

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>07/01/2013</u> and ending <u>06/30/2014</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 <u>CLIMAX MANUFACTURING COMPANY RETIREMENT INCOME PLAN FOR UNION EMPLOYEES</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>06/01/1968</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>06/01/1968</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>06/01/1968</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>CLIMAX MANUFACTURING COMPANY</u> <u>DONALD SCHNACKEL</u> <u>7840 STATE STREET ROUTE 26</u> <u>LOWVILLE, NY 13367</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>61-1613722</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>315-376-8000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>322200</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>61-1613722</u>	2c Sponsor's telephone number <u>315-376-8000</u>	2d Business code (see instructions) <u>322200</u>	
2b Employer Identification Number (EIN) <u>61-1613722</u>					
2c Sponsor's telephone number <u>315-376-8000</u>					
2d Business code (see instructions) <u>322200</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/14/2015	DONALD SCHNACKEL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	299
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).			
a Active participants		6a	88
b Retired or separated participants receiving benefits		6b	131
c Other retired or separated participants entitled to future benefits		6c	77
d Subtotal. Add lines 6a , 6b , and 6c		6d	296
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	0
f Total. Add lines 6d and 6e		6f	296
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	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2013 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning **07/01/2013** and ending **06/30/2014**

A Name of plan CLIMAX MANUFACTURING COMPANY RETIREMENT INCOME PLAN FOR UNION EMPLOYEES	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 CLIMAX MANUFACTURING COMPANY	D Employer Identification Number (EIN) 61-1613722	

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

(a) Name of insurance carrier

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	SA 12758-01	296	07/01/2013	06/30/2014

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

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

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	4983342
5 Current value of plan's interest under this contract in separate accounts at year end	5	7357553

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

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

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY**

b Balance at the end of the previous year	7b	844818
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c Additions: (1) Contributions deposited during the year	7c(1)	24701	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	27964	
(4) Transferred from separate account	7c(4)	4133158	
(5) Other (specify below)	7c(5)		

(6) Total additions	7c(6)	4185823
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d Total of balance and additions (add lines 7b and 7c(6))	7d	5030641
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)	47298	

▶ **TO OTHER CONTRACT**

(5) Total deductions	7e(5)	47298
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	4983343
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014

▶ **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>CLIMAX MANUFACTURING COMPANY RETIREMENT INCOME PLAN FOR UNION EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CLIMAX MANUFACTURING COMPANY</u>	D Employer Identification Number (EIN) <u>61-1613722</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>07</u> Day <u>01</u> Year <u>2013</u>	
2 Assets:	
a Market value	2a <u>11592862</u>
b Actuarial value	2b <u>11843915</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>132</u> <u>9764622</u>
b For terminated vested participants.....	3b <u>76</u> <u>1104051</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>3261</u>
(2) Vested benefits	3c(2) <u>2875493</u>
(3) Total active.....	3c(3) <u>91</u> <u>2878754</u>
d Total.....	3d <u>299</u> <u>13747427</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>6.71</u> %
6 Target normal cost	6 <u>5000</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>03/12/2015</u>
	Signature of actuary	Date
<u>RICHARD A ERICKSON</u>	Type or print name of actuary	<u>14-05483</u>
		Most recent enrollment number
<u>MASSMUTUAL FINANCIAL GROUP</u>	Firm name	<u>860-562-2189</u>
		Telephone number (including area code)
<u>100 BRIGHT MEADOW BOULEVARD ENFIELD, CT 06082</u>	Address of the firm	

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

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

Schedule SB (Form 5500) 2013
v. 130118

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>8.01</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b Interest on (a) using prior year's effective interest rate of <u>7.06</u> % except as otherwise provided (see instructions)		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	86.15 %
15 Adjusted funding target attainment percentage	15	86.15 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	85.76 %
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
10/21/2013	81000				
11/08/2013	57771				
11/18/2013	45092				
07/21/2014	183863				
			Totals ►	18(b)	367726
				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 87074
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 255938
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: 5.23%	2nd segment: 6.51%	3rd segment: 7.16 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	87074
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	87074
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	5000										
b Excess assets, if applicable, but not greater than line 31a	31b	0										
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>1903512</td> <td>635037</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.....	1903512	635037	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment.....	1903512	635037										
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	640037										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement.....	0	0	0									
36 Additional cash requirement (line 34 minus line 35).....	36	640037										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	255938										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	0										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0										
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	384099										
40 Unpaid minimum required contributions for all years	40	384099										

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 07/01/2013 and ending 06/30/2014

A Name of plan <u>CLIMAX MANUFACTURING COMPANY RETIREMENT INCOME PLAN FOR UNION EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CLIMAX MANUFACTURING COMPANY</u>	D Employer Identification Number (EIN) <u>61-1613722</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

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

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

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

M GRIFFITH INVESTMENT SERVICES INC

15-0572891

(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?
53	SHAREHOLDER SERVICE PROVI	0	Yes ☒ No ☐	Yes ☐ No ☒	9851	Yes ☐ No ☒

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

MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

(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?
52 60 63 68 72 13	CONTRACT ADMINISTRATOR	5000	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
M GRIFFITH INVESTMENT SERVICES INC	53	9851
(d) Enter name and EIN (address) of source of indirect compensation MASSACHUSETTS MUTUAL LIFE INS. CO. 04-1590850		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. COMMISSIONS AND FEES		
(a) Enter service provider name as it appears on line 2 MASSACHUSETTS MUTUAL LIFE INS. CO.		
(b) Service Codes (see instructions) 72		
(c) Enter amount of indirect compensation 0		
(d) Enter name and EIN (address) of source of indirect compensation PREM INFLAT-PROT AND INCM BABSON 03-0532475		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS		
(a) Enter service provider name as it appears on line 2 MASSACHUSETTS MUTUAL LIFE INS. CO.		
(b) Service Codes (see instructions) 72		
(c) Enter amount of indirect compensation 0		
(d) Enter name and EIN (address) of source of indirect compensation PREMIER INT L EQUITY OFI INST 04-3212044		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. BASIS POINTS * PLAN ASSETS		

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	0
<div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div>		
<div style="text-align: center;">(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</div>		
PREM SHORT-DURATION BOND BABSON	BASIS POINTS * PLAN ASSETS	
04-3212057		
<div style="text-align: center;">(a) Enter service provider name as it appears on line 2</div>		
MASSACHUSETTS MUTUAL LIFE INS. CO.	72	0
<div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div>		
<div style="text-align: center;">(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</div>		
PREMIER CORE BOND BABSON	BASIS POINTS * PLAN ASSETS	
04-3277549		
<div style="text-align: center;">(a) Enter service provider name as it appears on line 2</div>		
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
<div style="text-align: center;">(d) Enter name and EIN (address) of source of indirect compensation</div>		
<div style="text-align: center;">(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</div>		
MID CAP VALUE JP MORGAN	BASIS POINTS * PLAN ASSETS	
13-3963293		

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>GLOBAL BOND ALLIANCEBERNSTEIN</p> <p>13-4064930</p> </div> <div style="width: 40%;"> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>BASIS POINTS * PLAN ASSETS</p> </div> </div>		
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>NEW HORIZONS T. ROWE PRICE</p> <p>52-0791372</p> </div> <div style="width: 40%;"> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>BASIS POINTS * PLAN ASSETS</p> </div> </div>		
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>EQUITY GROWTH AMERICAN CENTURY</p> <p>77-0273954</p> </div> <div style="width: 40%;"> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>BASIS POINTS * PLAN ASSETS</p> </div> </div>		

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(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.	
DEVELOPING MARKETS OFI 93-6305075	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(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.	
COMMODITY RL RTN STRAT PIMCO 95-2632339	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(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.	
EUROPACIFIC GROWTH AMERICAN 95-6810128	BASIS POINTS * PLAN ASSETS	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014

A Name of plan <u>CLIMAX MANUFACTURING COMPANY RETIREMENT INCOME PLAN FOR UNION EMPLOYEES</u>	B Three-digit plan number (PN) <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CLIMAX MANUFACTURING COMPANY</u>	D Employer Identification Number (EIN) <u>61-1613722</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-WJ</u>		
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>		
c EIN-PN <u>04-1590850-129</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1799748</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-WG</u>		
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>		
c EIN-PN <u>04-1590850-127</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1974423</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-VB</u>		
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>		
c EIN-PN <u>04-1590850-276</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>695113</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-QJ</u>		
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>		
c EIN-PN <u>90-0342299-111</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1810806</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-QF</u>		
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>		
c EIN-PN <u>90-0342299-216</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>390118</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-C</u>		
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>		
c EIN-PN <u>90-0342299-147</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>687346</u>
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
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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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2013
		This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014	
A Name of plan CLIMAX MANUFACTURING COMPANY RETIREMENT INCOME PLAN FOR UNION EMPLOYEES	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 CLIMAX MANUFACTURING COMPANY	D Employer Identification Number (EIN) 61-1613722

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(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)	10624260	7357553
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	844818	4983342
(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	11469078	12340895

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	11469078	12340895
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	308757	
(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)		308757
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)	27964	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		27964
(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)		1563732
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1900453

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	958626	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)	65010	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1023636
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)	5000	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		5000
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1028636

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		871817
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: DOANE CPA FIRM

(2) EIN: 27-4431954

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.)			
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

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

For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014

A Name of plan <u>CLIMAX MANUFACTURING COMPANY RETIREMENT INCOME PLAN FOR UNION EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CLIMAX MANUFACTURING COMPANY</u>	D Employer Identification Number (EIN) <u>61-1613722</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-1590850</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

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

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): _____

CLIMAX MANUFACTURING COMPANY
RETIREMENT INCOME PLAN FOR UNION EMPLOYEES

FINANCIAL STATEMENTS
and
SUPPLEMENTARY INFORMATION

FOR THE YEARS ENDED

JUNE 30, 2014 AND 2013

* * * * *

CLIMAX MANUFACTURING COMPANY
RETIREMENT INCOME PLAN FOR UNION EMPLOYEES

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* Other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

DOANE CPA FIRM LLC
CERTIFIED PUBLIC ACCOUNTANCY

18455 US Rt 11 WATERTOWN, NEW YORK 13601 ** 707 ROCHESTER LOOP DAVENPORT, FL 33897

TEL. NY: (315) 661-6555 FL: (863)420-7282 FAX (315) 782-8667

Member FICPA

INDEPENDENT AUDITOR'S REPORT

To the Participants and Administrative Committee
of Climax Manufacturing Company
Retirement Income Plan for Union Employees

Report on Financial Statements

I was engaged to audit the financial statements of the Climax Manufacturing Company Retirement Income Plan for Union Employees (the "Plan"), which comprise the statements of net assets available for benefits as of June 30, 2014, and the related statements of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

My responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, I am 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 me not to perform, and I did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by Massachusetts Mutual Life Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplementary information. I have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended June 30, 2014 and 2013, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules H, line 4j - Schedule of Reportable Transactions and line 4i - Schedule of Assets are required by the Department of Labor's Rules and Regulation for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, I do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations 2014

The form and content of the information included in the 2014 financial statements and supplemental schedules other than that derived from the information certified by the trustee, have been audited by me in accordance with auditing standards generally accepted in the United States of America and, in my opinion, are presented in compliance with the Department of Labor's Rules and Regulation for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Doane CPA Firm

Andrea R. Doane, CPA
DOANE CPA FIRM LLC
Watertown, New York 13601
Davenport, Florida 33897
April 5, 2015

CLIMAX MANUFACTURING COMPANY
RETIREMENT INCOME PLAN FOR UNION EMPLOYEES

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JUNE 30, 2014 AND 2013

	<u>2014</u>	<u>2013</u>
ASSETS		
INVESTMENTS, at Fair Market Value		
Guaranteed Investment Account	\$ 4,983,342	\$ 844,818
Mutual funds	<u>7,357,553</u>	<u>10,624,260</u>
Total Investments	12,340,895	11,469,078
Employer contributions receivable - discounted	<u>183,192</u>	<u>124,894</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 12,524,087</u>	<u>\$ 11,593,972</u>

The accompanying notes are an integral part of these financial statements.

CLIMAX MANUFACTURING COMPANY
RETIREMENT INCOME PLAN FOR UNION EMPLOYEES

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED JUNE 30, 2014 AND 2013

	<u>2014</u>	<u>2013</u>
ADDITIONS(SUBTRACTIONS)		
Investment income(losses)		
Net investment income(loss) GIA	\$ 27,964	\$ 23,843
Net investment gain(loss) on pooled separate accounts	<u>1,563,732</u>	<u>808,995</u>
Net investment income(loss)	1,591,696	832,838
Contributions by employer	<u>367,055</u>	<u>504,814</u>
Total additions(subtractions)	<u>1,958,751</u>	<u>1,337,652</u>
DEDUCTIONS		
Benefit payments	958,626	961,707
Investment Adjustments - GIA Account	-	(14,086)
Investment fees and PBGC payments	<u>70,010</u>	<u>5,000</u>
Total deductions	<u>1,028,636</u>	<u>952,621</u>
NET INCREASE(DECREASE) IN NET ASSETS	930,115	385,031
NET ASSETS AVAILABLE FOR BENEFITS BEGINNING OF YEAR	<u>11,593,972</u>	<u>11,208,941</u>
NET ASSETS AVAILABLE FOR BENEFITS END OF YEAR	<u>\$ 12,524,087</u>	<u>\$ 11,593,972</u>

The accompanying notes are an integral part of these financial statements.

CLIMAX MANUFACTURING COMPANY
RETIREMENT INCOME PLAN FOR UNION EMPLOYEES

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2014

1. GENERAL DESCRIPTION OF THE PLAN

The Climax Manufacturing Company Retirement Income Plan for Union Employees (the "Plan") is a defined benefit plan covering workers of a collective bargaining unit represented by Local 1888 of the United Paper Worker's International Union AFL-CIO. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The following brief description of the Plan is provided for general informational purposes only. Participants should refer to the Plan agreement for more complete information.

Funding Policy

Climax Manufacturing Company (the "Company") makes cash contributions to the Plan such that all employee benefits will be fully provided for upon retirement. The amounts contributed to the Plan are determined by the Company on the basis of (a) the actuarial statements submitted by the Plan's independent consulting actuary, (b) the maximum amount permitted by law or regulation as a deduction on the Company's Federal income tax returns, and (c) the minimum amount certified by the actuary as necessary during any Plan year to avoid an accumulated funding deficiency as defined by ERISA. The Actuarial calculation of IRS Minimum Required Contribution as of July 1, 2014 is \$847,815. At June 30, 2014, the Plan had not met the minimum funding requirements of ERISA, shortfall as follows:

Summary as of July 1, 2013

7/1/2008	1,282,001	419,517	2	215,104
7/1/2009	280,755	138,134	3	48,411
7/1/2010	1,657,700	1,025,598	4	276,326
7/1/2011	2,032,780	1,478,955	5	326,690
7/1/2012	(1,864,474)	(1,663,445)	6	(316,447)
7/1/2013	504,753	504,753	7	84,953
Total	<u>\$ 3,893,515</u>	<u>\$ 1,903,512</u>		<u>\$ 635,037</u>

Summary as of July 1, 2014

Effective Date	Initial Amount	Outstanding Balance	Years Remaining	Installments
7/1/2008	1,282,001	215,104	1	215,104
7/1/2009	280,755	94,521	2	48,411
7/1/2010	1,657,700	790,201	3	276,326
7/1/2011	2,032,780	1,216,515	4	326,690
7/1/2012	(1,864,474)	(1,438,812)	5	-316,447
7/1/2013	87,074	448,794	6	84,953
7/1/2014	704,377	704,377	7	117,884
Total	<u>\$ 4,180,213</u>	<u>\$ 2,030,700</u>		<u>\$ 752,921</u>

Participation and Vesting

The Plan provides for full vesting at the completion of one year of at least 1,000 hours of service. Participation eligibility for an employee who is a member of the collective bargaining units for the Packaging Division and the Syracuse Distribution Facility (Local 1888) is effective on the July 1 nearest the date the employee becomes eligible for participation.

Pension Benefits

Retirement benefits under the Plan are based upon a fixed benefit per year of credited service which varies based on the year of retirement. Distributions are made in the event of retirement, death, disability, resignation or dismissal. Normal retirement age is the later of the age of sixty-five and the fifth anniversary of the effective date of participation. Special rules exist for early retirement, deferred retirement and death prior to eligibility for retirement. All benefit payments are recorded when paid.

CLIMAX MANUFACTURING COMPANY
RETIREMENT INCOME PLAN FOR UNION EMPLOYEES

NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2014

1. GENERAL DESCRIPTION OF THE PLAN - Continued

Administration of the Plan

The Board of Directors of the Company has appointed an administrative committee to act as the fiduciary with full power, authority and responsibility to control and manage the operation and administration of the Plan.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Custodian

As a part of the Plan, the Company has entered into a Custody Agreement with Massachusetts Mutual Life Insurance Company (the Custodian). The Custodian invests the Company's contributions as stipulated by the administrative committee of the Plan. The Plan assets are maintained in a separate trust fund administered by the Custodian.

Basis of Accounting

The accounts of the Plan are maintained on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect reported net assets at the date of the financial statements and reported changes in net assets during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties

Plan contributions and the actuarial present value of accumulated benefits are prepared based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Investments are exposed to various risks, such as interest rate, market and credit. Due to uncertainties inherent in the estimation and assumption process, and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in these estimates, assumptions and risks in the near term would be material to the financial statements.

Valuation of Investments

Investments are valued at fair value, principally based on market value. Securities which are traded on the national securities exchange are valued at the last reported sales price on the last business day of the fiscal year. Mutual Funds are valued at the mean between the bid and asked price on the last business day of the fiscal year. Securities traded on the over-the-counter market and listed securities for which no sale was reported on that date are valued at the mean between the last reported bid and asked price.

The Plan presents in the statement of changes in net assets the net appreciation (depreciation) in the fair value of its investments which consists of the realized gains or (losses) and the unrealized appreciation (depreciation) on those investments.

Interest income is recognized on the accrual basis and dividends are recorded on the ex-dividend date. Security transactions are recorded on the settlement date.

Reclassifications

Certain reclassifications may have been made to prior year numbers to conform to the current year presentation.

CLIMAX MANUFACTURING COMPANY
RETIREMENT INCOME PLAN FOR UNION EMPLOYEES

NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2014

3. ACCUMULATED BENEFITS

Accumulated benefits represent those future periodic payments that are attributable under the Plan's provisions to the service which employees have rendered. Accumulated benefits include benefits expected to be paid to (a) retirees or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

The significant actuarial methods and assumptions used in the actuarial valuations July 1, 2014 and 2013, are as follows:

Actuarial cost method	Target Normal Cost is equal to the present value as of the valuation date of the increase in the accrued benefit arising from the service increase in the current plan year. The Target Liability as of the valuation date is the present value of the accrued benefit as of the valuation date.
Mortality rates	
Preretirement	RP-2000 Mortality Tables for Annuitants and Non-Annuitants
Postretirement	RP-2000 Mortality Tables for Annuitants and Non-Annuitants
Funding interest rate	March, 2013 IRS Segmented Yield Curve limited by 2013 HATFAMAP-21 Corridor Interest: 7.5%
Normal retirement age	Age 65
Asset valuation	The Actuarial Value of Assets is determined using a 3-year avg. method described in IRS Notice 2009-22.

The actuarial present value of accumulated benefits at July 1, are as follows: (ASC 960)

	<u>2013</u>	<u>2012</u>
Vested benefits:		
Participants currently receiving payments	\$ 7,909,556	\$ 8,950,638
Other participants	<u>3,570,840</u>	<u>3,582,114</u>
	11,480,396	12,532,752
Nonvested benefits	<u>1,099,456</u>	<u>16,821</u>
Total actuarial present value of accumulated benefits	<u>\$ 12,579,852</u>	<u>\$ 12,549,573</u>

Factors comprising the change in the actuarial present value of accumulated benefits for the report dated July 1 are summarized as follows:

	<u>2013</u>	<u>2012</u>
Actuarial present value of accumulated benefits as of the beginning of year	<u>\$ 12,549,573</u>	<u>\$ 12,358,419</u>
Increase (decrease) attributable to:		
Benefit payments - net of accruals	\$ (961,707)	\$ (930,649)
Increase(decrease) due to passage of time	905,154	902,002
Other - Effect of Miscellaneous gains/losses and other demographic changes	<u>86,832</u>	<u>219,801</u>
Net increase	<u>30,279</u>	<u>191,154</u>
Actuarial present value of accumulated benefits as of the end of year	<u>\$ 12,579,852</u>	<u>\$ 12,549,573</u>
Total Market Value of Mutual Fund Assets at June 30, 2014		<u>\$ 12,340,895</u>

Changes in Funding Method: The interest rate assumption for valuing the Funding Target was changed from the March, 2011 IRS Segmented Yield Curve in 2011 to the March, 2012 IRS Segmented Yield Curve limited by the 2012 MAP-21 corridor in 2012.

CLIMAX MANUFACTURING COMPANY
RETIREMENT INCOME PLAN FOR UNION EMPLOYEES

NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2014

3. ACCUMULATED BENEFITS (Continued)

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 the accumulated Plan benefits.

4. INVESTMENTS

For the year ended June 30, the Plan's investments, including gains and (losses) on investments bought and sold during the year, appreciated (depreciated) in value as follows:

	<u>2014</u>	<u>2013</u>
Guaranteed Investment Account	27,964	23,843
Mutual funds	1,563,732	808,995
Total	<u>\$ 1,591,696</u>	<u>\$ 832,838</u>

The fair value of investments representing >5% of the Plan's net assets at June 30, are as follows:

	<u>2014</u>	<u>2013</u>
<u>Mutual Funds</u>		
Global Bond	\$ -	\$ 811,650
Premier Infl Protect Bond	\$ -	\$ 889,303
Premier Core Bond	\$ -	\$ 931,410
Commodity RITrn Strat	\$ 406,545	\$ 1,011,217
Developing Markets	\$ 581,239	\$ 1,125,919
MM EuroPacific Growth	\$ 527,487	\$ 1,161,285
Equity Growth	\$ 1,319,550	\$ 1,357,604
Mid Cap Value	\$ 1,156,340	\$ 1,357,893
New Horizons	\$ 1,347,850	\$ 1,391,072
<u>Guaranteed Investment Account</u>	<u>\$ 4,983,342</u>	<u>\$ 844,818</u>

FAS 157 Fair Value Information

<u>Investment Type</u>	<u>Pricing Source</u>	<u>Measurement Frequency</u>	<u>Valuation Method*</u>	<u>Suggested Value</u>	<u>Basis for hierarchy</u>
Separate Investment Account with underlying investments	Unival	Daily	Unit Value	Tier 2	Unit Value Calculated based on the observable NAV of the underlying investment
GIA	Unival	Daily	Annuity	Tier 3	

* The valuation methodology is widely recognized as the "exit" or selling price as required by FAS #157. It 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.

The following table presents investments carried at fair value as of June 30, 2014, per ASC 820 Valuation:

	<u>Mutual Funds</u>	<u>GIA</u>
Balance, Beginning of year	10,624,260	844,818
Contributions	284,056	24,701
Transfers in/out	(4,085,859)	4,085,859
Gains(Losses) and Interest	1,563,732	27,964
Benefit and other payments	(1,028,636)	-
Balance, end of year	<u>\$ 7,357,553</u>	<u>\$ 4,983,342</u>

CLIMAX MANUFACTURING COMPANY
RETIREMENT INCOME PLAN FOR UNION EMPLOYEES

NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2014

5. PLAN TERMINATION

The Company reserves the right to terminate the Plan. In the event of termination, the Plan provides that the net assets available for benefits be set aside for the benefit of participants in accordance with the requirements of ERISA. The Plan is covered under the Pension Benefit Guaranty Corporation (PBGC) termination insurance program. Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at the 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 PBGC.

6. RECONCILIATION OF FINANCIAL STATEMENTS

The following is a June 30, 2014, reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

Net assets available for benefits - per financial statement	\$ 12,524,087
Employer contributions receivable	(183,192)
Net assets available for benefits - per Form 5500 - Schedule H	<u>\$ 12,340,895</u>
Employer Plan Contributions - per financial statement	367,055
Employer contributions receivable - beginning of year	124,894
Employer contributions receivable - end of year	(183,192)
Employer and Other Plan Contributions - per form 5500 - Schedule H	<u>\$ 308,757</u>

7. INCOME TAX STATUS

The Internal Revenue Service informed the Company, in a letter dated September 15, 2009, that the Plan is qualified and the trust established under the Plan is tax exempt under Section 401(a) of the Internal Revenue Code (IRC) and, therefore, not subject to federal income tax. The Plan had been amended on December 11, 2009, August 24, 2010, June 28, 2011 and January 29, 2013 with subsequent IRS approval of these amendments in a letter dated August 20, 2014.

8. FINANCIAL INFORMATION CERTIFIED BY CUSTODIAN AND ACTUARY

The following is a summary of information regarding the Plan and included in the Plan's financial statements, that was prepared by Massachusetts Mutual Life Insurance Company, Custodian of the Plan, and furnished to the plan administrator. The plan administrator has obtained a certification from the Custodian that such information is complete and accurate:

	<u>2014</u>	<u>2013</u>
Investments at Fair Market Value		
Mutual Funds	7,357,553	\$ 11,593,972
Investment Income(loss)	1,591,696	\$ 808,995
Deductions	1,028,636	952,621

Supplemental Schedules - all items and amounts.

CLIMAX MANUFACTURING COMPANY
RETIREMENT INCOME PLAN FOR UNION EMPLOYEES

NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2014

9 RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

Names of parties in interest and description of relationship:

1 Plan Sponsor	Climax Manufacturing Company
2 Custodian	Mass Mutual Life
3 Service Provider	M Griffith Inc.
4 Trust	Climax Manufacturing Company Retirement Income Trust
5 Trustees	Climax Manufacturing Company Pension Retirement Committee
6 Attorney	Bond Schoneck and King, LLP
7 Independent Qualified CPA	Doane CPA Firm LLC
8 Controlling interest Stockholders of Climax Manufacturing Company	DeltaPoint Capital III, LP
9 Collective Bargaining Units	Climax Manufacturing Packaging Division and Syracuse Distribution Facility (Local 1888)
10 Plan Actuary	Richard Erickson of MassMutual Financial Group

Significant Related Party Transactions:

The Board of Directors for Climax Manufacturing Company has elected to pay all administrative fees for the Plan from company funds as Plan Sponsors.

10 OTHER SIGNIFICANT MATTERS

On August 24, 2010 the Plan was amended to ratify a Plan Freeze.
Highlights of the amendment are as follows:

Plan Freeze Effective September 1, 2010, the Plan is frozen as to eligibility to participate and benefit accruals. Therefore, notwithstanding any other provision of the Plan to the contrary, no Participant shall accrue any additional benefits under the Plan after September 1, 2010. Rights to benefits that have accrued under the Plan as of September 1, 2010 shall not be diminished as a result of the freeze. No Eligible Employee shall become a participant in the Plan after September 1, 2010.

Details of the amendment are included in the Plan Summary.

For 2013, optional methodology in calculating the Plan's Adjusted Funding Target Attainment Percentage (AFTAPP) certification calculates at 85.76%. Prior year's benefit restrictions are impacted due to this new law.

11 SUBSEQUENT EVENTS

Subsequent events were evaluated through April 5, 2015, the date the financial statements were available to be issued. Management reports that plan amendments have been approved by the Internal Revenue Service in a letter dated August 20, 2014. No other items were deemed material to these financial statements.

Supplementary Information

CLIMAX MANUFACTURING COMPANY
RETIREMENT INCOME PLAN FOR UNION EMPLOYEES

ASSETS HELD FOR INVESTMENT PURPOSES
JUNE 30, 2014

Form 5500

Schedule H, Line 4i - Schedule of Assets (Held At End Of Year): June 30, 2014

Plan Sponsor: SA 012758-01

EIN: 61-1613722

(a)	(b)	(c)	(d)	(d)
Identity of issue, borrower lessor or similar party	Description of investment including maturity date, interest rate, collateral, par or maturity value	Cost	Current Value	
* Mass Mutual	Developing Markets	\$ 581,239	\$ 687,346	
* Mass Mutual	Commodity RI Rtn	\$ 406,545	\$ 390,118	
* Mass Mutual	Mid Cap Value	\$ 1,156,340	\$ 1,810,806	
* Mass Mutual	Europacific Gr	\$ 527,487	\$ 695,113	
* Mass Mutual	New Horizons	\$ 1,347,850	\$ 1,974,423	
* Mass Mutual	Equity Growth	\$ 1,319,550	\$ 1,799,748	
* Mass Mutual	Guaranteed Interest Account	\$ 4,983,342	\$ 4,983,342	

The accompanying notes are an integral part of these financial statements.

CLIMAX MANUFACTURING COMPANY
RETIREMENT INCOME PLAN FOR UNION EMPLOYEES
FOR THE YEAR ENDED JUNE 30, 2014

Schedule H, line 4j - Schedule of Reportable Transactions - SCHEDULE 2

Plan Sponsor: SA 012758-01

EIN: 61-1613722

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Trans	(g) Cost of Asset	(h) Current Value on Trans Date	(i) Net gain or loss
MassMutual	Global Bond	-	1,238,858	N/A	0	1,212,698	1,238,858	26,160
MassMutual	Developing Markets	-	593,093	N/A	0	572,156	593,093	20,937
MassMutual	Permium Core Bond	-	978,525	N/A	0	965,460	978,525	13,065
MassMutual	Premier Short-Duration Bnd		1,268,730	N/A	0	1,960,014	1,268,730	(691,284)
MassMutual	Premier Short-Duration Bnd	1,342,789	-	N/A	0	1,342,789	1,342,789	-
MassMutual	Commodity RI Rtn Strat	-	679,566	N/A	0	775,024	679,566	(95,458)
MassMutual	Europacific Growth	-	642,455	N/A	0	557,972	642,455	84,483
MassMutual	Premier Inflat-Prot Bnd	-	915,068	N/A	0	967,042	915,068	(51,974)
MassMutual	Guaranteed Int Acct	4,133,158	-	N/A	0	4,133,158	4,133,158	-

Schedule H, line 4i - Schedule of Assets (Held At End Of Year): 6/30/14**Plan Sponsor: SA 012758-01**

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, borrower, lessor or similar party	Description of investment including maturity date, interest rate, collateral, par or maturity value	Cost	Current Value
*	MassMutual	(Global Bond)	0	0
*	MassMutual	(Developing Markets)	581,239	687,346
*	MassMutual	(Premier Core Bond)	0	0
*	MassMutual	(Prem Short-Duration Bond)	0	0
*	MassMutual	(Commodity RI Rtn Strat)	406,545	390,118
*	MassMutual	(Mid Cap Value)	1,156,340	1,810,806
*	MassMutual	(EuroPacific Growth)	527,487	695,113
*	MassMutual	(New Horizons)	1,347,850	1,974,423
*	MassMutual	(Equity Growth)	1,319,550	1,799,748
*	MassMutual	(Prem Inflat-Protect Bond)	0	0
*	MassMutual	Guaranteed Interest Account	4,983,342	4,983,342

Schedule H, line 4j - Schedule of Reportable Transactions: 6/30/14

Plan Sponsor: SA 012758-01

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of a loan)	Purchase Price	Selling Price	Lease Rental	Expense incurred with trans	Cost of asset	Current Value of asset on transaction date	Net gain or loss
MassMutual	(Global Bond)	0	1,238,858	N/A	0	1,212,698	1,238,858	26,160
MassMutual	(Developing Markets)	0	593,093	N/A	0	572,156	593,093	20,937
MassMutual	(Premier Core Bond)	0	978,525	N/A	0	965,460	978,525	13,065
MassMutual	(Prem Short-Duration Bond)	0	1,268,730	N/A	0	1,960,014	1,268,730	-691,284
MassMutual	(Prem Short-Duration Bond)	1,342,789	0	N/A	0	1,342,789	1,342,789	0
MassMutual	(Commodity RI Rtn Strat)	0	679,566	N/A	0	775,024	679,566	-95,458
MassMutual	(EuroPacific Growth)	0	642,455	N/A	0	557,972	642,455	84,483
MassMutual	(Prem Inflat-Protect Bond)	0	915,068	N/A	0	967,042	915,068	-51,974
MassMutual	Guaranteed Interest Account	4,133,158	0	N/A	0	4,133,158	4,133,158	0

* This schedule was completed considering assets held under a MassMutual group annuity contract only

A Name of Plan	B Three-digit plan Number	001
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number	141837076
Climax Manufacturing Company Retirement Income Plan for Union Employees		
Climax Manufacturing Company		

Schedule C Formula Description and/or EIC Statement Description

Service Provider Name	Service Provider EIN	Service Provider Address	Formula / EIC Statement
AllianceBernstein	134064930		MassMutual provided the Plan with the required written disclosure for Management Fees received by AllianceBernstein with respect to the Global Bond (AllianceBernstein) separate account (SIA-BS).
American Century	770273954		MassMutual provided the Plan with the required written disclosure for Management Fees received by American Century with respect to the Equity Growth (American Century) separate account (SIA-WJ).
American Funds	956810128		MassMutual provided the Plan with the required written disclosure for Management Fees received by American Funds with respect to the EuroPacific Growth (American) separate account (SIA-VB).
JP Morgan	133963293		MassMutual provided the Plan with the required written disclosure for Management Fees received by JP Morgan with respect to the Mid Cap Value (JP Morgan) separate account (SIA-QJ).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the plan with the required written disclosure for soft dollar compensation received by the subadviser with respect to the Premier Int'l Equity (OFI Inst) separate account (SIA-LI).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the Commodity RI Rtn Strat (PIMCO) separate account (SIA-QF).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the EuroPacific Growth (American) separate account (SIA-VB).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the Global Bond (AllianceBernstein) separate account (SIA-BS).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the plan with the required written disclosure for 12b-1 Fees received by MassMutual with respect to the Mid Cap Value (JP Morgan) separate account (SIA-QJ).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for float revenue received by MassMutual.
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the Prem Inflat-Prot and Incm (Babson) separate account (SIA-Y).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the Prem Short-Duration Bond (Babson) separate account (SIA-LF).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the Premier Core Bond (Babson) separate account (SIA-LE).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual provided the Plan with the required written disclosure for Management Fees received by MassMutual with respect to the Premier Int'l Equity (OFI Inst) separate account (SIA-LI).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Administrative Fees of (26 basis points * plan assets) with respect to the Prem Inflat-Prot and Incm (Babson) separate account (SIA-Y).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Administrative Fees of (32 basis points * plan assets) with respect to the Prem Inflat-Prot and Incm (Babson) separate account (SIA-Y).

Company			respect to the Premier Int'l Equity (OFI Inst) separate account (SIA-LI).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Administrative Fees of (39 basis points * plan assets) with respect to the Prem Short-Duration Bond (Babson) separate account (SIA-LF).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Administrative Fees of (39 basis points * plan assets) with respect to the Premier Core Bond (Babson) separate account (SIA-LE).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Sub-TA Fees of (10 basis points * plan assets) with respect to the EuroPacific Growth (American) separate account (SIA-VB).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Sub-TA Fees of (15 basis points * plan assets) with respect to the Commodity RI Rtn Strat (PIMCO) separate account (SIA-QF).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Sub-TA Fees of (15 basis points * plan assets) with respect to the New Horizons (T. Rowe Price) separate account (SIA-WG).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Sub-TA Fees of (20 basis points * plan assets) with respect to the Global Bond (AllianceBernstein) separate account (SIA-BS).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to the Equity Growth (American Century) separate account (SIA-WJ).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Sub-TA Fees of (25 basis points * plan assets) with respect to the Mid Cap Value (JP Morgan) separate account (SIA-QJ).
Massachusetts Mutual Life Insurance Company	041590850		MassMutual received estimated Sub-TA Fees of (38 basis points * plan assets) with respect to the Developing Markets (OFI) separate account (SIA-C).
Oppenheimer	936305075		MassMutual provided the Plan with the required written disclosure for Management Fees received by Oppenheimer with respect to the Developing Markets (OFI) separate account (SIA-C).
PIMCO Funds	952632339		MassMutual provided the Plan with the required written disclosure for Management Fees received by PIMCO Funds with respect to the Commodity RI Rtn Strat (PIMCO) separate account (SIA-QF).
T. Rowe Price	520791372		MassMutual provided the Plan with the required written disclosure for Management Fees received by T. Rowe Price with respect to the New Horizons (T. Rowe Price) separate account (SIA-WG).



Schedule C Soft Dollar Compensation Eligible Indirect Compensation Statement

Mutual fund investments of the plan (whether direct or indirect through a separate investment account) may have soft dollar arrangements pursuant to which the investment advisor or sub-advisor to the mutual fund (and/or its affiliates) may direct trades to certain brokers in exchange for research and other services, other than just trade execution. For plans investing directly or indirectly in the MassMutual Premier or Select Funds, MassMutual provided the required written disclosure regarding soft dollar compensation on the Schedule C Formula Description and/or EIC Statement Description Attachment. For all other mutual funds, MassMutual provided the required written disclosure in the Statement of Additional Information ("SAI").

For additional information on soft dollar compensation, refer to the section of the mutual fund's SAI that discusses brokerage allocation and other practices.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

► **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2013**This Form is Open to Public
Inspection**

For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014

► **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.

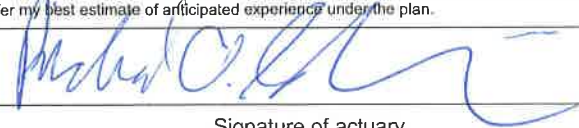
A Name of plan CLIMAX MFG CO RETIREMENT INCOME PLAN FOR UNION EMPLOYEE	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CLIMAX MANUFACTURING COMPANY	D Employer Identification Number (EIN) 61-1613722
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>7</u> Day <u>1</u> Year <u>2013</u>		
2 Assets:		
a Market value	2a	11,592,862
b Actuarial value	2b	11,843,915
3 Funding target/participant count breakdown:	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	132
b For terminated vested participants	3b	76
c For active participants:		
(1) Non-vested benefits	3c(1)	3,261
(2) Vested benefits	3c(2)	2,875,493
(3) Total active	3c(3)	91
d Total	3d	299
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	6.71 %
6 Target normal cost	6	5,000

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>3/12/15</u>
Signature of actuary		Date
Richard A Erickson		14-05483
Type or print name of actuary		Most recent enrollment number
MassMutual Financial Group		(860) 562-2189
Firm name		Telephone number (including area code)
100 Bright Meadow Boulevard		
Enfield CT 06082		
Address of the firm		

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

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

Schedule SB (Form 5500) 2013
v. 130118

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>8.01</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b Interest on (a) using prior year's effective interest rate of <u>7.06</u> % except as otherwise provided (see instructions)		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	86.15 %
15 Adjusted funding target attainment percentage	15	86.15 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	85.76 %
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
10/21/2013	81,000				
11/08/2013	57,771				
11/18/2013	45,092				
07/21/2014	183,863				
Totals ▶			18(b)	367,726	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 87,074
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 255,938
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: 5.23 %	2nd segment: 6.51 %	3rd segment: 7.16 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	87,074
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	87,074
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	5,000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:			
a Net shortfall amortization installment.....	Outstanding Balance	Installment	
	1,903,512	635,037	
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	640,037	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	640,037	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	255,938	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	384,099	
40 Unpaid minimum required contributions for all years	40	384,099	

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

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

Schedule SB, Line 19 - Discounted Employer Contributions

Plan Anniversary: July 1, 2013

Plan Effective Rate: 6.71%

Date	Amount Paid in Cash	Plan Year	Value as of July 1, 2013
10/21/13	81,000	2013	79,342
11/08/13	57,771	2013	56,280
11/18/13	45,092	2013	43,983
07/21/14	83,686	2013	76,333
07/21/14	100,177	2012	0
Total	\$ 367,726		\$ 255,938

Schedule SB, Line 26 - Schedule of Active Participant Data

Attained Age	Years of Credited Service									
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19	
	No.	Average Comp	No.	Average Comp	No.	Average Comp	No.	Average Comp	No.	Average Comp
Under 25	0		1		1		0		0	
25 to 29	0		0		1		0		0	
30 to 34	0		1		3		2		0	
35 to 39	0		0		2		4		2	
40 to 44	0		0		1		8		4	
45 to 49	0		0		3		0		1	
50 to 54	0		0		1		0		0	
55 to 59	0		0		1		2		3	
60 to 64	0		0		1		0		0	
65 to 69	0		0		0		0		0	
70 & up	0		0		0		0		0	

Attained Age	Years of Credited Service									
	20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
	No.	Average Comp	No.	Average Comp	No.	Average Comp	No.	Average Comp	No.	Average Comp
Under 25	0		0		0		0		0	
25 to 29	0		0		0		0		0	
30 to 34	0		0		0		0		0	
35 to 39	0		0		0		0		0	
40 to 44	3		0		0		0		0	
45 to 49	4		5		0		0		0	
50 to 54	3		2		12		1		0	
55 to 59	2		2		2		5		1	
60 to 64	2		0		2		1		2	
65 to 69	0		0		0		0		0	
70 & up	0		0		0		0		0	

Schedule SB, Line 32, Schedule of Amortization Bases

Summary as of July 1, 2013

Effective Date	Base Type	Initial Amount	Outstanding Balance	Years Remaining	Installments
July 1, 2007	Shortfall	\$ 0	\$ 0	1	\$ 0
July 1, 2008	Shortfall	1,282,001	419,517	2	215,104
July 1, 2009	Shortfall	280,755	138,134	3	48,411
July 1, 2010	Shortfall	1,657,700	1,025,598	4	276,326
July 1, 2011	Shortfall	2,032,780	1,478,955	5	326,690
July 1, 2012	Shortfall	(1,864,474)	(1,663,445)	6	(316,447)
July 1, 2013	Shortfall	504,753	504,753	7	84,953
Total		\$ 3,893,515	\$ 1,903,512		\$ 635,037

Schedule SB, Part V - Statement of Actuarial Assumptions & Methods

Describe all non-prescribed actuarial assumptions used to determine the funding target and target normal cost. Also, describe the method for determining the actuarial value of assets and any other aspects of the funding method for determining the Schedule SB entries that are not prescribed by law.

Actuarial Assumptions

Interest:	March, 2013 IRS Segmented Yield Curve limited by 2013 HATFA\MAP-21 corridor
Preretirement Mortality:	RP-2000 Mortality Tables for Non-Annuitants, Fully Generational With Scale AA
Postretirement Mortality:	RP-2000 Mortality Tables for Annuitants, Fully Generational With Scale AA
Retirement Age:	65
Termination:	Termination Table T-1 from the Actuary's Handbook
Incidence of Disability:	None
Asset Smoothing Rate	7.25% but no greater than the appropriate third segment rate for each year as described in Treasury Regulation 430(h) and associated guidance.
Marriage:	It is assumed that 80% of participants are married and that a male is 3 years older than his female spouse.
Expenses:	Administrative expenses that are expected to be paid from plan funds.
Optional Forms:	Liabilities include no load to account for the value of optional annuity forms.

Actuarial Cost Method

The Target Normal Cost is equal to the present value as of the valuation date of the increase in the accrued benefit arising from the service increase in the current plan year plus administrative expenses expected to be paid out of plan assets. The Funding Target as of the valuation date is the present value of the accrued benefit as of the valuation date.

Asset Valuation Method

The Actuarial Value of Assets is determined using a 3-year averaging method described in IRS Notice 2009-22.

Schedule SB, Part V - Statement of Actuarial Assumptions & Methods

Development of Actuarial Value of Assets

1. July 1, 2011 Adjusted Market Value of Assets as of July 1, 2013	
a. Market Value of Assets as of 7/1/2011 including prior year accrued contributions:	\$ 11,405,530
b. Contributions made for the 2011 and 2012 Plan Years not included in assets above:	1,407,035
c. Benefit payments and expenses paid during the 2011 and 2012 Plan Years not included in assets above:	(1,902,356)
d. Expected return at an annual rate of 6.44%	1,503,587
e. 7/1/2011 Adjusted Market Value of Assets as of 7/1/2013:	
(a) + (b) + (c) + (d)	\$ 12,413,796
2. July 1, 2012 Adjusted Market Value of Assets as of July 1, 2013	
a. Market Value of Assets as of 7/1/2012 including prior year accrued contributions:	\$ 11,208,941
b. Contributions made for the 2011 and 2012 Plan Years not included in assets above:	498,674
c. Benefit payments and expenses paid during the 2011 and 2012 Plan Years not included in assets above:	(966,707)
d. Expected return at an annual rate of 7.25%	784,179
e. 7/1/2012 Adjusted Market Value of Assets as of 7/1/2013:	
(a) + (b) + (c) + (d)	\$ 11,525,087
3. July 1, 2013 Average Adjusted Market Value of Assets	
a. 7/1/2011 Adjusted Market Value of Assets as of 7/1/2013:	\$ 12,413,796
b. 7/1/2012 Adjusted Market Value of Assets as of 7/1/2013:	\$ 11,525,087
c. July 1, 2013 Market Value of Assets (including discounted receivables):	\$ 11,592,862
d. Average Adjusted Market Value of Assets: [(a)+(b)+(c)] / 3	\$ 11,843,915
4. 90% of 7/1/2013 Market Value of Assets	\$ 10,433,576
5. 110% of 7/1/2013 Market Value of Assets	\$ 12,752,148
6. 7/1/2013 Actuarial Value of Assets:	
(3)(d), no less than (4) and no greater than (5)	\$ 11,843,915

Schedule SB, Part V - Summary of Plan Provisions

Summary

The provisions shown here are only summaries. In the interest of space and simplicity, many of them have been abbreviated, simplified, or paraphrased. In matters of Plan interpretation or application, the actual Plan Document should be consulted.

Plan: Climax Manufacturing Company Retirement Income Plan for Union Employees

Employer Identification Number / Plan Number: 61-1613722 / 001

Effective Date: June 1, 1968

Plan Year: July 1 to June 30.

Employer: Climax Manufacturing Company

Employee: Any person who is employed by an Employer, other than a person who is an independent contractor.

Participation: An Employee who is a member of the collective bargaining units for the Packaging Division and the Syracuse Distribution Facility (Local 1888) will be eligible for participation on the date on which (s)he has completed one Year of Participation Service. Participation is effective on the July 1 nearest the date the Employee becomes eligible for participation. Employees eligible for coverage under another plan sponsored by the Employer are not covered under this plan. Effective September 1, 2010 Participation in the Plan is frozen.

Service: The period of an Employee's employment with the Employer, as determined by the Employer from its personnel records.

Participation Service: A period of 12 consecutive months beginning with date of hire (or annual anniversary of date of hire) during which an Employee has at least 1,000 hours of service. Effective September 1, 2010 Participation Service is frozen.

Vesting Service: A Plan Year during which a Participant has at least 1,000 hours of service.

Benefit Service: The sum of the Plan Years in which a Participant has been credited with at least 1,000 hours of service. Effective September 1, 2010 Benefit Service is frozen.

Normal Retirement Date: The first day of the calendar month coincident with or next following the later of age 65 and the fifth anniversary of the effective date of participation.

Early Retirement Date: The first day of any calendar month coincident with or next following the later of age 55 and the completion of 10 Years of Service.

Late Retirement Date: The first day of any calendar month after Normal Retirement Date.

Disability Retirement Date: The first day of the seventh calendar month coincident with or next following the later of onset of total and permanent disability and the completion of 5 Years of Service.

Schedule SB, Part V - Summary of Plan Provisions

Normal Retirement Benefit:

For a Participant who is an Employee of the Packaging Division: Monthly amount equal to the product of the amount from the table below times Years of Benefit Service:

Determination Date	Monthly Pension Credit
Prior to July 1, 1977	\$6.00
July 1, 1977 to June 30, 1981	\$7.00
July 1, 1981 to June 30, 1982	\$10.50
July 1, 1982 to June 30, 1983	\$11.50
July 1, 1983 to June 30, 1984	\$12.00
July 1, 1984 to June 30, 1985	\$13.00
July 1, 1985 to June 30, 1986	\$14.00
July 1, 1986 to June 30, 1987	\$15.00
July 1, 1987 to June 30, 1988	\$16.00
July 1, 1988 to June 30, 1989	\$17.00
July 1, 1989 to June 30, 1990	\$18.00
July 1, 1990 to June 30, 1993	\$19.00
July 1, 1993 to June 30, 1995	\$20.50
July 1, 1995 to June 30, 1996	\$21.50
July 1, 1996 to June 30, 1997	\$22.50
July 1, 1997 to June 30, 1998	\$23.50
July 1, 1998 to June 30, 1999	\$24.00
July 1, 1999 to June 30, 2000	\$24.50
July 1, 2000 to June 30, 2001	\$25.50
July 1, 2001 to June 30, 2002	\$26.50
July 1, 2002 to June 30, 2003	\$27.00
July 1, 2003 to June 30, 2004	\$28.00
July 1, 2004 to August 31, 2010	\$29.00

Effective September 1, 2010 Benefit Accruals under the Plan are frozen.

For a Participant who is an Employee of the Syracuse Distribution Facility (Local 1888): Monthly amount equal to the product of the amount from the table below times Years of Benefit Service:

Determination Date	Monthly Pension Credit
July 1, 1977 to January 31, 2000	\$22.50
February 1, 2000 to January 31, 2001	\$23.00
February 1, 2001 to January 31, 2002	\$24.00
February 1, 2002 to January 31, 2003	\$24.50
February 1, 2003 to August 31, 2010	\$25.50

Effective September 1, 2010 Benefit Accruals under the Plan are frozen.

Early Retirement Benefit: The Participant's accrued benefit reduced by 0.25% for each month by which the Participant's early retirement date precedes his or her Normal Retirement Date.

Schedule SB, Part V - Summary of Plan Provisions

Late Retirement Benefit: The greater of the Actuarial Equivalent of the monthly retirement benefit determined as of the close of the prior plan year, or the Accrued Benefit determined at the close of the current plan year.

Disability Retirement Benefit: The Participant's accrued benefit as of Date of Disability.

Termination Benefit: A Participant who has at least five years of Vesting Service has a non-forfeitable right to 100% percentage of his or her Accrued Benefit.

Normal Form: Married participants: Qualified Joint and Survivor Annuity

Married participants: Qualified Joint and Survivor Annuity

Unmarried participants: Life Annuity with 60 monthly payments guaranteed

Optional Forms: Joint and Survivor Annuity, Life Annuity, Life Annuity with 60, 120, 180, or 240 monthly payments guaranteed, and Social Security Leveling Option.

Death Benefits:

Pre-retirement: If the Participant is not vested, no death benefits are payable. If the participant is vested, then the death benefit is 50% of the amount that would have been payable to the Participant under the Joint and Survivor option.

Post-Retirement: None except as provided by the annuity form elected.

Date of most recent amendment: August 31, 2010

Schedule SB, Line 19 - Discounted Employer Contributions

Plan Anniversary: July 1, 2013

Plan Effective Rate: 6.71%

Date	Amount Paid in Cash	Plan Year	Value as of July 1, 2013
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Asset Smoothing Rate	7.25% but no greater than the appropriate third segment rate for each year as described in Treasury Regulation 430(h) and associated guidance.
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6. 7/1/2013 Actuarial Value of Assets:	
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Employer Identification Number / Plan Number: 61-1613722 / 001

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Plan Year: July 1 to June 30.

Employer: Climax Manufacturing Company

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Participation: An Employee who is a member of the collective bargaining units for the Packaging Division and the Syracuse Distribution Facility (Local 1888) will be eligible for participation on the date on which (s)he has completed one Year of Participation Service. Participation is effective on the July 1 nearest the date the Employee becomes eligible for participation. Employees eligible for coverage under another plan sponsored by the Employer are not covered under this plan. Effective September 1, 2010 Participation in the Plan is frozen.

Service: The period of an Employee's employment with the Employer, as determined by the Employer from its personnel records.

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Normal Retirement Date: The first day of the calendar month coincident with or next following the later of age 65 and the fifth anniversary of the effective date of participation.

Early Retirement Date: The first day of any calendar month coincident with or next following the later of age 55 and the completion of 10 Years of Service.

Late Retirement Date: The first day of any calendar month after Normal Retirement Date.

Disability Retirement Date: The first day of the seventh calendar month coincident with or next following the later of onset of total and permanent disability and the completion of 5 Years of Service.

Schedule SB, Part V - Summary of Plan Provisions

Normal Retirement Benefit:

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Prior to July 1, 1977	\$6.00
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July 1, 1983 to June 30, 1984	\$12.00
July 1, 1984 to June 30, 1985	\$13.00
July 1, 1985 to June 30, 1986	\$14.00
July 1, 1986 to June 30, 1987	\$15.00
July 1, 1987 to June 30, 1988	\$16.00
July 1, 1988 to June 30, 1989	\$17.00
July 1, 1989 to June 30, 1990	\$18.00
July 1, 1990 to June 30, 1993	\$19.00
July 1, 1993 to June 30, 1995	\$20.50
July 1, 1995 to June 30, 1996	\$21.50
July 1, 1996 to June 30, 1997	\$22.50
July 1, 1997 to June 30, 1998	\$23.50
July 1, 1998 to June 30, 1999	\$24.00
July 1, 1999 to June 30, 2000	\$24.50
July 1, 2000 to June 30, 2001	\$25.50
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Normal Form: Married participants: Qualified Joint and Survivor Annuity

Married participants: Qualified Joint and Survivor Annuity

Unmarried participants: Life Annuity with 60 monthly payments guaranteed

Optional Forms: Joint and Survivor Annuity, Life Annuity, Life Annuity with 60, 120, 180, or 240 monthly payments guaranteed, and Social Security Leveling Option.

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Date of most recent amendment: August 31, 2010

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45 to 49	0		0		3		0		1	
50 to 54	0		0		1		0		0	
55 to 59	0		0		1		2		3	
60 to 64	0		0		1		0		0	
65 to 69	0		0		0		0		0	
70 & up	0		0		0		0		0	

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45 to 49	4		5		0		0		0	
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55 to 59	2		2		2		5		1	
60 to 64	2		0		2		1		2	
65 to 69	0		0		0		0		0	
70 & up	0		0		0		0		0	

Schedule SB, Line 32, Schedule of Amortization Bases

Summary as of July 1, 2013

Effective Date	Base Type	Initial Amount	Outstanding Balance	Years Remaining	Installments
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