

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>04/01/2013</u> and ending <u>03/31/2014</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 CELINA ALUMINUM PRECISION TECHNOLOGY INC. DEFINED BENEFIT PLAN	<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;">002</td> </tr> <tr> <td colspan="2">1c Effective date of plan 04/01/2003</td> </tr> </table>	1b Three-digit plan number (PN) ▶	002	1c Effective date of plan 04/01/2003	
1b Three-digit plan number (PN) ▶	002				
1c Effective date of plan 04/01/2003					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) CELINA ALUMINUM PRECISION TECHNOLOGY INC. 7059 STAEGER ROAD CELINA, OH 45822-9395	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 35-1928465</td> </tr> <tr> <td>2c Sponsor's telephone number 419-584-2004</td> </tr> <tr> <td>2d Business code (see instructions) 336300</td> </tr> </table>	2b Employer Identification Number (EIN) 35-1928465	2c Sponsor's telephone number 419-584-2004	2d Business code (see instructions) 336300	
2b Employer Identification Number (EIN) 35-1928465					
2c Sponsor's telephone number 419-584-2004					
2d Business code (see instructions) 336300					

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.	01/13/2015	TOM RABLE
	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:		3c Administrator's telephone number	
a Sponsor's name		4b EIN	
5 Total number of participants at the beginning of the plan year		4c PN	
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		5 538	
a Active participants		6a 458	
b Retired or separated participants receiving benefits		6b 30	
c Other retired or separated participants entitled to future benefits		6c 137	
d Subtotal. Add lines 6a , 6b , and 6c		6d 625	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e 2	
f Total. Add lines 6d and 6e		6f 627	
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 25	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1) ☐ Insurance		(1) ☐ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts		(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust		(3) ☒ Trust	
(4) ☐ General assets of the sponsor		(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		b General Schedules	
(1) ☒ R (Retirement Plan Information)		(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) ☐ I (Financial Information – Small Plan)	
(3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) ☐ 0 A (Insurance Information)	
		(4) ☒ C (Service Provider Information)	
		(5) ☒ D (DFE/Participating Plan Information)	
		(6) ☐ G (Financial Transaction Schedules)	

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

For calendar plan year 2013 or fiscal plan year beginning 04/01/2013 and ending 03/31/2014

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

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

A Name of plan <u>CELINA ALUMINUM PRECISION TECHNOLOGY INC. DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CELINA ALUMINUM PRECISION TECHNOLOGY INC.</u>	D Employer Identification Number (EIN) <u>35-1928465</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>04</u> Day <u>01</u> Year <u>2013</u>	
2 Assets:	
a Market value	2a <u>7660722</u>
b Actuarial value	2b <u>7660722</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>29</u> <u>785578</u>
b For terminated vested participants.....	3b <u>116</u> <u>1359143</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>206323</u>
(2) Vested benefits	3c(2) <u>4656387</u>
(3) Total active.....	3c(3) <u>393</u> <u>4862710</u>
d Total.....	3d <u>538</u> <u>7007431</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>6.55</u> %
6 Target normal cost	6 <u>727817</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>01/13/2015</u>
Signature of actuary		Date
<u>DAVID T. DAVENPORT, ASA, MAAAA</u>		<u>14-07497</u>
Type or print name of actuary		Most recent enrollment number
<u>MERCER</u>		<u>614-227-5500</u>
Firm name		Telephone number (including area code)
<u>325 JOHN H. MCCONNELL BLVD., SUITE 350 COLUMBUS, OH 43215</u>		
Address of the firm		

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

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

Schedule SB (Form 5500) 2013
v. 130118

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	777718
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	286000
9 Amount remaining (line 7 minus line 8)	0	491718
10 Interest on line 9 using prior year's actual return of <u>11.58</u> %	0	56941
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		795
b Interest on (a) using prior year's effective interest rate of <u>5.89</u> % except as otherwise provided (see instructions)		92
c Total available at beginning of current plan year to add to prefunding balance		887
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		188000
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	360659

Part III Funding Percentages		
14 Funding target attainment percentage	14	104.17 %
15 Adjusted funding target attainment percentage	15	109.32 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	82.54 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/15/2013	215000	0			
01/15/2014	97917	0			
04/15/2014	97917	0			
11/21/2014	45000	0			
			Totals ►	18(b)	455834
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	436456
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:		

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

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

21 Discount rate:			
a Segment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment: 6.76 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....		31a	727817
b Excess assets, if applicable, but not greater than line 31a		31b	292632
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment.....		0	0
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...		34	435185
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35).....	36		435185
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37		436456
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	1271
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

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

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

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

For calendar plan year 2013 or fiscal plan year beginning 04/01/2013 and ending 03/31/2014	
A Name of plan CELINA ALUMINUM PRECISION TECHNOLOGY INC. DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 CELINA ALUMINUM PRECISION TECHNOLOGY INC.	D Employer Identification Number (EIN) 35-1928465

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 ☐

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:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center; font-weight: bold;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large; font-weight: bold;">2013</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p>
---	---	--

For calendar plan year 2013 or fiscal plan year beginning 04/01/2013 and ending 03/31/2014

<p>A Name of plan CELINA ALUMINUM PRECISION TECHNOLOGY INC. DEFINED BENEFIT PLAN</p>	<p>B Three-digit plan number (PN) ▶ 002</p>
<p>C Plan or DFE sponsor's name as shown on line 2a of Form 5500 CELINA ALUMINUM PRECISION TECHNOLOGY INC.</p>	<p>D Employer Identification Number (EIN) 35-1928465</p>

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)	

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN HONDA MASTER TRUST

b Name of sponsor of entity listed in (a): AMERICAN HONDA MOTOR COMPANY, INC.

c EIN-PN 61-1439871-001	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8812406
--	--	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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

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

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

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

For calendar plan year 2013 or fiscal plan year beginning <u>04/01/2013</u> and ending <u>03/31/2014</u>		
A Name of plan <u>CELINA ALUMINUM PRECISION TECHNOLOGY INC. DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CELINA ALUMINUM PRECISION TECHNOLOGY INC.</u>	D Employer Identification Number (EIN) <u>35-1928465</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)	140000	142917
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	7520941	8812406
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

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	7660941	8955323

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	7660941	8955323
---	-----------	---------	---------

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)	455834	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		455834
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		984087
(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		1439921

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	82411	
(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)		82411
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	63128	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		63128
j Total expenses. Add all expense amounts in column (b) and enter total	2j		145539

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1294382
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: **FLAGEL HUBER FLAGEL**

(2) EIN: **31-0796034**

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	
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	
e Was this plan covered by a fidelity bond?	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	
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	
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	
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	
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	
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	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.			

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

<div>SCHEDULE R (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>		<div>Retirement Plan Information</div> <div>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2013</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2013 or fiscal plan year beginning 04/01/2013 and ending 03/31/2014					
A Name of plan CELINA ALUMINUM PRECISION TECHNOLOGY INC. DEFINED BENEFIT PLAN				B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 CELINA ALUMINUM PRECISION TECHNOLOGY INC.				D Employer Identification Number (EIN) 35-1928465	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 61-1439871 36-1561860					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....				3	2
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☒ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____					
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....				6a	
b Enter the amount contributed by the employer to the plan for this plan year.....				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.					
Schedule R (Form 5500) 2013 v. 130118					

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



FLAGEL HUBER FLAGEL

Certified Public Accountants | Business Advisors

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
Celina Aluminum Precision Technology, Inc. Defined Benefit Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Celina Aluminum Precision Technology, Inc. Defined Benefit Plan (the "Plan"), which comprise the statements of net assets available for benefits - modified cash basis as of March 31, 2014 and 2013, and the related statements of changes in net assets available for benefits - modified cash basis for the years then ended, and the statement of accumulated plan benefits - modified cash basis as of April 1, 2013 and the related statement of changes in accumulated plan benefits - modified cash basis for the year then ended, and related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Plan management is also responsible for 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 audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Northern Trust, the Trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the Trustee as of and for the years ended March 31, 2014 and 2013, that the information provided to the Plan administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

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

Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to that matter.

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

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

A handwritten signature in cursive script that reads "Flagel Huber Flagel".

Certified Public Accountants

Dayton, Ohio

December 23, 2014

Schedule SB, line 26 — Schedule of Active Participant Data

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25		15	1								16
25–29		14	14	1							29
30–34		8	21	12							41
35–39		7	21	25							53
40–44		16	11	22	9						58
45–49		15	15	15	12						57
50–54		16	13	14	12						55
55–59		9	25	15	10						59
60–64		2	7	10	4						23
65–69			1	1							2
70 & up											
Total		102	129	115	47						393

In each cell, the top number is the count of active participants for each age/service combination. Average pay is not shown for plans with less than 1,000 active participants.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial Assumptions for April 1, 2013 Funding Valuation****Discount rate sponsor elections**

• Segment rates or full yield curve	Segment		
• Look-back months	4		
	<u>Stabilized rates</u>	<u>Nonstabilized rates</u>	
• First 5 years	4.94%	1.66%	
• Next 15 years	6.15%	4.47%	
• Over 20 years	6.76%	5.52%	

Mortality sponsor elections

• Healthy participants	Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year plus 7 and 15 years based on Scale AA.
• Pre-1995 disabilities	Not Applicable
• Post-1994 disabilities	Not Applicable

Other economic assumptions

• Salary increases	2.50% per year
• Inflation	2.50% per year
• Expenses	\$50,000 added to current year normal cost

Demographic assumptions

• Withdrawal	Graduated rates based on 40% of the SOA Small Plan Table. See table of sample rates.	
• Disability incidence	None	
• Retirement age	<u>Attained Age</u>	<u>Percentage</u>
	55 - 61	2%
	62 - 64	10%
	65 and above	100%
• Benefit commencement age for		
— Future vested deferred	62	
— Current vested deferred	62	
• Spouse assumptions	<u>Male participants</u>	<u>Female participants</u>
— Percentage married	100%	100%
— Spouse age difference	3 years younger	3 years older

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

Form of payment	<u>Single Life</u>	<u>100% J&S</u>	<u>50% J&S</u>
• Active retirements	50%	50%	0%
• Future vested deferred	50%	50%	0%
• Future disabilities	N/A	N/A	N/A
• Future deaths	0%	0%	100%
• Current vested deferred	50%	50%	0%
Unpredictable contingent event assumptions	Not applicable		

Table of sample withdrawal rates

Attained Age	Percentage
20	9.72
25	7.80
30	6.20
35	4.84
40	3.76
45	2.92
50	2.24
55	1.68
60	1.20

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

The asset valuation method is the fair market value.

Participant Methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all associates as of the valuation date, but only those associates who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

Minimum Funding Methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

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

For calendar plan year 2013 or fiscal plan year beginning 04/01/2013 and ending 03/31/2014

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

A Name of plan CELINA ALUMINUM PRECISION TECHNOLOGY INC. DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CELINA ALUMINUM PRECISION TECHNOLOGY INC.	D Employer Identification Number (EIN) 35-1928465	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information			
1	Enter the valuation date: Month <u>04</u> Day <u>01</u> Year <u>2013</u>		
2	Assets:		
	a Market value	2a	7660722
	b Actuarial value	2b	7660722
3	Funding target/participant count breakdown:	(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment.....	3a	785578
	b For terminated vested participants.....	3b	1359143
	c For active participants:		
	(1) Non-vested benefits	3c(1)	206323
	(2) Vested benefits	3c(2)	4656387
	(3) Total active.....	3c(3)	4862710
	d Total.....	3d	7007431
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b	
5	Effective interest rate	5	6.55%
6	Target normal cost	6	727817

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

SIGN HERE	<div style="text-align: center;"> DAVID T. DAVENPORT Signature of actuary </div> <div style="text-align: center;"> DAVID T. DAVENPORT, ASA, MAAAA Type or print name of actuary </div> <div style="text-align: center;"> MERCER Firm name </div> <div style="text-align: center;"> 325 JOHN H. MCCONNELL BLVD., SUITE 350 COLUMBUS OH 43215 Address of the firm </div>	<div style="text-align: center;"> <u>1/17/2015</u> Date 1407497 </div> <div style="text-align: center;"> Most recent enrollment number 614-227-5500 </div> <div style="text-align: center;"> Telephone number (including area code) </div>
------------------	---	---

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF. Schedule SB (Form 5500) 2013

Liquidity shortfall as of end of quarter of this plan year

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

21 Discount rate:				
a Segment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment: 6.76%	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6).....	31a	727817										
b Excess assets, if applicable, but not greater than line 31a	31b	292632										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment.....</td> <td>0</td> <td>0</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment.....	0	0	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment.....	0	0										
b Waiver amortization installment	0	0										
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	435185										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement.....			0									
36 Additional cash requirement (line 34 minus line 35).....	36	435185										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	436456										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	1271										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b											
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0										
40 Unpaid minimum required contributions for all years	40	0										

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

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

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 64.

(A)	(B)	(C)	(D)	(E)
Retirement age	Retirement Percent	Lx	Number of employees expected to retire (B) x (C)	(A) x (D)
55	2.00%	10000.00	200.00	11000.00
56	2.00%	9800.00	196.00	10976.00
57	2.00%	9604.00	192.08	10948.56
58	2.00%	9411.92	188.24	10917.83
59	2.00%	9223.68	184.47	10883.94
60	2.00%	9039.21	180.78	10847.05
61	2.00%	8858.42	177.17	10807.28
62	10.00%	8681.26	868.13	53823.78
63	10.00%	7813.13	781.31	49222.72
64	10.00%	7031.82	703.18	45003.63
65	100.00%	6328.64	6328.64	411361.28
Total			10000.00	635792.07
Average				63.58

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial Assumptions for April 1, 2013 Funding Valuation****Discount rate sponsor elections**

• Segment rates or full yield curve	Segment		
• Look-back months	4		
	<u>Stabilized rates</u>	<u>Nonstabilized rates</u>	
• First 5 years	4.94%	1.66%	
• Next 15 years	6.15%	4.47%	
• Over 20 years	6.76%	5.52%	

Mortality sponsor elections

• Healthy participants	Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year plus 7 and 15 years based on Scale AA.
• Pre-1995 disabilities	Not Applicable
• Post-1994 disabilities	Not Applicable

Other economic assumptions

• Salary increases	2.50% per year
• Inflation	2.50% per year
• Expenses	\$50,000 added to current year normal cost

Demographic assumptions

• Withdrawal	Graduated rates based on 40% of the SOA Small Plan Table. See table of sample rates.	
• Disability incidence	None	
• Retirement age	<u>Attained Age</u>	<u>Percentage</u>
	55 - 61	2%
	62 - 64	10%
	65 and above	100%
• Benefit commencement age for		
— Future vested deferred	62	
— Current vested deferred	62	
• Spouse assumptions	<u>Male participants</u>	<u>Female participants</u>
— Percentage married	100%	100%
— Spouse age difference	3 years younger	3 years older

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

Form of payment	<u>Single Life</u>	<u>100% J&S</u>	<u>50% J&S</u>
• Active retirements	50%	50%	0%
• Future vested deferred	50%	50%	0%
• Future disabilities	N/A	N/A	N/A
• Future deaths	0%	0%	100%
• Current vested deferred	50%	50%	0%
Unpredictable contingent event assumptions	Not applicable		

Table of sample withdrawal rates

Attained Age	Percentage
20	9.72
25	7.80
30	6.20
35	4.84
40	3.76
45	2.92
50	2.24
55	1.68
60	1.20

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

The asset valuation method is the fair market value.

Participant Methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all associates as of the valuation date, but only those associates who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

Minimum Funding Methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

Schedule SB, Part V — Summary of Plan Provisions**Summary of Major Plan Provisions**

Effective date and plan year	Original plan: April 1, 2003 Restated plan: April 1, 2010 Plan year: April 1 through March 31 Most recent amendment effective April 1, 2012	
Status of the plan	The plan has ongoing benefit accruals and new associates are eligible to participate in the plan once they satisfy the participation requirements	
Significant events that occurred during the year	None	
Definitions		
• Covered associates	18 years of age and completed one qualifying year of service	
• Participation	18 years of age and completed one qualifying year of service	
• Employee contributions	None required or permitted	
• Years of service	12 months	
• Pensionable earnings	W-2 earnings, including deferrals, excluding reimbursements, fringe benefits and welfare benefits	
Normal retirement		
• Eligibility	Later of age 65 or first day of plan year including fifth anniversary of date of participation	
• Benefit	Monthly benefit: The sum of 0.75% of compensation received in each year	
Early retirement		
• Eligibility	Age 55 and 5 years of service	
• Benefit	Accrued benefit reduced 5% for each year which the participant's early retirement date precedes normal retirement	
Late retirement		
• Eligibility	Past normal retirement age	
• Benefit	The greater of the accrued benefit determined as of the participant's actual retirement date or the actuarial equivalent of the benefit payable at the participant's normal retirement date	
Deferred vested		
• Eligibility	Years of Service	Vested Interest
	1 - 4	0%
	5	100%
• Benefit	See normal retirement benefit	

Schedule SB, Part V — Summary of Plan Provisions

Pre-retirement death	
• Eligibility	5 years of service
• Benefit	The surviving spouse is entitled to the survivor portion of a joint and 50% survivor annuity that would have been available if the participant had terminated on the day immediately preceding his death, payable upon the earliest date thereafter that the participant could have retired
Form of benefits	
• Automatic form for unmarried participants	Life Annuity
• Automatic form for married participants	Joint and 50% survivor annuity
• Optional forms	Life annuity 5 year certain and continuous annuity 10 year certain and continuous annuity Joint and 50% survivor annuity Joint and 66 2/3% survivor annuity Joint and 75% survivor annuity Joint and 100% survivor annuity Lump sum (if under \$5,000)
• Optional form conversion factors	Interest: 7.0% Mortality: RP-2000 Combined No Collar Mortality Table, projected to 2025 (blend of 70% male and 30% female tables for Participants, 70% female and 30% male tables for Beneficiaries and survivors) with no setback
Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2013, the limit is \$255,000.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2013, the limit is \$205,000.

Schedule SB, Part V — Summary of Plan Provisions

Benefits Included or Excluded

Unless noted below, all benefits provided by the plan, as restated and amended through Amendment #1, are included in this valuation.

- **Most recent plan amendments included:** Amendment #1 is included because it was adopted by the valuation date and is effective by the end of the plan year.
- **Plan amendments excluded:** none.
- **Late retirement increases:**
 - *Active participants:* This valuation includes increases for current participants over age 65 if greater than the accrued benefit.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.
- **Benefits excluded:** As there have been no reported disability incidents to which the disability benefit provisions of the plan apply since the inception of the plan, this benefit is not currently valued in the valuation of the plan.

Plan Provisions Specific to Funding

Additional Benefits Included or Excluded

- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
 - *Plan amendments:* See above.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
 - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan Provision Changes Since Prior Valuation

Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2012 to 2013.

Schedule SB, line 26 — Schedule of Active Participant Data

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25		15	1								16
25–29		14	14	1							29
30–34		8	21	12							41
35–39		7	21	25							53
40–44		16	11	22	9						58
45–49		15	15	15	12						57
50–54		16	13	14	12						55
55–59		9	25	15	10						59
60–64		2	7	10	4						23
65–69			1	1							2
70 & up											
Total		102	129	115	47						393

In each cell, the top number is the count of active participants for each age/service combination. Average pay is not shown for plans with less than 1,000 active participants.

CELINA ALUMINUM PRECISION
TECHNOLOGY, INC.
DEFINED BENEFIT PLAN

FINANCIAL REPORT

MARCH 31, 2014 AND 2013

CELINA ALUMINUM PRECISION TECHNOLOGY, INC.
DEFINED BENEFIT PLAN

TABLE OF CONTENTS

MARCH 31, 2014 AND 2013

INDEPENDENT AUDITOR’S REPORT	Page	1 - 2
FINANCIAL STATEMENTS		
Statements of Net Assets Available for Benefits - Modified Cash Basis		3
Statements of Changes in Net Assets Available for Benefits - Modified Cash Basis		4
Statement of Accumulated Plan Benefits - Modified Cash Basis		5
Statement of Changes in Accumulated Plan Benefits - Modified Cash Basis		5
Notes to Financial Statements		6 - 20



FLAGEL HUBER FLAGEL

Certified Public Accountants | Business Advisors

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
Celina Aluminum Precision Technology, Inc. Defined Benefit Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Celina Aluminum Precision Technology, Inc. Defined Benefit Plan (the "Plan"), which comprise the statements of net assets available for benefits - modified cash basis as of March 31, 2014 and 2013, and the related statements of changes in net assets available for benefits - modified cash basis for the years then ended, and the statement of accumulated plan benefits - modified cash basis as of April 1, 2013 and the related statement of changes in accumulated plan benefits - modified cash basis for the year then ended, and related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Plan management is also responsible for 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 audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Northern Trust, the Trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the Trustee as of and for the years ended March 31, 2014 and 2013, that the information provided to the Plan administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

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

Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to that matter.

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

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

A handwritten signature in cursive script that reads "Flagel Huber Flagel".

Certified Public Accountants

Dayton, Ohio

December 23, 2014

CELINA ALUMINUM PRECISION TECHNOLOGY, INC. DEFINED BENEFIT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS -
MODIFIED CASH BASIS

	MARCH 31,	
	2014	2013
ASSETS		
Investments, at fair value:		
Plan interest in the American Honda Motor Co. Master Trust	<u>\$ 8,812,406</u>	<u>\$ 7,520,941</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 8,812,406</u></u>	<u><u>\$ 7,520,941</u></u>

CELINA ALUMINUM PRECISION TECHNOLOGY, INC. DEFINED BENEFIT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS -
MODIFIED CASH BASIS

	FOR THE YEARS ENDED MARCH 31,	
	2014	2013
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Employer contributions	\$ 452,917	\$ 1,145,217
Investment income:		
Net investment income from interest in the American Honda Motor Co. Master Trust	984,087	742,567
TOTAL ADDITIONS	1,437,004	1,887,784
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	82,411	61,465
PBGC annual premiums	33,075	17,905
Administrative expenses	30,053	26,261
TOTAL DEDUCTIONS	145,539	105,631
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	1,291,465	1,782,153
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	7,520,941	5,738,788
End of year	\$ 8,812,406	\$ 7,520,941

CELINA ALUMINUM PRECISION TECHNOLOGY, INC. DEFINED BENEFIT PLAN

STATEMENTS OF ACCUMULATED PLAN BENEFITS AND CHANGES IN ACCUMULATED
PLAN BENEFITS - MODIFIED CASH BASIS

	<u>APRIL 1, 2013</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	
Vested benefits:	
Participants currently receiving benefits	\$ 3,977,274
Participants terminated with vested deferred benefits	1,162,150
Other vested benefits	703,451
	<u>5,842,875</u>
Nonvested benefits:	<u>177,245</u>
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	<u><u>\$ 6,020,120</u></u>
	<u>YEAR ENDED APRIL 1, 2013</u>
CHANGES IN ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	
Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 4,839,441</u>
Increase (decrease) during the year attributed to:	
Benefits accumulated	520,631
Increase for interest due to the decrease in the discount period	370,073
Benefits paid	(61,465)
Change in actuarial assumptions or methods	351,440
	<u>1,180,679</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR	<u><u>\$ 6,020,120</u></u>

CELINA ALUMINUM PRECISION TECHNOLOGY, INC. DEFINED BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2014 AND 2013

1. DESCRIPTION OF THE PLAN

The following description of the Celina Aluminum Precision Technology, Inc. Defined Benefit Plan (the “Plan”) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General

The Plan is a defined benefit plan covering substantially all employees of Celina Aluminum Precision Technology, Inc. (the “Company”). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Pension Benefits

Employees with five or more years of service are entitled to annual pension benefits beginning at normal retirement age (65) equal to 0.75% of the annual compensation received each year of credited service. The Plan permits early retirement at ages 55-64. Employees may elect to receive their pension benefits in the form of a life annuity, a joint life and survivor annuity, or other optional forms. Benefits under \$1,000 are payable as a lump sum.

Death Benefits

In the event of a vested married participant’s death prior to meeting the requirements for early retirement, it will be assumed the participant had terminated employment the day prior to death, survived to the early retirement date, elected a joint and one-half survivor benefit, and died the following day.

In the event of a vested married participant’s death after meeting the requirements for early retirement, the surviving spouse will receive one-half of the joint and one-half survivor benefits calculated on the day of the death.

Employee Contributions

Employee contributions are not allowed under the Plan.

Vesting

A participant becomes fully vested after five (5) years of credited service.

Expenses

Both the Company and the Plan share in the cost of the Plan’s operating expenses.

CELINA ALUMINUM PRECISION TECHNOLOGY, INC. DEFINED BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2014 AND 2013

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Under this basis, contributions are recognized when received and expenses are recognized when paid. Consequently, contributions receivable and accounts payable are not included in the financial statements.

Use of Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from these 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 6).

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

Payment of Benefits

Benefits are recorded when paid.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The accumulated plan benefits for active employees are based on their total eligible compensation for the years ending on the date as of which the benefit information is presented (valuation date). Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

CELINA ALUMINUM PRECISION TECHNOLOGY, INC. DEFINED BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2014 AND 2013

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Actuarial Present Value of Accumulated Plan Benefits (Continued)

The actuarial present value of accumulated plan benefits is determined by an actuary from Mercer and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of April 1, 2013 were (a) life expectancy of participants (the RP-2000 generational with blue collar adjustment for males and females), (b) retirement age assumptions (the assumed average retirement age was 62), (c) salary projections (annual compensation is assumed to increase 2.5 percent per annum compounded annually), (d) termination rates (graduated rates based on 40% of the SOA Small Plan Table were used), and (e) investment return (an average rate of return of 7.4 percent was used). The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

3. FUNDING POLICY

The Company's funding policy is to make quarterly contributions to the Plan in amounts that are estimated by the Plan's independent actuary, such that employees' benefits will be fully provided for by the time they retire. The Company's contributions for 2014 and 2013 exceeded the minimum funding requirement of ERISA.

4. PLAN TERMINATION

In the event the Plan is terminated, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in order of priority determined in accordance with ERISA, applicable regulations thereunder and the Plan document.

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

CELINA ALUMINUM PRECISION TECHNOLOGY, INC. DEFINED BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2014 AND 2013

4. PLAN TERMINATION (Continued)

Whether all participants receive their benefits should the plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

5. INVESTMENTS

The following is a summary of the unaudited information included in the Plan's financial statements that was prepared by Northern Trust, the Trustee of the Plan and furnished to the Plan administrator (the Plan administrator has obtained certification from the Trustee that such information is complete and accurate). Investments that represent five percent (5%) or more of the Plan's assets are separately identified:

	MARCH 31,	
	<u>2014</u>	<u>2013</u>
Plan interest in the American Honda Motor Co. Master Trust	<u>\$ 8,812,406</u>	<u>\$ 7,520,941</u>
Net investment income from interest in the American Honda Motor Co. Master Trust	<u>\$ 984,087</u>	<u>\$ 742,567</u>

6. FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying Statements of Net Assets Available for Benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

A three-level fair value hierarchy has been established that prioritizes the inputs used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities and lowest priority to unobservable inputs. The three levels of inputs used to measure fair value under this accounting standard are described as follows:

CELINA ALUMINUM PRECISION TECHNOLOGY, INC. DEFINED BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2014 AND 2013

6. FAIR VALUE MEASUREMENTS (Continued)

- Level 1 - Quoted prices in active markets that are accessible at the measurement date for identical assets or liabilities.
- Level 2 - Observable inputs other than quoted prices included within Level 1. Inputs that are principally derived 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 - Unobservable inputs that are supported by little or no market activity and that are significant to the fair value measurement of the assets or liabilities. These include certain pricing models, discounted cash flow methodologies and similar techniques that use significant unobservable inputs.

The asset 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. The following is a description of the valuation methodologies the Plan used for assets of the Master Trust measured at fair value.

Short-term investments

Level 2 assets are valued using observable bid evaluation prices using observable market-based inputs. Valuation techniques are provided by outside vendors such as Interactive Data or Standard & Poor's (S&P). Included in this amount is the cash collateral received as a result of securities lending activities detailed in Note 7.

Equity securities: U.S. companies

This category consists primarily of common stock. Level 1 assets represent unadjusted quoted prices in an active market or exchange.

Equity securities: Foreign

This category includes common stock and preferred stock. Level 1 assets are priced using the last trade, which was unadjusted and quoted in an active market or exchange. Level 2 assets are priced using binding or corroborated bid/ask quotes in an active over-the-counter (OTC) market or exchange. Level 3 assets are priced using uncorroborated indicative quotes provided by brokers, investment managers, or independent pricing providers.

Pooled funds equity

This category consists of commingled funds that are classified as Level 2, and has a daily net asset value (NAV) that is accessible to the Company and to all holders without limit. Assets are classified as Level 2 because the investment can be redeemed at NAV at the measurement date.

CELINA ALUMINUM PRECISION TECHNOLOGY, INC. DEFINED BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2014 AND 2013

6. FAIR VALUE MEASUREMENTS (Continued)

Government and agency bonds: U.S.

The Level 2 assets are government, agency and index linked bonds, and are valued using observable bid evaluation prices using observable market-based inputs.

Government and agency bonds: Foreign

This category includes bonds issued by foreign governments, agencies and municipalities. Their purpose is the same as their U.S. counterpart. Assets are classified as Level 2 because corroborated, indicative quotes and observable market data are available. There are no observable inputs for the Level 3 classification; instead, proprietary models and extrapolated data are used.

U.S. state and local bonds

U.S. state and local bonds are issued by state, city and other local governments, or their agencies to finance their operating or capital expenditures. A bid evaluation is used for Level 2 assets. The sources used are the same as those under U.S. government and agencies.

Corporate bonds

This category includes both U.S. and foreign corporate bonds with the U.S. portion accounting for approximately 83% and 86% of the holding total at March 31, 2014 and 2013, respectively. The Level 2 assets are various debt investments in U.S. funds and U.S. and foreign companies, and are valued using observable bid evaluation prices using observable market-based inputs. The Level 3 assets are composed of corporate bonds for which there are no observable inputs, and where extrapolated, proprietary models and indicative quotes are used.

Pooled funds debt

This category consists of commingled funds that are classified as Level 2 assets, and has a daily NAV that is accessible to the Plan and to all holders without limit. Assets are classified as Level 2 because the investments can be redeemed at NAV at the measurement date.

Asset-backed securities

These are bonds or notes backed by financial assets. Approximately 99% and 44% of the Level 2 assets are U.S. notes and bonds issued by U.S. government agencies at March 31, 2014 and 2013, respectively. Institutional observable inputs are used with an income valuation technique provided by outside vendors.

Real estate

Real estate plan assets are invested in a U.S. commingled fund and are classified as Level 3 assets because proprietary models from the investment managers were used to arrive at estimated prices that were unobservable.

CELINA ALUMINUM PRECISION TECHNOLOGY, INC. DEFINED BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2014 AND 2013

6. FAIR VALUE MEASUREMENTS (Continued)

Private equity funds

Private equity assets consist of limited partnership interests with the U.S. holdings accounting for approximately 83% and 88% as of March 31, 2014 and 2013, respectively. Private equity funds are classified as Level 3 as unobservable inputs such as proprietary models and uncorroborated data from limited partnerships are used for the fair value.

Hedge funds

Hedge funds generally hold liquid and readily priceable securities, such as public entities in long-short funds, exchange-traded derivatives in macro/commodity trading funds, and corporate bonds in credit-relative value funds. Investments in U.S. hedge funds account for approximately 49% and 51% of total holdings as of March 31, 2014 and 2013, respectively. Hedge funds do not have readily available market quotations and are therefore valued using NAV per share prices provided by the investment advisor or third-party administrator. Hedge fund assets are categorized as Level 3 due to the inherent restrictions on redemption that may affect the ability to sell the investment at NAV in the near term.

Derivatives

This category includes equity contracts, interest rate forward and future contracts, interest rate option contracts, interest rate swap contracts, U.S. and foreign credit swap contracts, cash collateral, and other option contracts. Level 1 assets may be priced by the settlement price disseminated by future exchanges or the last trade price in an OTC market or exchange. Level 2 assets are priced using binding or corroborated, indicative quotes, or evaluated prices using observable, market-based data. Level 3 assets are priced using uncorroborated indicative quotes provided by investment managers.

The following table sets forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of March 31, 2014. See Note 7 for further disclosure regarding the Plan's interest in the Master Trust.

	Level 1	Level 2	Level 3	Total
Interest - bearing cash	\$ 55,923,819	\$ 0	\$ 0	\$ 55,923,819
Short - term investments	0	577,286,902	0	577,286,902
Equity securities:				
U.S. companies	1,232,289,573	0	0	1,232,289,573
Japan	88,942,602	0	0	88,942,602
International (other)	434,406,152	1,442,611	3,463,544	439,312,307
	1,755,638,327	1,442,611	3,463,544	1,760,544,482

CELINA ALUMINUM PRECISION TECHNOLOGY, INC. DEFINED BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2014 AND 2013

6. FAIR VALUE MEASUREMENTS (Continued)

	Level 1	Level 2	Level 3	Total
Pooled funds equity	0	485,070,587	0	485,070,587
Government and agency bonds:				
U.S.	0	280,872,003	0	280,872,003
International (other)	0	30,412,364	518,277	30,930,641
	0	311,284,367	518,277	311,802,644
U.S. state and local bonds	0	43,912,706	0	43,912,706
Corporate bonds:				
U.S.	0	382,965,808	0	382,965,808
Japan	0	1,605,399	0	1,605,399
International (other)	0	74,937,914	2,796,555	77,734,469
	0	459,509,121	2,796,555	462,305,676
Pooled funds debt	0	426,981,550	0	426,981,550
Asset-backed securities	0	54,403,088	0	54,403,088
Real estate	0	0	158,456,026	158,456,026
Private equity funds	0	0	272,126,705	272,126,705
Hedge funds	0	0	376,473,286	376,473,286
Derivatives	(7,404,289)	13,892,412	(60,088)	6,428,035
TOTAL ASSETS AT FAIR VALUE	\$ 1,804,157,857	\$ 2,373,783,344	\$ 813,774,305	\$ 4,991,715,506

CELINA ALUMINUM PRECISION TECHNOLOGY, INC. DEFINED BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2014 AND 2013

6. FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth a summary of approximate changes in the fair value of the Master Trust's Level 3 assets for the year ended March 31, 2014.

Balance, beginning of year	\$	650,048,000
Realized and unrealized gains		71,635,000
Purchases		242,656,000
Sales		(149,722,000)
Transfers out		(843,000)
Balance, end of year	\$	<u>813,774,000</u>

The following table sets forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of March 31, 2013. See Note 7 for further disclosure regarding the Plan's interest in the Master Trust.

	Level 1	Level 2	Level 3	Total
Interest - bearing cash	\$ 54,527,088	\$ 0	\$ 0	\$ 54,527,088
Short - term investments	0	478,532,217	0	478,532,217
Equity securities:				
U.S. companies	1,003,530,672	0	0	1,003,530,672
Japan	85,597,933	0	0	85,597,933
International (other)	372,363,836	0	0	372,363,836
	<u>1,461,492,441</u>	<u>0</u>	<u>0</u>	<u>1,461,492,441</u>
Pooled funds equity	0	798,132,185	0	798,132,185
Government and agency bonds:				
U.S.	0	254,397,542	0	254,397,542
International (other)	0	23,899,112	4,273,199	28,172,311
	<u>0</u>	<u>278,296,654</u>	<u>4,273,199</u>	<u>282,569,853</u>
U.S. state and local bonds	0	44,742,201	0	44,742,201

CELINA ALUMINUM PRECISION TECHNOLOGY, INC. DEFINED BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2014 AND 2013

6. FAIR VALUE MEASUREMENTS (Continued)

	Level 1	Level 2	Level 3	Total
Corporate bonds:				
U.S.	0	363,442,177	1,626,634	365,068,811
Japan	0	55,375	0	55,375
International (other)	0	54,435,287	1,605,014	56,040,301
	<u>0</u>	<u>417,932,839</u>	<u>3,231,648</u>	<u>421,164,487</u>
Pooled funds debt	<u>0</u>	<u>362,736,041</u>	<u>0</u>	<u>362,736,041</u>
Asset backed securities	<u>0</u>	<u>43,914,017</u>	<u>0</u>	<u>43,914,017</u>
Real estate	<u>0</u>	<u>0</u>	<u>139,687,869</u>	<u>139,687,869</u>
Private equity funds	<u>0</u>	<u>0</u>	<u>174,630,499</u>	<u>174,630,499</u>
Hedge funds	<u>0</u>	<u>0</u>	<u>329,055,406</u>	<u>329,055,406</u>
Derivatives	<u>0</u>	<u>869,736</u>	<u>(830,218)</u>	<u>39,518</u>
TOTAL ASSETS				
AT FAIR VALUE	<u>\$ 1,516,019,529</u>	<u>\$ 2,425,155,890</u>	<u>\$ 650,048,403</u>	<u>\$ 4,591,223,822</u>

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

Balance, beginning of year	\$ 439,755,000
Realized and unrealized gains	36,536,000
Purchases	259,678,000
Sales	(90,962,000)
Transfers in	5,041,000
Balance, end of year	<u>\$ 650,048,000</u>

7. INTEREST IN MASTER TRUST

All of the Plan's investments are in the Master Trust, which was established for the investment of assets of the Plan and several other American Honda Motor Company, Inc. sponsored retirement plans. Each participating retirement plan has an undivided interest in the Master Trust. The assets of the Master Trust are held by Northern Trust Company.

CELINA ALUMINUM PRECISION TECHNOLOGY, INC. DEFINED BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2014 AND 2013

7. INTEREST IN MASTER TRUST (Continued)

At March 31, 2014, and 2013, the Plan's interest in the net assets of the Master Trust was approximately 0.19 percent 0.18 percent, respectively. Investment income and administrative expenses relating to the Master Trust are allocated to the individual plans based upon average monthly balances invested by each plan.

The following table presents the fair value of the assets, including investments, of the Master Trust.

	MARCH 31,	
	<u>2014</u>	<u>2013</u>
Assets		
Investments at fair value:		
Money market funds	\$ 180,938,980	\$ 153,782,334
Equity securities	1,760,544,482	1,461,492,441
Pooled funds equity	485,070,587	798,132,185
Government and agencies' bonds	311,802,644	282,569,853
U.S. state and local bonds	43,912,706	44,742,201
Corporate bonds	462,305,676	421,164,487
Pooled funds debt	426,981,550	362,736,041
Asset-back securities	54,403,088	43,914,017
Real estate	158,456,026	139,687,869
Private equity funds	272,126,705	174,630,499
Hedge funds	376,473,286	329,055,406
Derivatives	6,428,035	39,518
Collateral received for securities loaned	452,271,741	379,276,971
Assets held for investment purposes	<u>4,991,715,506</u>	<u>4,591,223,822</u>
Liabilities		
Payable under securities lending agreement	<u>452,271,741</u>	<u>379,276,971</u>
Net assets	<u>\$ 4,539,443,765</u>	<u>\$ 4,211,946,851</u>
Plan interest in Master Trust	<u>\$ 8,812,406</u>	<u>\$ 7,520,941</u>

CELINA ALUMINUM PRECISION TECHNOLOGY, INC. DEFINED BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2014 AND 2013

7. INTEREST IN MASTER TRUST (Continued)

Investment income for the Master Trust is as follows:

	FOR THE YEARS ENDED MARCH 31,	
	<u>2014</u>	<u>2013</u>
Investment income		
Net appreciation (depreciation) in fair value of investments:		
Common stock	\$ 378,120,442	\$ 237,472,238
Preferred stock	(485,149)	(1,367,609)
Equity exchange traded funds	230,536	94,612
Money market funds	3,388	10,447
Real estate	20,854,427	7,826,912
Venture capital and partnerships	20,985,131	8,283,849
Corporate bonds and notes	(7,607,315)	48,178,531
Government bonds	(21,090,740)	16,751,351
U.S. government agency obligations	(5,598,653)	6,030,666
Pooled mortgage obligations	(3,800,637)	2,988,015
Asset-backed securities	1,479	62,292
Rights and warrants	535,466	89,608
Commodities	0	(44,434)
Hedge funds	34,726,258	19,993,558
Other fixed income	(5,154,624)	7,454,977
	<u>411,720,009</u>	<u>353,825,013</u>
Interest	85,375,472	53,201,956
Dividends	31,508,992	28,445,889
Investment expense	(17,438,039)	(15,839,073)
	<u>99,446,425</u>	<u>65,808,772</u>
Investment income	<u>\$ 511,166,434</u>	<u>\$ 419,633,785</u>
Plan interest in investment income of the Master Trust	<u>\$ 984,087</u>	<u>\$ 742,567</u>

CELINA ALUMINUM PRECISION TECHNOLOGY, INC. DEFINED BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2014 AND 2013

7. INTEREST IN MASTER TRUST (Continued)

Investments that represent five percent (5%) or more of the Master Trust's net assets are as follows:

			MARCH 31,	
			<u>2014</u>	<u>2013</u>
MFB Northern Trust Collective World				
Ex-Non Lending Fund	\$	*	\$	241,387,844
MFB Northern Trust Collective U.S.				
Market Capital Equity Index Fund	\$	*	\$	391,963,628

* Less than 5% at year end

The Master Trust participated in the Trustee's Securities Lending Program for its U.S. Securities held in custody at the Trustee to provide incremental income for the year ended March 31, 2014 and 2013, respectively. These securities are loaned by the Trustee to third-party broker-dealers in exchange for collateral (cash and noncash), in compliance with Department of Labor collateral requirements. For U.S. securities, the collateral is at least 102% of the fair value of the borrowed securities. The collateral received (both cash and noncash) is invested in the Trustee's Core U.S.A. Collateral Section Fund. The fair value of the securities loaned collateralized by cash was approximately \$443,737,000 and \$370,950,000 at March 31, 2014 and 2013, respectively. Cash collateral of approximately \$452,272,000 and \$379,277,000 was held at March 31, 2014 and 2013, respectively, with offsetting liabilities. The fair value of the securities loan collateralized by noncash was approximately \$4,887,000 and \$9,322,000 at March 31, 2014 and 2013, respectively. Noncash collateral of approximately \$5,122,000 and \$9,623,000 was held at March 31, 2014 and 2013, respectively, with offsetting liabilities.

The Master Trust and Trustee each receive a percentage of net income derived from securities lending activities based on types of securities. Income earned during the years ended March 31, 2014 and 2013 was approximately \$1,266,000 and \$1,185,000, respectively, which is included in interest and dividends, net of bank fees of approximately \$316,000 and \$296,000 for the years ended March 31, 2014 and 2013, respectively.

8. TAX STATUS

The Plan obtained its latest determination letter on April 4, 2012, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

CELINA ALUMINUM PRECISION TECHNOLOGY, INC. DEFINED BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2014 AND 2013

8. TAX STATUS (Continued)

The modified cash basis of accounting requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Department of Labor or Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of March 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for the years prior to 2010.

9. RISKS AND UNCERTAINTIES

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

Additionally, the Master Trust has investments in foreign companies, which involve special risks and consideration not typically associated with investing in U.S. companies. These risks include devaluation of currencies, less reliable information about issuers, different securities transactions clearance and settlement practices, and possible adverse political and economic developments. Moreover, securities of many foreign companies and their markets may be less liquid and their prices more volatile than similar types of securities of comparable U.S. companies.

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

10. RELATED-PARTY TRANSACTIONS

Certain Master Trust investments are managed by Northern Trust, the Trustee. Any purchases and sales of these investments are open market transactions at fair value. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

CELINA ALUMINUM PRECISION TECHNOLOGY, INC. DEFINED BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS

MARCH 31, 2014 AND 2013

10. RELATED-PARTY TRANSACTIONS (Continued)

In addition, Northern Trust facilitates securities lending activities with the Master Trust, which qualify as party-in-interest transactions under ERISA.

11. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

	MARCH 31,	
	<u>2014</u>	<u>2013</u>
Net Assets available for plan benefits per the financial statements	\$ 8,812,406	\$ 7,520,941
Contributions receivable	<u>142,917</u>	<u>140,000</u>
Net assets available for benefits per Form 5500	<u>\$ 8,955,323</u>	<u>\$ 7,660,941</u>

The following is a reconciliation of contributions per the financial statements for the year ended March 31, 2014 to Schedule H of Form 5500:

Total contributions per the financial statements	\$ 452,917
Change in employer contributions receivable	<u>2,917</u>
Total contributions per Schedule H of Form 5500	<u>\$ 455,834</u>

12. SUBSEQUENT EVENTS

The Plan's management evaluated the activity of the Plan through December 23, 2014 (the date the financial statements were available to be issued) and concluded that no subsequent events have occurred that would require recognition in the financial statements or disclosure in the notes to the financial statements.

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 64.

(A)	(B)	(C)	(D)	(E)
Retirement age	Retirement Percent	Lx	Number of employees expected to retire (B) x (C)	(A) x (D)
55	2.00%	10000.00	200.00	11000.00
56	2.00%	9800.00	196.00	10976.00
57	2.00%	9604.00	192.08	10948.56
58	2.00%	9411.92	188.24	10917.83
59	2.00%	9223.68	184.47	10883.94
60	2.00%	9039.21	180.78	10847.05
61	2.00%	8858.42	177.17	10807.28
62	10.00%	8681.26	868.13	53823.78
63	10.00%	7813.13	781.31	49222.72
64	10.00%	7031.82	703.18	45003.63
65	100.00%	6328.64	6328.64	411361.28
Total			10000.00	635792.07
Average				63.58

Schedule SB, Part V — Summary of Plan Provisions**Summary of Major Plan Provisions**

Effective date and plan year	Original plan: April 1, 2003 Restated plan: April 1, 2010 Plan year: April 1 through March 31 Most recent amendment effective April 1, 2012	
Status of the plan	The plan has ongoing benefit accruals and new associates are eligible to participate in the plan once they satisfy the participation requirements	
Significant events that occurred during the year	None	
Definitions		
• Covered associates	18 years of age and completed one qualifying year of service	
• Participation	18 years of age and completed one qualifying year of service	
• Employee contributions	None required or permitted	
• Years of service	12 months	
• Pensionable earnings	W-2 earnings, including deferrals, excluding reimbursements, fringe benefits and welfare benefits	
Normal retirement		
• Eligibility	Later of age 65 or first day of plan year including fifth anniversary of date of participation	
• Benefit	Monthly benefit: The sum of 0.75% of compensation received in each year	
Early retirement		
• Eligibility	Age 55 and 5 years of service	
• Benefit	Accrued benefit reduced 5% for each year which the participant's early retirement date precedes normal retirement	
Late retirement		
• Eligibility	Past normal retirement age	
• Benefit	The greater of the accrued benefit determined as of the participant's actual retirement date or the actuarial equivalent of the benefit payable at the participant's normal retirement date	
Deferred vested		
• Eligibility	Years of Service	Vested Interest
	1 - 4	0%
	5	100%
• Benefit	See normal retirement benefit	

Schedule SB, Part V — Summary of Plan Provisions

Pre-retirement death	
• Eligibility	5 years of service
• Benefit	The surviving spouse is entitled to the survivor portion of a joint and 50% survivor annuity that would have been available if the participant had terminated on the day immediately preceding his death, payable upon the earliest date thereafter that the participant could have retired
Form of benefits	
• Automatic form for unmarried participants	Life Annuity
• Automatic form for married participants	Joint and 50% survivor annuity
• Optional forms	Life annuity 5 year certain and continuous annuity 10 year certain and continuous annuity Joint and 50% survivor annuity Joint and 66 2/3% survivor annuity Joint and 75% survivor annuity Joint and 100% survivor annuity Lump sum (if under \$5,000)
• Optional form conversion factors	Interest: 7.0% Mortality: RP-2000 Combined No Collar Mortality Table, projected to 2025 (blend of 70% male and 30% female tables for Participants, 70% female and 30% male tables for Beneficiaries and survivors) with no setback
Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2013, the limit is \$255,000.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2013, the limit is \$205,000.

Schedule SB, Part V — Summary of Plan Provisions

Benefits Included or Excluded

Unless noted below, all benefits provided by the plan, as restated and amended through Amendment #1, are included in this valuation.

- **Most recent plan amendments included:** Amendment #1 is included because it was adopted by the valuation date and is effective by the end of the plan year.
- **Plan amendments excluded:** none.
- **Late retirement increases:**
 - *Active participants:* This valuation includes increases for current participants over age 65 if greater than the accrued benefit.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.
- **Benefits excluded:** As there have been no reported disability incidents to which the disability benefit provisions of the plan apply since the inception of the plan, this benefit is not currently valued in the valuation of the plan.

Plan Provisions Specific to Funding

Additional Benefits Included or Excluded

- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
 - *Plan amendments:* See above.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
 - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan Provision Changes Since Prior Valuation

Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2012 to 2013.