711
Rollover	4,562
Total contributions	389,273
Total additions	682,669
Deductions	
Benefits paid to participants or beneficiaries	565,530
Administrative expenses	62,022
Total deductions	627,552
Net change	55,117
Net assets available for benefits	
Beginning	2,810,337
Ending	\$ 2,865,454

See Notes to Financial Statements.

**Columbus Steel Castings
401(k) Retirement Savings Plan**

Notes to Financial Statements

Note 1. Description of the Plan

The following description of Columbus Steel Castings 401(k) Retirement Savings Plan (the Plan) provides only general information. Plan participants should refer to the Plan document for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan sponsored by Columbus Steel Castings (the Company) and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Each employee who has attained age 18 is eligible to participate in the Plan following the completion of 1 month of service for salaried non-highly compensated employees, and 6 months of service for hourly and salaried highly compensated employees. Employees are eligible to participate as of the date such employee has satisfied such requirements.

Contributions: Plan participants may authorize the Company to make salary deferral contributions to the Plan up to the maximum percentage allowable not to exceed the annual limits prescribed under the Internal Revenue Code (IRC). Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Plan participants may also make rollover contributions of amounts distributed to them from other qualified plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Company may make discretionary matching contributions for participants eligible to participate during the Plan year equal to a uniform percentage determined each year by the Employer. The Company did not make a discretionary matching contribution in 2013.

Participant accounts: Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Participants are immediately vested in their salary deferral and rollover contributions plus actual earnings thereon. Vesting in the Company contribution portion of their account is based on years of continuous service. A participant is vested 33% after one year of service, 66% after two years of service, and 100% after three years of service.

Notes receivable from participants: Participants may borrow from their participant account a minimum of \$1,000 up to a maximum of the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at rates commensurate with local prevailing rates as determined by the plan administrator. Principal and interest is paid ratably through weekly payroll deductions.

Payment of benefits: A participant may receive the value of his or her vested account upon retirement, attainment of retirement age (age 65), death, termination of service, or disability. A participant over the age of 59 1/2 may also withdraw fully vested amounts. A participant or the designated beneficiary receives a lump-sum amount equal to the value of his or her account. If the vested account balance exceeds \$5,000, participant must consent to the distribution before it may be made. Hardship withdrawals, as defined by the Plan, are also available to participants.

Forfeited accounts: At December 31, 2013 and 2012 forfeited non-vested accounts totaled \$4,075 and \$12,695, respectively. The Plan will first use forfeitures to reduce administrative expenses of the Plan and the remaining forfeitures are allocated amongst the Plan participants. For the year ended December 31, 2013, \$12,848 was used to reduce administrative expenses.

**Columbus Steel Castings
401(k) Retirement Savings Plan**

Notes to Financial Statements

Note 2. Summary of Accounting Policies

Basis of accounting: The financial statements of the Plan are prepared using the accrual basis of accounting.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts, which approximates contract value. The Statement of Changes in Net Assets Available for Benefits is prepared using the contract value basis for fully benefit-responsive investment contracts.

Use of estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Investment valuation and income recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for 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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes receivable from participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent loans are treated as distributions based upon the terms of the plan document.

Contributions: Participant contributions are recognized when the participant contributions are withheld from the participant's earnings. Discretionary employer contributions are recognized when declared by the Company.

Payment of benefits: Benefits are recognized when paid.

Administrative expenses: Substantially all administrative expenses of the Plan including, but not limited to, fees of accountants, counsel, investment managers, agents and other specialists, the costs of any bonds required, and other costs are paid by the Plan.

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

**Columbus Steel Castings
401(k) Retirement Savings Plan**

Notes to Financial Statements

Note 2. Summary of Accounting Policies (Continued)

Recently issued accounting pronouncement: In October 2012, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2012-04, Technical Corrections and Improvements. The amendments in this update cover a wide range of topics in the Accounting Standards Codification (ASC), including plan accounting. These amendments include technical corrections and improvements to the Accounting Standards Codification and conforming amendments related to fair value measurements. The amendments in this update will generally be effective for fiscal periods beginning after December 15, 2013 for non public entities, except for amendments in this update where there was no transition guidance which were immediately effective upon issuance. The adoption of immediately effective amendments was not significant to these financial statements. The adoption of amendments not immediately effective of ASU 2012-04 is not expected to have a material impact on subsequent periods.

Reclassifications: Certain prior year amounts have been reclassified in order to conform to the current year presentation.

Subsequent events: The Plan Sponsor has evaluated subsequent events for potential recognition and/or disclosure through October 14, 2014, the date the financial statements were available to be issued.

Note 3. Related Party Transactions

Certain Plan investments are units in pooled separate accounts managed by Lincoln National Life Insurance Company (Lincoln). Lincoln is the custodian and, therefore, these transactions qualify as party-in-interest transactions. During 2013, the Plan paid administrative fees of \$62,022.

Note 4. Information Certified and Provided by Lincoln

The following is a summary of the plan's asset information as of December 31, 2013 and 2012 and for the year ended December 31, 2013, included throughout the Plan's financial statements and supplemental schedule, that was prepared by or derived from information provided by the custodian and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the custodian that information provided to the Plan Administrator by the trustee related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditor not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedule related to the following assets.

The following table presents the fair value of the Plan's assets as certified and provided by the custodian as of December 31. Assets representing more than 5% of the Plan's net assets are separately identified.

	2013	2012
Investments, at fair value		
Pooled separate accounts		
Lincoln - Lincoln Federated Government Ultrashort Duration	\$ 822,855	\$ 1,010,470
Lincoln - Delaware Foundation Moderate Allocation	201,306	169,321
Lincoln - Lincoln Managed Risk Profile 2020	204,313	139,951 *
Other pooled separate accounts	1,305,086	1,118,941
	<u>2,533,560</u>	<u>2,438,683</u>
Guaranteed account		
Lincoln - Guaranteed Account	131,114 *	144,083
Notes receivable from participants	203,078	229,689
	<u>\$ 2,867,752</u>	<u>\$ 2,812,455</u>

* Less than 5% of the Plan's net assets in the respective year.

**Columbus Steel Castings
401(k) Retirement Savings Plan**

Notes to Financial Statements

Note 4. Information Certified and Provided by Lincoln (Continued)

Lincoln also certified to the completeness and accuracy of \$284,119 of net appreciation in the fair value of investments, all of which related to pooled separate accounts for the year ended December 31, 2013. Lincoln also certified to the completeness and accuracy of \$2,022 of interest and dividend income related to the guaranteed account and \$7,255 of interest income on notes receivable from participants for the year ended December 31, 2013.

Note 5. Fair Value Measurements

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

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

Level 2 Inputs to the valuation methodology include:

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

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

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement in situations where there is little or no market activity for the asset or liability, and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability assumptions regarding risk.

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

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

Pooled separate accounts: Shares of separate accounts which are held in underlying funds of Lincoln. These investments are valued using the net asset value (NAV) of shares held by the Plan at year end as provided by Lincoln.

**Columbus Steel Castings
401(k) Retirement Savings Plan**

Notes to Financial Statements

Note 5. Fair Value Measurements (Continued)

Guaranteed account: The guaranteed account is valued at fair value by the insurance company by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer. Since the participants transact at contract value, fair value is determined annually for financial statement reporting purposes only. In determining the reasonableness of the methodology, Plan management evaluates a variety of factors including review of existing contracts, economic conditions, industry and market developments, and overall credit ratings, certain unobservable inputs are assessed through review of contract terms, while others are substantiated utilizing available market data.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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

	2013			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts				
Large cap blend	\$ -	\$ 151,219	\$ -	\$ 151,219
Large cap growth	-	126,355	-	126,355
Large cap value	-	87,321	-	87,321
Mid cap blend	-	118,003	-	118,003
Mid cap growth	-	62,531	-	62,531
Mid cap value	-	58,399	-	58,399
Small cap blend	-	26,360	-	26,360
Small cap growth	-	48,589	-	48,589
Small cap value	-	70,867	-	70,867
Balanced	-	116,410	-	116,410
Target date	-	404,787	-	404,787
Risk based allocation	-	330,427	-	330,427
Long bond	-	1,679	-	1,679
Medium bond	-	90,924	-	90,924
Short bond	-	839,689	-	839,689
Guaranteed account	-	-	131,114	131,114
Total assets at fair value	\$ -	\$ 2,533,560	\$ 131,114	\$ 2,664,674

**Columbus Steel Castings
401(k) Retirement Savings Plan**

Notes to Financial Statements

Note 5. Fair Value Measurements (Continued)

	2012			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts				
Large cap blend	\$ -	\$ 135,975	\$ -	\$ 135,975
Large cap growth	-	120,559	-	120,559
Large cap value	-	46,760	-	46,760
Mid cap blend	-	86,914	-	86,914
Mid cap growth	-	53,023	-	53,023
Mid cap value	-	81,231	-	81,231
Small cap blend	-	19,634	-	19,634
Small cap growth	-	34,893	-	34,893
Small cap value	-	70,646	-	70,646
Balanced	-	79,225	-	79,225
Target date	-	270,415	-	270,415
Risk based allocation	-	271,004	-	271,004
Long bond	-	5,573	-	5,573
Medium bond	-	138,210	-	138,210
Short bond	-	1,024,621	-	1,024,621
Guaranteed account	-	-	144,083	144,083
Total assets at fair value	\$ -	\$ 2,438,683	\$ 144,083	\$ 2,582,766

The following table sets forth additional disclosures of Plan's investments whose fair value is estimated using NAV per share (or its equivalent) as of December 31:

	2013	2012	Unfunded Commitment	Redemption Frequency	Other Redemption Restriction	Redemption Notice Period
Pooled separate accounts						
Large cap blend ^(a)	\$151,219	\$ 135,975	None	Daily	None	Daily
Large cap growth ^(b)	126,355	120,559	None	Daily	None	Daily
Large cap value ^(c)	87,321	46,760	None	Daily	None	Daily
Mid cap blend ^(d)	118,003	86,914	None	Daily	None	Daily
Mid cap growth ^(e)	62,531	53,023	None	Daily	None	Daily
Mid cap value ^(f)	58,399	81,231	None	Daily	None	Daily
Small cap blend ^(g)	26,360	19,634	None	Daily	None	Daily
Small cap growth ^(h)	48,589	34,893	None	Daily	None	Daily
Small cap value ⁽ⁱ⁾	70,867	70,646	None	Daily	None	Daily
Balanced ^(j)	116,410	79,225	None	Daily	None	Daily
Target date ^(k)	404,787	270,415	None	Daily	None	Daily
Risk based allocation ^(l)	330,427	271,004	None	Daily	None	Daily
Long bond ^(m)	1,679	5,573	None	Daily	None	Daily
Medium bond ⁽ⁿ⁾	90,924	138,210	None	Daily	None	Daily
Short bond ^(o)	839,689	1,024,621	None	Daily	None	Daily

**Columbus Steel Castings
401(k) Retirement Savings Plan**

Notes to Financial Statements

Note 5. Fair Value Measurements (Continued)

- (a) Large-blend funds have portfolios that are fairly representative of the overall stock market in size, growth rates, and price. The Fund invests across the spectrum of U.S. industries and owing to their broad exposure, the funds returns are often similar to those of the S&P 500 Index. The Fund seeks capital appreciation by investing in mid-cap index stocks.
- (b) Large-growth funds invest in larger companies that are projected to grow faster than other large-cap stocks. Most of these funds focus on companies in rapidly expanding industries.
- (c) Large-value funds focus on large companies that are less expensive or growing more slowly than other large-cap stocks. These funds often feature investments in energy, financial, or manufacturing sectors.
- (d) Mid-cap blend funds invest in stocks of various sizes and mixed characteristics. The Funds seek to provide both capital appreciation and income by investing in stocks, bonds and cash.
- (e) Mid-cap growth funds invest in stocks of all sizes, thus leading to a mid-cap profile. Mid-cap growth funds target firms that are projected to grow faster than other mid-cap stocks.
- (f) Mid-cap value funds focus on medium sized companies that are growing more slowly than the market. Many of their holdings come from financial, energy, and manufacturing sectors.
- (g) Small-blend funds favor firms at the smaller end of the market-capitalization range. The Fund aims to own an array of value and growth stocks.
- (h) Small-growth funds focus on faster-growing companies whose shares are at the lower end of the market-capitalization range. The fund favors companies in their early growth stages.
- (i) Small-value funds invest in small-caps with valuations and growth rates below other small-cap peers. The fund tends to invest in manufacturing, financial, and energy sectors.
- (j) Balanced funds aim to maximize long-term returns by investing in an equal allocation of investment options.
- (k) Target-date funds invest in stocks and bonds with varied risks and rewards based upon expected retirement dates.
- (l) Risk based allocation funds seek to maximize returns by investing in stocks with higher inherent risk based upon industry or other criteria.
- (m) Long bond funds seek to maximize real return consistent with preservation of real capital and prudent investment management. To pursue its objective, the fund invests in inflation-indexed bonds of varying maturities.
- (n) Medium bond funds have average durations of 3.5 to less than 6 years. The fund rotates among a variety of sectors in the bond market.
- (o) Short term bonds have durations between one and 3.5 years. The fund seeks conservative returns by investing in lower risk bonds, such as Treasury bonds.

Changes in Fair Value Levels

The availability of market data is monitored to assess the appropriate classification of investments within the fair value hierarchy. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

Management evaluates the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2013, there were no transfers in or out of Level 3.

**Columbus Steel Castings
401(k) Retirement Savings Plan**

Notes to Financial Statements

Note 5. Fair Value Measurements (Continued)

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 investment assets for the year ended December 31, 2013.

	Guaranteed Account
Balance, beginning	\$ 144,083
Acquisitions	40,147
Dispositions	(53,116)
Balance, ending	\$ 131,114

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following table represents the Plan's Level 3 investment held at December 31, 2013, the valuation techniques used to measure the fair value of the investment, and the significant unobservable inputs and the ranges of values for those inputs.

Instrument	Fair Value		Principal Valuation Valuation Technique	Significant Unobservable Inputs	Significant Input Values
	2013	2012			
Guaranteed Account	\$ 131,114	\$ 144,083	Discounted Cash Flow	Discount Rate Applied	2013 1.50% to 2.00% 2012 1.50% to 2.25%

In estimating fair value of the investments in Level 3, the Company may use third-party pricing sources or appraisers. In substantiating the reasonableness of the pricing data provided by third parties, the Company evaluates a variety of factors including review of methods and assumptions used by external sources, recently executed transactions, existing contracts, economic conditions, industry and market developments, and overall credit ratings.

Note 6. Investment Contract with Insurance Company

The Plan has a benefit-responsive investment contract with Lincoln as an investment option for participants. Lincoln maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract (or Guaranteed Account) is included in the financial statements at contract value, which Plan management has determined approximates fair value, as reported to the Plan by Lincoln. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal of transfer of all or a portion of their investment at contract value. In the event of a participant-initiated exchange, the funds would have to be transferred to a non-competing fund for a minimum of 90 days before the funds could be transferred to a competing fund. The issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. Plan management has determined that contract value approximates fair value as of December 31, 2013 and 2012.

As described in Note 1, because the Guaranteed Account is fully benefit-responsive, contract value is the relevant measurement attribute for the portion of the net assets available for benefits attributable to the Guaranteed Account.

**Columbus Steel Castings
401(k) Retirement Savings Plan**

Notes to Financial Statements

Note 6. Investment Contract with Insurance Company (Continued)

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value which approximates fair value of the Guaranteed Account at December 31, 2013 and 2012, was \$131,114 and \$144,083, respectively. The crediting interest rate is based on a formula agreed upon the issuer, but it may not be less than 0.00%. Such interest rates are reviewed on a quarterly basis for resetting. The average yield was 2.60% for the year ended December 31, 2013, and the crediting interest rates were 1.50% to 2.00% as of December 31, 2013 and 2012.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) the Plan's failure to qualify for exemption from federal income taxes, (2) communication given to participants designated to influence participants to transfer balances from the contract, or (3) any changes in laws, regulations or rulings applicable to the Plan. The Plan Administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

Note 7. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of a plan termination, participants will become fully vested in their accounts.

Note 8. Tax Status

The Plan has adopted a volume submitter plan document sponsored by Sungard Business Systems LLC. The plan has received an opinion letter from the Internal Revenue Service as to the volume submitter plan's qualified status. The volume submitter plan opinion letter has been relied upon by this Plan. The Plan Administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan. As of December 31, 2013 and 2012, management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain income tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. Generally, the statute of limitations restricts federal and state examinations by tax authorities to three years from the date of filing. When and if applicable, potential interest and penalty costs are accrued as incurred, with expenses recognized in income taxes in the statement of changes in net assets available for benefits.

Supplemental Schedule

**Columbus Steel Castings
401(k) Retirement Savings Plan**

EIN: 06-1678153

Plan Number: 001

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

(a)	(b)	(c)	(d)
Identity of Issuer, borrower, lessor or similar party		Description of Investments	Current Value
		Pooled Separate Accounts	
*	Lincoln	AllianceBernstein Small Mid Cap Value	\$ 15,819
*	Lincoln	American Funds AMCAP Fund	5,036
*	Lincoln	American Funds American Balanced Fund	34,255
*	Lincoln	American Funds American Mutual	32,854
*	Lincoln	American Funds Bond Fund of America	3,732
*	Lincoln	American Funds Capital Income Builder	180
*	Lincoln	American Funds Capital World Bond Fund	99
*	Lincoln	American Funds Capital World Growth and Income Fund	22,364
*	Lincoln	American Funds EuroPacific Growth Fund	8,141
*	Lincoln	American Funds Fundamental Investors	15,623
*	Lincoln	American Funds Growth Fund of America	84,572
*	Lincoln	American Funds Income Fund of America	74,275
*	Lincoln	American Funds Intermediate Bond Fund of America	16,834
*	Lincoln	American Funds Investment Company of America	34,814
*	Lincoln	American Funds New Economy Fund	6,165
*	Lincoln	American Funds New Perspective Fund	15,899
*	Lincoln	American Funds New World Fund	410
*	Lincoln	American Funds SMALLCAP World Fund	9,846
*	Lincoln	American Funds U.S. Government Securities Fund	18,547
*	Lincoln	American Funds Washington Mutual Investors Fund	8,614
*	Lincoln	Baron Baron Growth Opportunities	13,811
*	Lincoln	BlackRock Energy & Resources	47,230
*	Lincoln	BlackRock Capital Appreciation	4,158
*	Lincoln	BlackRock Flexible Equity	21,511
*	Lincoln	BlackRock Inflation Protected Bond	1,679
*	Lincoln	BlackRock Equity Dividend	19,226
*	Lincoln	BlackRock Large Cap Growth	826
*	Lincoln	Columbia Columbia Acorn	8,623
*	Lincoln	Delaware Growth and Income	18,036
*	Lincoln	Delaware Delaware Bond	18,348
*	Lincoln	Delaware Social Awareness	1,309
*	Lincoln	Delaware VIP Small Cap Value	15,345
*	Lincoln	Delaware VIP Value	11,513
*	Lincoln	Delaware VIP Diversified Income	10,485
*	Lincoln	Delaware Foundation Conservative Allocation	4,205
*	Lincoln	Delaware Foundation Moderate Allocation	201,306
*	Lincoln	Delaware Foundation Aggressive Allocation	80,677
*	Lincoln	Delaware Small Cap Core	18,073
*	Lincoln	Delaware Special Opportunities	21,069
*	Lincoln	Fidelity VIP Contrafund	4,141
*	Lincoln	Fidelity VIP Mid Cap	48,195
*	Lincoln	Franklin Templeton High Income	16,692
*	Lincoln	Franklin Templeton Growth	27,559

(Continued)

**Columbus Steel Castings
401(k) Retirement Savings Plan**

EIN: 06-1678153

Plan Number: 001

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) (Continued)

December 31, 2013

(a)	(b)	(c)	(d)
Identity of Issuer, borrower, lessor or similar party		Description of Investments	Current Value
		Pooled Separate Accounts (Continued)	
*	Lincoln	Franklin Templeton Global Bond Securities	\$ 13,415
*	Lincoln	Franklin Templeton Balanced	1,728
*	Lincoln	Invesco Small Cap Discovery Fund	13,023
*	Lincoln	Invesco Growth and Income Fund	632
*	Lincoln	Janus Aspen Enterprise	17,306
*	Lincoln	Lincoln Federated Government Ultrashort Duration	822,855
*	Lincoln	Lincoln Mondrian International Value	3,473
*	Lincoln	Lincoln Clarion Global Real Estate	5,895
*	Lincoln	Lincoln Dimensional U.S. Equity	12,012
*	Lincoln	Lincoln Templeton Growth RPM Fund	1,286
*	Lincoln	Lincoln Managed Risk Profile 2010	22,194
*	Lincoln	Lincoln Managed Risk Profile 2020	204,313
*	Lincoln	Lincoln Managed Risk Profile 2030	75,845
*	Lincoln	Lincoln Managed Risk Profile 2040	84,739
*	Lincoln	Lincoln Managed Risk Profile 2050	17,696
*	Lincoln	MFS VIT Growth	7,111
*	Lincoln	MFS VIT Utilities	5,966
*	Lincoln	Oppenheimer Developing Markets Fund	18,880
*	Lincoln	PIMCO Total Return	1,910
*	Lincoln	State Street Global Advisors All Cap Index Non-Lending Series	3,103
*	Lincoln	State Street Global Advisors Russell Small/Mid Cap Index Non-Lending	29,574
*	Lincoln	State Street Global Advisors S&P 500 Index	25,536
*	Lincoln	State Street Global Advisors Small-Cap Index	8,287
*	Lincoln	State Street Global Advisors International Index	3,903
*	Lincoln	State Street Global Advisors Bond Index	7,696
*	Lincoln	State Street Global Advisors Large Cap Value Index Non-Lending Series	3,757
*	Lincoln	State Street Global Advisors Russell Large Cap Growth Index	2,178
*	Lincoln	State Street Global Advisors S&P MidCap Index Non-Lending Series	15,459
*	Lincoln	State Street Global Advisors Russell Small Cap Value Index Non-Lending Series	8,292
*	Lincoln	State Street Global Advisors Russell Small Cap Growth Index Non-Lending Series	11,909
*	Lincoln	State Street Global Advisors Real Asset Non-Lending Series	5,972
*	Lincoln	Vanguard Domestic Equity	2,138
*	Lincoln	Vanguard LifeStrategy Moderate Growth	17,536
*	Lincoln	Vanguard LifeStrategy Conservative Growth	24,810
*	Lincoln	Vanguard LifeStrategy Growth	1,893
*	Lincoln	Vanguard International Equity	99
*	Lincoln	Wells Fargo Advantage Discovery	9,043
			<u>2,533,560</u>
*	Lincoln	Guaranteed account	131,114
*	Participant loans	Interest ranging from 4.25%-9.25%	203,078
			<u>\$ 2,867,752</u>

* Represents a party in interest.

Note: The above information has been certified as complete and accurate by Lincoln, the custodian of the Plan. Column (d) (Cost) has been omitted as it is not required under ERISA.

Plan Name	COLUMBUS STEEL CASTINGS 401K RETIREMENT SAVINGS PLAN
Plan Sponsor's Name	COLUMBUS STEEL CASTINGS

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