

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>OAK STATE PRODUCTS, INC. PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1965</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>36-2341822</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>815-853-4348</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>311800</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/1965</u>		2b Employer Identification Number (EIN) <u>36-2341822</u>		2c Sponsor's telephone number <u>815-853-4348</u>		2d Business code (see instructions) <u>311800</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>07/01/1965</u>											
2b Employer Identification Number (EIN) <u>36-2341822</u>											
2c Sponsor's telephone number <u>815-853-4348</u>											
2d Business code (see instructions) <u>311800</u>											
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>OAK STATE PRODUCTS, INC.</u> <u>P.O. BOX 549, HIGHWAY 251</u> <u>WENONA, IL 61377</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. <hr/> Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<hr/> Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	<hr/> 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	179
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	99
b Retired or separated participants receiving benefits		6b	2
c Other retired or separated participants entitled to future benefits		6c	74
d Subtotal. Add lines 6a , 6b , and 6c		6d	175
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	0
f Total. Add lines 6d and 6e		6f	175
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: 1A 1I 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

SCHEDULE A (Form 5500) <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 OAK STATE PRODUCTS, INC. PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 OAK STATE PRODUCTS, INC.	D Employer Identification Number (EIN) 36-2341822	

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

UNITED OF OMAHA 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
47-0322111	69868	TFA-14972	3	01/01/2013	12/31/2013

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
12993	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

JOHN PLUMLEY
 13444 IL HIGHWAY 26
 PRINCETON, IL 61356

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9745			3

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

HIGHLAND CAPITAL BROKERAGE
 3535 GRANDVIEW PARKWAY
 SUITE 600
 BIRMINGHAM, AL 35243

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3248			3

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

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

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

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

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

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

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

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

(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	
5 Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:**a** State the basis of premium rates ► [APPLICABLE MORTALITY TABLE AND INTEREST RATE DETERMINED BY INS CO](#)

b Premiums paid to carrier	6b	324826
c Premiums due but unpaid at the end of the year	6c	0
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	0

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 ►

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
►		
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
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)	
►		
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

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>OAK STATE PRODUCTS, INC. PENSION PLAN</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>OAK STATE PRODUCTS, INC.</u>	D Employer Identification Number (EIN) <u>36-2341822</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>4649409</u>
b Actuarial value	2b <u>4648759</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>1</u> <u>405606</u>
b For terminated vested participants.....	3b <u>73</u> <u>680331</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>0</u>
(2) Vested benefits	3c(2) <u>4247719</u>
(3) Total active.....	3c(3) <u>105</u> <u>4247719</u>
d Total.....	3d <u>179</u> <u>5333656</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>6.39 %</u>
6 Target normal cost.....	6 <u>22993</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>04/08/2015</u>
	Signature of actuary	Date
<u>LAWRENCE S. BUTCHER</u>		<u>14-05843</u>
	Type or print name of actuary	Most recent enrollment number
<u>VERISIGHT, INC.</u>		<u>312-488-6756</u>
	Firm name	Telephone number (including area code)
<u>135 SOUTH LASALLE STREET</u> <u>SUITE 2225</u> <u>CHICAGO, IL 60603</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)		
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>2.79</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>5.16</u> % except as otherwise provided (see instructions)		
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	0	0
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	87.15 %
15 Adjusted funding target attainment percentage	15	89.01 %
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	63.87 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/22/2013	246		07/29/2014	200000	
10/14/2013	70870		08/11/2014	200000	
01/13/2014	70870		09/03/2014	200000	
04/14/2014	70000		12/05/2014	665600	
06/09/2014	200000		12/17/2014	87	
07/14/2014	200000				
			Totals ►	18(b)	1877673
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1750341
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	22993	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	684897	291983	
b Waiver amortization installment			
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	314976	
	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	314976	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	1750341	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1435365	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

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

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

A Name of plan <u>OAK STATE PRODUCTS, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>OAK STATE PRODUCTS, INC.</u>	D Employer Identification Number (EIN) <u>36-2341822</u>

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

(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)

THOMAS PARTNERS, INC.

04-2489016

(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?
28	INVESTMENT MANAGER	17267	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014		
A Name of plan OAK STATE PRODUCTS, INC. PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 OAK STATE PRODUCTS, INC.	D Employer Identification Number (EIN) 36-2341822	

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)	265071	1465687
(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)	132693	4481344
(2) U.S. Government securities	1c(2)	301921	254547
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	373348	245195
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	3389777	
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	25593	
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	161006	50198

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	4649409	6496971

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	4649409	6496971
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1877673	
(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)		1877673

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	96	
(B) U.S. Government securities	2b(1)(B)	10163	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		10259
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	101285	
(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)		101285
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	4689566	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3372732	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1316834
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	-848633	
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-848633

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2457418

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	313556	
(2) To insurance carriers for the provision of benefits	2e(2)	275967	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		589523
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	17267	
(4) Other	2i(4)	3066	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		20333
j Total expenses. Add all expense amounts in column (b) and enter total	2j		609856

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1847562
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

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

(1) Name: MCGLADREY LLP

(2) EIN: 42-0714325

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

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

Part IV Compliance Questions

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

During the plan year:

- a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)
- b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☒ Yes ☐ No Amount: 0

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 07/01/2013 and ending 06/30/2014

A Name of plan <u>OAK STATE PRODUCTS, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>OAK STATE PRODUCTS, INC.</u>	D Employer Identification Number (EIN) <u>36-2341822</u>

Part I	Distributions
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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>13-2655998</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>4</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)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a		
b Enter the amount contributed by the employer to the plan for this plan year.....	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Oak State Products, Inc.

Pension Plan

Financial Report
June 30, 2014

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Independent Auditor's Report

To the Plan Participants and the Board of Trustees
Oak State Products, Inc. Pension Plan
Wenona, Illinois

Report on the Financial Statements

We have audited the accompanying financial statements of the Oak State Products, Inc. Pension Plan (the Plan), which comprise the statements of net assets available for benefits and of accumulated plan benefits as of June 30, 2014 (in liquidation) and 2013 (ongoing), and the related statements of changes in net assets available for benefits in liquidation and of changes in accumulated plan benefits in liquidation for the year ended June 30, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of the Oak State Products, Inc. Pension Plan as of June 30, 2014 and 2013, and the changes in its financial status for the year ended June 30, 2014, in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As discussed in Note 7 to the financial statements, the Board of Directors of Oak State Products, Inc., the Plan's sponsor, voted on February 28, 2014, to terminate the Plan effective June 30, 2014, and management determined liquidation is imminent. As a result, the Plan has changed its basis of accounting from the going concern basis used in presenting the 2013 financial statements to the liquidation basis used in presenting the 2014 financial statements. Our opinion is not modified with respect to this matter.

Other Matter – Reporting on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) and the supplemental schedule of reportable transactions as of or for the year ended June 30, 2014, are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

McGladrey LLP

Peoria, Illinois
April 13, 2015

Oak State Products, Inc. Pension Plan

Statements of Net Assets Available for Benefits as of June 30, 2014 (in Liquidation) and 2013 (Ongoing)

	2014 (in Liquidation)	2013 (Ongoing)
Assets		
Investments, at fair value:		
Common stocks	\$ -	\$ 3,389,777
Corporate debt securities	245,195	373,348
U.S. government securities	254,547	301,921
Exchange traded funds	50,198	186,599
Cash - interest bearing	4,481,344	132,693
	<u>5,031,284</u>	<u>4,384,338</u>
Receivables:		
Employer contributions	1,465,687	265,071
Accrued interest expected to be earned in liquidation	3,978	-
Total receivables	<u>1,469,665</u>	<u>265,071</u>
Total assets	6,500,949	4,649,409
Liabilities		
Accrued expenses expected to be incurred in liquidation	13,531	-
Total liabilities	<u>13,531</u>	<u>-</u>
Net assets available for benefits	\$ 6,487,418	\$ 4,649,409

See Accompanying Notes to the Financial Statements.

Oak State Products, Inc. Pension Plan

Statement of Changes in Net Assets Available for Benefits in Liquidation Year Ended June 30, 2014

Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	\$ 468,201
Dividends	101,285
Interest	14,237
	<u>583,723</u>
Less investment expenses	<u>30,798</u>
	552,925
 Employer contributions	 <u>1,877,673</u>
 Total additions	 <u>2,430,598</u>
 Deductions from net assets attributed to:	
Benefits paid directly to participants	313,556
Purchase of annuity contracts	275,967
Other expenses	3,066
Total deductions	<u>592,589</u>
 Net increase	 1,838,009
 Net assets available for benefits:	
Beginning of year (ongoing)	<u>4,649,409</u>
 End of year (in liquidation)	 <u><u>\$ 6,487,418</u></u>

See Accompanying Notes to the Financial Statements.

Oak State Products, Inc. Pension Plan

Statements of Accumulated Plan Benefits as of June 30, 2014 (in Liquidation) and 2013 (Ongoing)

	2014 (in Liquidation)	2013 (Ongoing)
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 2,213,927	\$ 378,514
Participants entitled to deferred benefits	996,566	659,967
Other participants	3,715,050	4,079,160
	<u>6,925,543</u>	<u>5,117,641</u>
Nonvested benefits	-	-
	<u>-</u>	<u>-</u>
Total actuarial present value of accumulated plan benefits	\$ 6,925,543	\$ 5,117,641

See Accompanying Notes to the Financial Statements.

Oak State Products, Inc. Pension Plan

Statement of Changes in Accumulated Plan Benefits in Liquidation Year Ended June 30, 2014

Actuarial present value of accumulated plan benefits at beginning of year (ongoing)	<u>\$ 5,117,641</u>
Increase (decrease) during the year attributable to:	
Increase for interest due to decrease in the discount period	313,487
Additional benefits earned, including experience gains and losses	255,660
Change in actuarial assumptions	1,828,278
Benefits paid	<u>(589,523)</u>
Net increase	<u>1,807,902</u>
Actuarial present value of accumulated benefits at end of year (in liquidation)	<u><u>\$ 6,925,543</u></u>

See Accompanying Notes to the Financial Statements.

Oak State Products, Inc. Pension Plan

Notes to Financial Statements

Note 1. Description of the Plan

The following brief description of the Oak State Products, Inc. Pension Plan (the Plan) is provided for general informational purposes only. Participants should refer to the plan agreement for a complete description of the Plan's provisions.

General: The Plan is a noncontributory defined benefit pension plan that provides retirement benefits for all eligible full-time employees of Oak State Products, Inc. (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

An amendment was made to the Plan on January 26, 2004, which provided that no additional employees shall become eligible to participate in the Plan effective January 29, 2004.

An amendment was made to the Plan on June 26, 2005, which provided that all future benefit accruals were frozen effective June 30, 2005.

As discussed in Note 7 to the financial statements, an amendment was made to the Plan on March 25, 2014 to terminate the Plan effective June 30, 2014.

Contributions and funding policy: The Plan sponsor made contributions to the Plan in accordance with the minimum funding requirements established by the Internal Revenue Service that would ensure that Plan assets were sufficient to pay Plan participants' accrued benefits. The Plan had contributions receivable of \$1,465,687 and \$265,071 as of June 30, 2014 and 2013, respectively.

Vesting: As a result of the decision to terminate the Plan during the year ended June 30, 2014, all participants became fully vested in their accrued benefits.

Payment of benefits: Distributions pursuant to the Plan termination will be paid at the participants' election by (a) purchase of a nontransferable annuity contract (10-year certain and life annuity, single life annuity, or joint and survivor annuity); (b) cash distribution of the present value of the participant's accrued benefit; (c) rollover distribution to an eligible retirement plan; or (d) a combination of cash distribution and rollover distribution to an eligible retirement plan; however, option (a) is not available if the participant's accrued benefit is \$5,000 or less. Distributions of the participant's accrued benefits were made subsequent to year-end in December of 2014 and totaled \$6,486,619.

Note 2. Summary of Significant Accounting Policies

Basis of accounting: Due to the decision to terminate the Plan during the year ended June 30, 2014, management determined that liquidation of the Plan is imminent and unlikely to be blocked. As a result, the financial statements for the year ended June 30, 2014 have been prepared using the liquidation basis of accounting. The year ended June 30, 2013 financial statements were prepared as a going concern using the accrual basis of accounting.

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

Oak State Products, Inc. Pension Plan

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

Investment valuation and income recognition: All investments on the June 30, 2014 Statement of Net Assets Available for Benefits are reported at liquidation value. For all investments, fair value approximates the amount the Plan expects to collect at liquidation. All investments on the June 30, 2013 Statement of Net Assets Available for Benefits are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants at the measurement date. The Plan's Board of Trustees determines the Plan's valuation policies utilizing information provided by the Plan's investment advisor. The methods used to estimate the fair value of investments are described in Note 4.

Interest and dividend income in the plan year-end June 30, 2014 financial statements are recorded on the liquidation basis, including amounts expected to be earned through final liquidation. Interest and dividend income in the plan year-end June 30, 2013 financial statements is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

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

Actuarial present value of accumulated plan benefits: Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered through June 30, 2005. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during their last five years of credited service through June 30, 2005. The accumulated plan benefits for active employees are based on their average compensation during the five years ended June 30, 2005. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date. As noted above, plan benefits were frozen effective June 30, 2005.

The actuarial present value of accumulated plan benefits was determined by an actuary from Verisight, Inc. and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. Actuarial valuations were performed as of July 1, 2014 and 2013. There were no significant differences between June 30, 2014 and 2013 and July 1, 2014 and 2013, respectively, which would cause the actuarial valuations not to be representative as of June 30, 2014 and 2013.

The actuarial present value of accumulated plan benefits as of June 30, 2013, was based upon the presumption that the Plan will continue to provide benefits. In conjunction with the Plan's termination effective June 30, 2014, and management's determination that liquidation was imminent, the consulting actuary calculated the actuarial present value of accumulated plan benefits using a liquidation assumption as of June 30, 2014.

Oak State Products, Inc. Pension Plan

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

The significant actuarial assumptions used in the valuation as of June 30, 2014 and 2013 were as follows:

	2014	2013
Mortality tables	Required Mortality Tables under IRS Code Section 417(e)	RP-2000 Combined Health Mortality Table
Retirement age	65 or fifth anniversary of initial plan entry, if later	65 or fifth anniversary of initial plan entry, if later
Investment return	-	6.5% (7.5% net of 1% of assumed administrative expenses)
Settlement rates	Three Segement Rates of 1.23%, 4.01% and 5.09% in effect for June 2014	-

Payment of benefits: Benefit payments to participants, including benefits paid directly to participants and annuity contracts purchased outside of the Plan for participants, are recorded when paid.

Administrative expenses: Certain administrative functions applicable to the Plan are performed by employees of the Company. No such employee receives compensation from the Plan. Administrative expenses may be paid by the Company or the Plan, at the discretion of the Plan's Board of Trustees.

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

In April 2013, the FASB issued ASU No. 2013-07, *Presentation of Financial Statements (Topic 205): Liquidation Basis of Accounting*. This Update requires an entity to prepare its financial statements using the liquidation basis of accounting when liquidation is imminent. The Update requires disclosures about an entity's plan for liquidation, the methods and significant assumptions used to measure assets and liabilities, the type and amount of costs and income accrued, and the expected duration of the liquidation process. The amendment is effective for entities that determine liquidation is imminent during annual reporting periods beginning after December 15, 2013. Entities should apply the requirements prospectively from the day that liquidation becomes imminent. Early adoption is permitted. Entities that use the liquidation basis of accounting as of the effective date in accordance with other Topics (for example, terminating employee benefit plans) are not required to apply the amendments. Instead, those entities may continue to apply the guidance in those other Topics until they have completed liquidation. As the Plan sponsor adopted a resolution on March 25, 2014 to terminate the Plan effective June 30, 2014 and the plan sponsor determined that liquidation was imminent and unlikely to be blocked as of that date, the Plan early adopted this Update for the plan year ended June 30, 2014, and the impact of early adopting this Update is reflected throughout the June 30, 2014 financial statements.

Oak State Products, Inc. Pension Plan

Notes to Financial Statements

Note 3. Investments

The following table presents fair value of the Plan's investments as of June 30, 2014 and 2013. For all investments as of June 30, 2014, fair value approximates the amount the Plan expects to collect at liquidation. Single investments representing more than 5 percent of the Plan's net assets are separately identified.

	2014	2013
Common stocks, individually less than 5% of net assets	\$ -	\$ 3,389,777
Corporate debt securities, individually less than 5% of net assets	245,195	373,348
U.S. government securities, individually less than 5% of net assets	254,547	301,921
Exchange traded funds, individually less than 5% of net assets	50,198	186,599
Cash - interest bearing	4,481,344	132,693 *
	<u>\$ 5,031,284</u>	<u>\$ 4,384,338</u>

* Individually less than 5% of net assets as of June 30, 2013.

During the year ended June 30, 2014, the Plan's investments (including investments bought, sold and held during the year) appreciated (depreciated) in value as follows:

Common stocks	\$ 469,828
Corporate debt securities	3,497
U.S. government securities	(7,280)
Exchange traded funds	2,156
	<u>\$ 468,201</u>

Note 4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2: Inputs to the valuation methodology include:

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

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

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Note 4. Fair Value Measurements (Continued)

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

Following is a description of the valuation methodologies used for assets measured at fair value. All investments on the June 30, 2014 Statement of Net Assets Available for Benefits are reported at liquidation value. For all investments, fair value approximates the amount the Plan expects to collect at liquidation. Given above, there have been no changes in the methodologies used at June 30, 2014 and 2013.

Common stocks, corporate debt securities and U.S. government securities: Valued at the quoted market prices of shares held by the Plan at year-end.

Exchange traded funds: Valued at the daily closing price as reported by the fund. Funds held by the Plan are open-ended funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The funds held by the Plan are deemed to be actively traded.

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

We evaluate the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the year ended June 30, 2014, there were no transfers in or out of Level 3.

Oak State Products, Inc. Pension Plan

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2014 and 2013:

	Level 1	Level 2	Level 3	Total
2014				
Common stocks:				
Industrial	\$ -	\$ -	\$ -	\$ -
Health care	-	-	-	-
Technology	-	-	-	-
Consumer	-	-	-	-
Financial	-	-	-	-
Materials	-	-	-	-
Energy	-	-	-	-
Telecommunications	-	-	-	-
Exchange traded funds:	-	-	-	-
Energy	-	-	-	-
Financial	-	-	-	-
Other	50,198	-	-	50,198
Corporate debt securities:				
AAA credit rating	31,857	-	-	31,857
AA+ credit rating	26,151	-	-	26,151
AA- credit rating	72,733	-	-	72,733
A+ credit rating	51,685	-	-	51,685
A credit rating	62,769	-	-	62,769
U.S. government securities	254,547	-	-	254,547
Cash - interest bearing	4,481,344	-	-	4,481,344
Total investments at fair value	\$ 5,031,284	\$ -	\$ -	\$ 5,031,284
2013				
Common stocks:				
Industrial	\$ 641,561	\$ -	\$ -	\$ 641,561
Health care	366,236	-	-	366,236
Technology	343,275	-	-	343,275
Consumer	1,025,858	-	-	1,025,858
Financial	505,165	-	-	505,165
Materials	84,186	-	-	84,186
Energy	304,459	-	-	304,459
Telecommunications	119,037	-	-	119,037
Exchange traded funds:				
Energy	16,779	-	-	16,779
Financial	25,594	-	-	25,594
Other	144,226	-	-	144,226
Corporate debt securities:				
A credit rating	87,290	-	-	87,290
A- credit rating	70,319	-	-	70,319
A+ credit rating	20,721	-	-	20,721
AA+ credit rating	57,386	-	-	57,386
AAA credit rating	25,509	-	-	25,509
BBB+ credit rating	112,123	-	-	112,123
U.S. government securities	301,921	-	-	301,921
Cash - interest bearing	132,693	-	-	132,693
Total investments at fair value	\$ 4,384,338	\$ -	\$ -	\$ 4,384,338

Oak State Products, Inc. Pension Plan

Notes to Financial Statements

Note 5. Related-Party Transactions

The Plan paid Thomas Partners, Inc. \$17,267 in fees during the year ended June 30, 2014 for investment management services. The Plan's investments were held under a safekeeping arrangement with TD Ameritrade during the year ended June 30, 2014. The plan sponsor pays any fees and expenses related to the safekeeping arrangement.

Administrative expenses paid by the Plan include fees for actuarial services. The Plan also incurs expenses related to general administration and record keeping. The plan sponsor pays these expenses and certain accounting and auditing fees relating to the Plan.

Note 6. Tax Status

The Plan has received a favorable determination letter from the Internal Revenue Service dated July 11, 2012, stating that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan Administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Management has evaluated the Plan's tax positions and concluded that the Plan has maintained its tax exempt status and has taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by the U.S. federal tax authorities for years before 2011.

Note 7. Plan Termination

On February 28, 2014, the Board of Directors of Oak State Products, Inc., the Plan's sponsor, voted to terminate the Plan effective June 30, 2014. A formal resolution and plan amendment for the plan termination effective June 30, 2014 was executed on March 25, 2014. All participants were fully vested in their accumulated benefits as of June 30, 2014. The Plan's sponsor applied for approval for termination from the PBGC in August 2014. However, the Plan sponsor determined liquidation was imminent as of March 25, 2014, upon the decision to terminate the Plan. All of the Plan assets were either distributed or transferred, as elected by each participant, in December 2014.

To settle the obligations of the Plan, the plan sponsor intends to liquidate the remaining plan investments to cash. The June 30, 2014 financial statements include \$3,978 of accrued interest income expected to be earned in liquidation, \$13,531 of accrued expenses expected to be incurred in liquidation, and \$1,465,687 of contributions receivable that the Plan expects to collect from the Plan sponsor in order to settle the plan's obligations. All amounts are expected to be collected or paid by December 2014.

Note 8. Risks and Uncertainties

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

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

Oak State Products, Inc. Pension Plan

Notes to Financial Statements

Note 9. Reconciliation Between the Financial Statements and the Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at June 30, 2014 and 2013:

	2014	2013
Net assets available for benefits per the financial statements	\$ 6,487,418	\$ 4,649,409
Less: Accrued interest expected to be earned in liquidation	(3,978)	-
Plus: Accrued expenses expected to be incurred in liquidation	13,531	-
Net assets available for benefits per the Form 5500	<u>\$ 6,496,971</u>	<u>\$ 4,649,409</u>

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

	2014
Net increase in net assets available for benefits per the financial statements	\$ 1,838,009
Less: Accrued interest expected to be earned in liquidation as of June 30, 2014	(3,978)
Plus: Accrued expenses expected to be incurred in liquidation as of June 30, 2014	13,531
Net increase in net assets available for benefits per the Form 5500	<u>\$ 1,847,562</u>

Note 10. Subsequent Events

The Plan Administrator has evaluated subsequent events through April 13, 2015, the date on which the financial statements were available to be issued. Reference should be made to Note 7 regarding subsequent events related to the plan termination.

Oak State Products, Inc. Pension Plan

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
June 30, 2014

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(c) Number of shares or principal amount	(d) Cost	(e) Current value
	ISHARES Barclays 1-3 Year Credit BD FD	Exchange Traded Fund	475	\$ 50,066	\$ 50,198
	American Express Credit	Corporate debt security, 2.75% interest rate, maturity date of September 15, 2015	25	25,164	25,655
	Boeing Cap Corp	Corporate debt security, 2.90% interest rate, maturity date of August 15, 2018	25	26,325	26,356
	Cisco Systems Inc	Corporate debt security, 3.15% interest rate, maturity date of March 14, 2017	25	26,087	26,391
	Colgate-Palmolive Co	Corporate debt security, 2.625% interest rate, maturity date of May 1, 2017	25	25,756	26,170
	Federal Farm Credit Bank	Corporate debt security, 3.05% interest rate, maturity date of December 6, 2019	30	31,131	31,857
	General Dynamics Corp	Corporate debt security, 2.25% interest rate, maturity date of July 15, 2016	15	15,243	15,462
	General Electric Capital Corp	Corporate debt security, 2.90% interest rate, maturity date of January 9, 2017	25	25,904	26,151
	Georgia Power Company	Corporate debt security, 3.00% interest rate, maturity date of April 15, 2016	25	25,878	26,030
	John Deere Cap	Corporate debt security, 2.80% interest rate, maturity date of September 18, 2017	20	20,617	20,951
	Wells Fargo Company	Corporate debt security, 3.75% interest rate, maturity date of October 1, 2014	20	20,126	20,172
				<u>242,231</u>	<u>245,195</u>
	United States Government	U.S. Government security, 0% interest rate, maturity date of December 11, 2014	150	149,906	149,966
	United States Government	U.S. Government security, 4.25% interest rate, maturity date of August 15, 2015	100	100,814	104,581
				<u>250,720</u>	<u>254,547</u>
*	TD Ameritrade	Interest-bearing cash	4,481,344	4,481,344	4,481,344
				<u>\$ 5,024,361</u>	<u>\$ 5,031,284</u>

* Represents a party-in-interest

Oak State Products, Inc. Pension Plan

**Form 5500, Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
Year Ended June 30, 2014**

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
Individual transactions:						
TD Ameritrade	Interest-bearing cash	\$ 1,807,847	\$ -	\$ 1,807,847	\$ 1,807,847	\$ -
TD Ameritrade	Interest-bearing cash	740,983	-	740,983	740,983	-
TD Ameritrade	Interest-bearing cash	613,713	-	613,713	613,713	-
TD Ameritrade	Interest-bearing cash	476,690	-	476,690	476,690	-
Series of transactions:						
TD Ameritrade	Interest-bearing cash	1,525,000	-	1,525,000	1,525,000	-
TD Ameritrade	Interest-bearing cash	-	815,582	815,582	815,582	-

Schedule SB, Line 26 – Schedule of Active Participant Data

The following table shows the distribution of the plan's active participant population by age and service and other demographic statistics.

Age	Years of Credited Service										Total
	< 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 - 29	0	0	0	0	0	0	0	0	0	0	0
30 - 34	0	4	0	0	0	0	0	0	0	0	4
35 - 39	0	10	2	2	0	0	0	0	0	0	14
40 - 44	0	5	1	3	0	0	0	0	0	0	9
45 - 49	0	5	4	5	1	0	0	0	0	0	15
50 - 54	0	11	1	5	1	1	5	0	0	0	24
55 - 59	0	6	2	5	3	2	4	1	0	0	23
60 - 64	0	5	1	2	1	1	2	0	0	0	12
65 - 69	0	1	0	1	0	0	1	0	0	0	3
Over 70	0	0	0	0	0	0	0	0	0	1	1
Total	0	47	11	23	6	4	12	1	0	1	105
Average rounded age at 7/1/2013 50.54 Average vesting service at 7/1/2013 18.78 Average credited service at 6/30/2005 10.14											

Schedule SB, Part V – Statement of Actuarial Methods and Assumptions

Summary of Methods	
Valuation date:	July 1.
Actuarial cost method:	Unit Credit Cost Method - Under this cost method, the costs attributable to past service and the current year's service are determined by prorating over all years of service the benefits expected to be paid from the plan. The normal cost for any year is determined equal to the present value of the current year's portion of the employee's expected pension benefit plus anticipated administrative expenses paid from plan assets. The current year's portion is equal to the expected pension benefit divided by the total credited service at the anticipated retirement date. The accrued liability is determined equal to the present value of the past year's portion of the employee's expected pension benefit. The past year's portion is equal to the expected pension benefit times the ratio of the participant's credited service to the total credited service at the anticipated retirement date. The sum of these values for all employees determines the normal cost and the accrued liability for the plan.
Actuarial value of assets:	The actuarial value of assets is equal to the market value of assets plus contributions receivable discounted at the prior year's effective interest rate.
Changes since last valuation:	None.

Schedule SB, Part V – Statement of Actuarial Methods and Assumptions (continued)

Primary Assumptions		
Interest:		
Funding for Maximum Deduction: Pre and post-retirement:	IRC 430(h) Transitional Funding Segment Rates for July 2013; 1.41% per year for 1 st segment, 4.07% for 2 nd segment and 5.11% thereafter.	
Funding for Minimum Contribution: Pre and post-retirement:	MAP-21 Relief Funding Segment Rates for July 2013; 4.94% per year for 1 st segment, 6.15% for 2 nd segment and 6.76% thereafter.	
ASC 960:	6.50%	
Mortality:		
Funding: Pre and post-retirement:	IRS 2013 Combined Static Mortality Table.	
ASC 960: Pre and post-retirement:	RP-2000 Combined Males and Females Mortality Table.	
Salary increases:	N/A (plan is frozen).	
Taxable wage base increases:	N/A (plan is frozen).	
Retirement:	Rates are as follows:	
	<u>Age</u>	<u>Rate</u>
	60	5%
	61	2%
	62	5%
	63	2%
	64	2%
	65	100%
Withdrawal:	Sample rates are as follows:	
	<u>Age</u>	<u>Males</u> <u>Females</u>
	25	7.72% 7.72%
	30	7.40% 7.40%
	35	6.86% 6.86%
	40	6.11% 6.11%
	45	5.16% 5.16%
	50	3.62% 3.62%
	55	1.37% 1.37%
	60	0.13% 0.13%

Schedule SB, Part V – Statement of Actuarial Methods and Assumptions (continued)

Primary Assumptions	
Disability:	None.
Percentage married:	Males 100%, Females 100%.
Age difference:	Husbands are assumed to be three years older than their wives.
Normal form:	Life and 10-Year Certain Annuity.
Maximum benefit:	N/A
Maximum compensation:	N/A
Expenses	
Funding:	Actual administrative expenses from the prior plan year.
ASC 960:	Investment return assumption of 6.5% is net of administrative expenses.
Changes since the last valuation:	<ul style="list-style-type: none">• The mortality table and interest rates were updated as required per PPA and MAP-21.• All other assumptions are identical to those used in the prior valuation.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2013</div> 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: <div style="display: flex; justify-content: space-between;"> <div> ☐ a multiemployer plan; ☒ a single-employer plan; </div> <div> ☐ a multiple-employer plan; or ☐ a DFE (specify) ____ </div> </div>			
B This return/report is: <div style="display: flex; justify-content: space-between;"> <div> ☐ the first return/report; ☐ an amended return/report; </div> <div> ☐ the final return/report; ☐ a short plan year return/report (less than 12 months). </div> </div>			
C If the plan is a collectively-bargained plan, check here. ☐			
D Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> ☒ Form 5558; ☐ special extension (enter description) </div> <div> ☐ automatic extension; </div> <div> ☐ the DFVC program; </div> </div>			

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>Oak State Products, Inc. Pension Plan</u>		1b Three-digit plan number (PN) ► <u>001</u>	
		1c Effective date of plan <u>07/01/1965</u>	
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>Oak State Products, Inc.</u>		2b Employer Identification Number (EIN) <u>36-2341822</u>	
<u>P.O. Box 549, Highway 251</u>		2c Sponsor's telephone number <u>(815) 853-4348</u>	
<u>Wenona</u>		2d Business code (see instructions) <u>311800</u>	
<u>IL 61377</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		<u>4/15/15</u>	
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator <u>PATRICK DONNELLY</u>
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)

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

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3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address	3b Administrator's EIN 3c Administrator's telephone number
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	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 179
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 b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a 99 6b 2 6c 74 6d 175 6e 0 6f 175 6g 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:
 1A 1I 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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)
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Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The average retirement age is 65, which is developed below.

(A)	(B)	(C)	(D)	(E)
Retirement Age	Number of Remaining Lives	Rate of Retirement	Number Expected to Retire: (B) x (C)	(A) x (D)
60	30,000	5%	1,500	90,000
61	28,500	2%	570	34,770
62	27,930	5%	1,397	86,614
63	26,533	2%	531	33,453
64	26,002	2%	520	33,280
65	25,482	100%	25,482	1,656,330
Total			30,000	1,934,447
Average				64.5

Schedule SB, Line 32 – Schedule of Shortfall Amortization Charges

The amortization amounts for the minimum required contribution are developed in the following table.

Shortfall Amortization Charge		
1.	1st segment rate	4.94%
	2nd segment rate	6.15%
2.	Funding target	5,333,656
3.	Adjusted plan assets	
	(a) Actuarial assets	4,648,759
	(b) Funding Standard Carryover Balance	0
	(c) Prefunding Balance (PFB)	0
	(d) Adjusted assets: (a)-(b)-(c), not less than 0	4,648,759
4.	Funding shortfall: (2)-(3)(d), not less than 0	684,897
5.	Current shortfall amortization installments	
	(b) Annual installments for:	
	(ii) Year -1 base (6 years remaining)	168,848
	(ii) Year -1 base (5 years remaining)	27,635
	(iii) Year -1 base (4 years remaining)	35,445
	(iv) Year -1 base (3 years remaining)	181,225
	(v) Year -1 base (2 years remaining)	64,146
	Total annual installments	477,299
	(b) Present value of annual installments for:	
	(i) Year -1 base (6 years remaining)	893,694
	(ii) Year -1 base (5 years remaining)	125,764
	(iii) Year -1 base (4 years remaining)	132,079
	(iv) Year -1 base (3 years remaining)	518,483
	(v) Year -1 base (2 years remaining)	125,272
	Total present value of annual installments	1,795,292
6.	Exemption from new shortfall amortization base	
	(a) Target liability percentage	100%
	(b) Shortfall funding target: (2)x(a)	5,333,656
	(c) Prefunding Balance if used to reduce the Minimum Required Contribution, else 0	0
	(d) Exempt?: [(3)(a)-(c)]>=(b)	No
7.	Shortfall amortization base	
	(a) Adjusted funding shortfall: (6)(b)-(3)(d), not less than 0	684,897
	(b) New current year base: (a)-(5)(b), or 0 if exempt	(1,110,395)
	(c) New 7-year installment amount	(185,316)
8.	Shortfall amortization charge: (5)(a)+(7)(c), not less than 0	291,983

Oak State Products, Inc. Pension Plan

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
June 30, 2014

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(c) Number of shares or principal amount	(d) Cost	(e) Current value
	ISHARES Barclays 1-3 Year Credit BD FD	Exchange Traded Fund	475	\$ 50,066	\$ 50,198
	American Express Credit	Corporate debt security, 2.75% interest rate, maturity date of September 15, 2015	25	25,164	25,655
	Boeing Cap Corp	Corporate debt security, 2.90% interest rate, maturity date of August 15, 2018	25	26,325	26,356
	Cisco Systems Inc	Corporate debt security, 3.15% interest rate, maturity date of March 14, 2017	25	26,087	26,391
	Colgate-Palmolive Co	Corporate debt security, 2.625% interest rate, maturity date of May 1, 2017	25	25,756	26,170
	Federal Farm Credit Bank	Corporate debt security, 3.05% interest rate, maturity date of December 6, 2019	30	31,131	31,857
	General Dynamics Corp	Corporate debt security, 2.25% interest rate, maturity date of July 15, 2016	15	15,243	15,462
	General Electric Capital Corp	Corporate debt security, 2.90% interest rate, maturity date of January 9, 2017	25	25,904	26,151
	Georgia Power Company	Corporate debt security, 3.00% interest rate, maturity date of April 15, 2016	25	25,878	26,030
	John Deere Cap	Corporate debt security, 2.80% interest rate, maturity date of September 18, 2017	20	20,617	20,951
	Wells Fargo Company	Corporate debt security, 3.75% interest rate, maturity date of October 1, 2014	20	20,126	20,172
				<u>242,231</u>	<u>245,195</u>
	United States Government	U.S. Government security, 0% interest rate, maturity date of December 11, 2014	150	149,906	149,966
	United States Government	U.S. Government security, 4.25% interest rate, maturity date of August 15, 2015	100	100,814	104,581
				<u>250,720</u>	<u>254,547</u>
*	TD Ameritrade	Interest-bearing cash	4,481,344	4,481,344	4,481,344
				<u>\$ 5,024,361</u>	<u>\$ 5,031,284</u>

* Represents a party-in-interest

Oak State Products, Inc. Pension Plan

**Form 5500, Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions
Year Ended June 30, 2014**

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
Individual transactions:						
TD Ameritrade	Interest-bearing cash	\$ 1,807,847	\$ -	\$ 1,807,847	\$ 1,807,847	\$ -
TD Ameritrade	Interest-bearing cash	740,983	-	740,983	740,983	-
TD Ameritrade	Interest-bearing cash	613,713	-	613,713	613,713	-
TD Ameritrade	Interest-bearing cash	476,690	-	476,690	476,690	-
Series of transactions:						
TD Ameritrade	Interest-bearing cash	1,525,000	-	1,525,000	1,525,000	-
TD Ameritrade	Interest-bearing cash	-	815,582	815,582	815,582	-

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 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 Oak State Products, Inc. Pension Plan	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Oak State Products, Inc.	D Employer Identification Number (EIN) 36-2341822	
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	4,649,409	
b Actuarial value	2b	4,648,759	
3 Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	1	405,606
b For terminated vested participants.....	3b	73	680,331
c For active participants:			
(1) Non-vested benefits	3c(1)		0
(2) Vested benefits	3c(2)		4,247,719
(3) Total active.....	3c(3)	105	4,247,719
d Total.....	3d	179	5,333,656
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	6.39 %	
6 Target normal cost	6	22,993	

Statement by Enrolled Actuary

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

SIGN HERE	 Signature of actuary	<u>04/08/2015</u> Date <u>14-05843</u> Most recent enrollment number <u>(312) 488-6756</u> Telephone number (including area code)
<u>Lawrence S. Butcher</u> Type or print name of actuary		
<u>Verisight, Inc.</u> Firm name <u>135 South LaSalle Street</u> <u>Suite 2225</u> <u>Chicago</u> Address of the firm		
<u>IL 60603</u>		

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
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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)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>2.79</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>5.16</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	0	0
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	87.15 %
15	Adjusted funding target attainment percentage	15	89.01 %
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	63.87 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/22/2013	246		07/29/2014	200,000	
10/14/2013	70,870		08/11/2014	200,000	
01/13/2014	70,870		09/03/2014	200,000	
04/14/2014	70,000		12/05/2014	665,600	
06/09/2014	200,000		12/17/2014	87	
07/14/2014	200,000				
Totals ►			18(b)	1,877,673	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1,750,341

20 Quarterly contributions and liquidity shortfalls:			
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No			
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No			
c If line 20a is "Yes," see instructions and complete the following table as applicable:			
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:			
a Segment rates:	1st segment: 4.94 %	2nd segment: 6.15 %	3rd segment: 6.76 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 0
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions)	☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute		

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	22,993	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment.....	684,897		291,983
b Waiver amortization installment			
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	314,976	
	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	314,976	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	1,750,341	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1,435,365	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

Schedule SB, Part V – Summary of Plan Provisions

This summary of plan provisions as of July 1, 2013, has been prepared for valuation purposes only. It outlines the major plan provisions used to perform the actuarial valuation.

Summary of Plan Provisions	
Plan effective date:	July 1, 1965.
Last plan amendment:	Plan entry was frozen effective January 29, 2004. In addition, effective June 30, 2005 all future benefit accruals under the plan were frozen.
Plan year anniversary date:	July 1.
Employees covered:	All persons employed by Oak State Products, Inc.
Eligibility requirements:	Age 21 and one (1) year period of service.
Plan entry date:	First day of the month following completion of the eligibility requirements.
Periods of service:	The aggregate of all periods commencing with the Employee's first day of employment or reemployment with the Employer and ending on the date a 1-Year Break in service begins. An Employee will also receive credit for any Period of Severance of less than twelve (12) consecutive months. Periods of Service are computed on the basis of whole years.
Vesting service:	The number of whole year Periods of Service.
Normal retirement date:	First day of the month coinciding with or next following the later of the participant's 65 th birthday or 5 th anniversary of plan participation.
Late retirement date:	First day of any month following age 65.
Early retirement date:	First day of any month (prior to normal retirement date) coinciding with or next following the date on which a participant or former participant attains his 60 th birthday. If still employed, a participant shall become fully vested upon satisfying the requirements for Early Retirement.

Schedule SB, Part V – Summary of Plan Provisions (continued)

Summary of Plan Provisions (continued)	
Average monthly compensation:	The participant's average monthly compensation for the five highest consecutive plan years out of the last ten completed years of participation preceding retirement, termination or the plan freeze.
Covered compensation:	With respect to a given participant, the average of the taxable wage bases for the 35 calendar years ending with the year when Social Security retirement age is attained. In determining current covered compensation, the taxable wage base in effect at the beginning of the plan year containing the plan freeze date remains the same for all future years.
Normal retirement benefit:	<p>A monthly benefit, commencing at normal retirement age equal to the sum of (i) and (ii) below, computed to the nearest dollar:</p> <ul style="list-style-type: none"> (i) 1.67% of average monthly compensation multiplied by the Participant's total number of Periods of Service (up to a maximum of 25 periods) (ii) .585% of average monthly compensation in excess of 1/12 of Covered Compensation multiplied by the Participant's total number of Periods of Service (up to a maximum of 25 periods)
Early retirement benefit:	Monthly benefit determined above, actuarially reduced for early commencement.
Deferred retirement:	Greater of the actuarial equivalent of the prior year's retirement benefit or the amount determined as of the participant's late retirement date.
Disability benefit:	If a participant is Totally and Permanently Disabled for a period of 6 consecutive months, then the participant is entitled to receive the Actuarial Equivalent of his Accrued Benefit. The benefit shall commence as though the participant retired. The benefit is computed as of the July 1st subsequent to termination of employment. If a terminated participant becomes Totally and Permanently Disabled subsequent to termination, then the participant is entitled to receive the Actuarial Equivalent of his Accrued Benefit as if he retired.

Schedule SB, Part V – Summary of Plan Provisions (continued)

Summary of Plan Provisions (continued)		
Disability benefit (continued):	Total and Permanent Disability results when a participant is incapable of continuing any gainful occupation and is considered disabled under Social Security.	
Normal form of benefit:	10-Year Certain and Life annuity. For participants who are legally married for one year prior to retirement, the normal form of benefit will be a joint and 50% to joint annuitant form unless the participant and the spouse elect otherwise. This is the actuarial equivalent of the normal form.	
Accrued benefit:	A monthly benefit, commencing at normal retirement age multiplied by a fraction, not greater than (1), the numerator of which is the Participant's Periods of Service as of the determination date and the denominator of which is the aggregate Periods of Service the Participant would have accumulated if he continued in employment until his Normal Retirement Date.	
Vesting:	<u>Periods of Service</u>	<u>Vesting Percentage</u>
	Less than 2	0%
	2	20%
	3	40%
	4	60%
	5	80%
	6	100%
Pre retirement death benefit:	For vested participants who are legally married for at least one year at the time of death, the surviving spouse would be eligible for the 50% joint annuitant benefit determined at the date of death. This benefit is equal to 50% of the early retirement benefit actuarially adjusted to joint and survivor form of payment. The benefit would commence at the participant's earliest retirement date.	
Actuarial equivalence:	Pre-retirement: Mortality – None, Interest – 7.5% Post-retirement: Mortality – UP 84, Interest – 7.5%	

Schedule SB, Part V – Summary of Plan Provisions (continued)

Summary of any changes in principal eligibility or benefit provisions since the last valuation:

There were no changes since the last valuation.

Description of any significant events:

To the best of our knowledge, there were no significant events that occurred during the year.

Benefits not included in the valuation:

To the best of our knowledge, no benefits that materially affected liability were excluded from the valuation.