

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 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>10/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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>ROLLED ALLOYS 401K PLAN</u>	1b Three-digit plan number (PN) ▶	<u>003</u>	
	1c Effective date of plan <u>10/01/2000</u>		
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>ROLLED ALLOYS, INC.</u> <u>125 WEST STERN ROAD</u> <u>TEMPERANCE, MI 48182</u>	2b Employer Identification Number (EIN) <u>36-4335865</u>	2c Plan Sponsor's telephone number <u>734-847-0561</u>	2d Business code (see instructions) <u>423500</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.	08/03/2015	GREG SOUZA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/03/2015	GREG SOUZA
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor ROLLED ALLOYS 401K PLAN BENEFITS COMMITTEE 125 W. STERNS ROAD TEMPERANCE, MI 48182-9567	3b Administrator's EIN 43-2020890 3c Administrator's telephone number 734-847-0561
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	5 304
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 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(1) 291 6a(2) 0 6b 0 6c 0 6d 0 6e 0 6f 0 6g 0 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: 2E 2F 2G 2J 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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/> 2014 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning **01/01/2014** and ending **10/31/2014**

A Name of plan ROLLED ALLOYS 401K PLAN	B Three-digit plan number (PN)	003
C Plan sponsor's name as shown on line 2a of Form 5500 ROLLED ALLOYS, INC.	D Employer Identification Number (EIN) 36-4335865	

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

VOYA

(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
71-0294708	86509	PHS014	0	01/01/2014	12/31/2014

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
20674	4100

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

MORGAN STANLEY SMITH BARNEY LLC
1 NEW YORK PLZ FL 12
NEW YORK, NY 10004

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
20674			3

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

TRI STATE PLAN ADMINISTRATION, INC.
30 GARFIELD PLACE, SUITE 520
CINCINNATI, OH 45202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	4100	TPA PARTNERSHIP PROGRAM	5

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

Schedule A (Form 5500) 2014
v. 140124

(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** 0**5** Current value of plan's interest under this contract in separate accounts at year end **5** 0**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP PENSION FUNDING****b** Balance at the end of the previous year **7b** 1357048**c** Additions: (1) Contributions deposited during the year **7c(1)** 475908
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 33710
(4) Transferred from separate account **7c(4)** 7668004
(5) Other (specify below) **7c(5)** 64236▶ **TRANSFER FROM ONE VOYA CONTRACT TO**(6) Total additions **7c(6)** 8241858**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 9598906**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 319189(2) Administration charge made by carrier **7e(2)** 300(3) Transferred to separate account **7e(3)** 506326(4) Other (specify below) **7e(4)** 8773091▶ **ASSETS TRANSFER**(5) Total deductions **7e(5)** 9598906**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 10/31/2014

A Name of plan <u>ROLLED ALLOYS 401K PLAN</u>	B Three-digit plan number (PN) <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ROLLED ALLOYS, INC.</u>	D Employer Identification Number (EIN) <u>36-4335865</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
VOYA RETIREMENT INSURANCE AND ANNUI

71-0294708

(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)

VOYA RETIREMENT INSURANCE AND ANNUITY

71-0294708

(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?
27	SERVICE PROVIDER	0	Yes ☒ No ☐	Yes ☒ No ☐	3108	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
VOYA RETIREMENT INSURANCE AND ANNUITY	27	3108

(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.
VOYA RETIREMENT INSURANCE AND ANNUITY 71-0294708	INVESTMENT ADVISORY (PLAN)

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>10/31/2014</u>		
A Name of plan <u>ROLLED ALLOYS 401K PLAN</u>		B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ROLLED ALLOYS, INC.</u>		D Employer Identification Number (EIN) <u>36-4335865</u>

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions	1b(2)	96	0
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	6757298	0
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1357048	0
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	8114442	0

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	3942	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	3942	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	8110500	0
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	500754	
(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)		500754
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	33710	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		33710
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		468616
(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		1003080

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	319189	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		319189
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)	300	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		300
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		319489

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		683591
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		8794091

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: RAYNER, FOOS, KRUSE, IRWIN, CPAS

(2) EIN: 34-1750347

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
METAL COMPANIES 401(K) PLAN	01-0606601	003

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 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 10/31/2014

A Name of plan <u>ROLLED ALLOYS 401K PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ROLLED ALLOYS, INC.</u>	D Employer Identification Number (EIN) <u>36-4335865</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
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>71-0294708</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

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

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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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): _____



Rayner, Foos, Kruse & Irwin CPAs

6465 Wheatstone Court | Building B Suite 1 | Maumee, Ohio 43537 | p 419 866.7888 | f 419 866 1385 | rfki-cpa.com

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the
Rolled Alloys 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Rolled Alloys 401(k) Plan, which comprise the statements of net assets available for benefits as of October 31, 2014 and December 31, 2013, and the related statements of changes in net assets available for benefits for the ten months and year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Voya Retirement Insurance and Annuity Company (Voya), formerly known as ING Life Insurance and Annuity Company (ING), except for comparing the information with the related information included in the financial statements and supplemental schedule.

To the Plan Administrator of the
Rolled Alloys 401(k) Plan
Page Two

The plan administrator has obtained a certification from Voya for the ten months ended October 31, 2014 and for the year ended December 31, 2013, that the information provided to the plan administrator by Voya is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule of Assets Held for Investment Purposes at End of Year, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

Raymer, Foss, Kruse & Irwin

Maumee, Ohio
July 13, 2015

ROLLED ALLOYS 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
As of October 31, 2014 and December 31, 2013

	<u>2014</u>	<u>2013</u>
<u>ASSETS</u>		
<u>INVESTMENTS, AT FAIR VALUE</u>		
Investment in Voya fixed account	\$ -0-	\$ 1,357,048
Investment in pooled separate accounts	<u>-0-</u>	<u>6,757,298</u>
	-0-	8,114,346
<u>RECEIVABLES</u>		
Participant contributions (overpayment) – net	<u>-0-</u>	<u>(3,846)</u>
 TOTAL ASSETS AND NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$ -0-</u>	 <u>\$ 8,110,500</u>

See accompanying notes.

ROLLED ALLOYS 401(k) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Ten-month Period Ended October 31, 2014 and Year Ended December 31, 2013

	<u>2014</u>	<u>2013</u>
<u>ADDITIONS (SUBTRACTIONS) TO NET ASSETS</u>		
<u>ATTRIBUTED TO:</u>		
Investment income		
Interest income from fixed account	\$ 33,710	\$ 37,006
Net appreciation (depreciation)		
in fair value of investments	<u>468,616</u>	<u>1,294,822</u>
	502,326	1,331,828
Contributions		
Participants	500,754	644,611
Rollovers	<u>-0-</u>	<u>20,713</u>
	<u>500,754</u>	<u>665,324</u>
 TOTAL ADDITIONS	 1,003,080	 1,997,152
 <u>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:</u>		
Benefits paid to participants	319,189	391,574
Administrative fees	<u>300</u>	<u>175</u>
 TOTAL DEDUCTIONS	 <u>319,489</u>	 <u>391,749</u>
 NET INCREASE	 683,591	 1,605,403
 <u>TRANSFER TO NEW PLAN:</u>		
Plan assets	(8,773,091)	-0-
Contributions in transit	<u>(21,000)</u>	<u>-0-</u>
	(8,794,091)	-0-
 <u>NET ASSETS AVAILABLE FOR BENEFITS:</u>		
Beginning of year	<u>8,110,500</u>	<u>6,505,097</u>
 END OF YEAR	 <u>\$ -0-</u>	 <u>\$ 8,110,500</u>

See accompanying notes.

ROLLED ALLOYS 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
As of October 31, 2014 and December 31, 2013

NOTE A - DESCRIPTION OF PLAN

The following plan description of the Rolled Alloys 401(k) Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan became effective October 1, 2000 and was a single employer defined contribution plan covering all eligible employees of Rolled Alloys (Company). All employees of the Company who had three months of service and were age eighteen or older were eligible to participate in the Plan. The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Company had a 401(k) Plan Benefits Committee to serve as the Fiduciary and Plan Administrator of the 401(k) Plan. Responsibilities of the Committee included, but were not limited to, ensuring the Plan was operating in accordance with all applicable laws and regulations, communicating with participants, and filing all IRS and DOL annual reports.

Effective October 31, 2014 the plan was merged into the Metal Companies 401(k) Plan.

All plan assets were transferred to Prudential Retirement, the custodian for the new plan. On October 31, 2014 assets available for benefits for the Rolled Alloys 401(k) Plan were zero.

Contributions

The Company made contributions to the 401(k) Trust on behalf of eligible employees at the direction of the employees (participant's contribution). Employees could elect to have the Company contribute between 1% to 100% of their compensation (including up to 30% of their annual discretionary bonus), up to the maximum IRS limit, to the Trust.

Participant accounts

Each participant's account was credited with the participant's contribution and allocation of Plan earnings. Allocations were based on participants' earnings or account balances, as defined. Participants were immediately vested in their contributions.

ROLLED ALLOYS 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
As of October 31, 2014 and December 31, 2013

NOTE A - DESCRIPTION OF PLAN - CONTINUED

Payment of benefits

The benefit to which a participant was entitled was the benefit that could be provided from the participant's account. Payment of a participant's account was available upon death, disability or attainment of normal retirement age (sixty-five years of age).

However, if so elected, upon termination of employment, the Plan Administrator would direct Voya to distribute the benefit before the date it would normally be distributed. If the value of the participant's benefit was less than \$1,000, a distribution was automatically made within a reasonable time after termination of employment. The plan also provided for special advance hardship distributions in the case of certain financial or physical hardships.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Investments

The Plan's investments were held by Voya Retirement Insurance and Annuity Company, formerly ING Life Insurance and Annuity Company, before being transferred to Prudential Retirement, where Rolled Alloys' parent company plan is located. The investments are reported at fair value determined by obtaining the closing net asset values for each fund from Voya.

Administrative expenses

All Plan administrative expenses were paid by the Company unless the Company directed Voya to pay them from the trust fund. The trust fund incurred \$300 and \$175 in administrative expenses during 2014 and 2013.

Commission expense

Investment commissions were paid by the trust fund and allocated to each respective participant. The amounts were netted against participant earnings. The trust fund incurred \$20,674 and \$21,812 of commission expense during 2014 and 2013, respectively.

Use of estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect the reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

ROLLED ALLOYS 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
As of October 31, 2014 and December 31, 2013

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Subsequent events

Subsequent events have been evaluated through July 13, 2015, which is the date the financial statements were available to be issued.

Accounting for uncertainty in income taxes

The tax returns for the Plan for the years ended December 31, 2011 through 2014 are subject to examination by various taxing authorities, generally for three years after the date of filing.

NOTE C - INVESTMENTS - ASSETS AND TRANSACTIONS CERTIFIED BY VOYA RETIREMENT LIFE INSURANCE AND ANNUITY COMPANY

The Plan's investments were held by Voya. The following tables present the fair values of investments at October 31, 2014 and December 31, 2013.

	<u>Fair Value of Investments</u>	
	<u>2014</u>	<u>2013</u>
Insurance Co. General Account:		
Fixed Account	\$ -0-	\$ 1,357,048*
Pooled Separate Accounts:		
American Funds Am Balanced	-0-	327,085
American Funds Washington Mut Inv	-0-	202,592
Ariel Appreciation Fund	-0-	1,438
Baron Asset Fund	-0-	662,927*
Franklin Sm Cap Val	-0-	78,403
Lord Abbett Mid Cap Val	-0-	115,208
Lord Abbett Sm Cap Val	-0-	140,868
Mann & Napier Fd Wrld Opport Series	-0-	82,852
Oppenheimer Developing Market Funds	-0-	451,554*
Pioneer Strategic Income	-0-	173,365
PIMCO Real Ret Port	-0-	48,857
Templeton Global Bond Fund	-0-	39,791
Voya/ING Sm Cap Opport	-0-	9
Voya/ING Solution Income Portfolio	-0-	1,118
Voya/ING Money Market VP	-0-	88,326
Voya/ING Lg Cap Growth Port	-0-	288,540
Voya/ING Real Estate Fund	-0-	82,840
Voya/ING Pimco Total Ret Port	-0-	131,096*

ROLLED ALLOYS 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
As of October 31, 2014 and December 31, 2013

NOTE C - **INVESTMENTS - ASSETS AND TRANSACTIONS CERTIFIED BY**
VOYA RETIREMENT INSURANCE AND ANNUITY
COMPANY - CONTINUED

Voya/ING TRP Growth Equity	-0-	1,090,754*
Voya/ING Oppenheimer Global	-0-	849,329*
Voya/ING Solution 2015 Port	-0-	160,121
Voya/ING Solution 2025 Port	-0-	187,030
Voya/ING Solution 2035 Port	-0-	330,528
Voya/ING Solution 2045 Port	-0-	485,304*
Voya/ING Solution 2055 Port	-0-	6,795
Voya/ING Stock Index Port	-0-	674,598*
Voya/ING Templeton For Eqty Port	-0-	55,970
	-0-	<u>6,757,298</u>
	\$ -0-	<u>\$ 8,114,346</u>

* Represents 5% or more of net assets available for benefits.

Net investment return (loss) from the funds held at Voya was \$502,326 and \$1,331,828 for the ten-month period ended October 31, 2014 and year ended December 31, 2013, respectively.

NOTE D - **PLAN TERMINATION**

Prior to the merger, the Company had the right to terminate the Plan at any time. In the event of Plan termination, the Plan Administrator would have distributed all assets remaining in the Trust Fund after payment of any expenses properly chargeable against the Trust.

NOTE E - **TAX STATUS**

The Company adopted the Prototype Plan of Voya Retirement Insurance and Annuity Company. The Internal Revenue Service had determined and informed Voya that the Prototype Plan was designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Company relied on Voya for legal matters relating to plan design and believed the Plan was being operated in compliance with the applicable requirements of the IRC.

ROLLED ALLOYS 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
As of October 31, 2014 and December 31, 2013

NOTE F - FAIR VALUE MEASUREMENTS

Generally accepted accounting principles for fair value measurements establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

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

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in inactive markets.
- Inputs other than quoted prices that are observable for the asset or liability.
- 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. Unobservable inputs are those that reflect the Plan's own assumption about the assumption that market participants would use in pricing the asset based on the best information available in those circumstances.

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

Following is a description of the valuation methodologies used for the assets measured at fair value. There have been no changes in the methodologies used as of October 31, 2014 and December 31, 2013.

ROLLED ALLOYS 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
As of October 31, 2014 and December 31, 2013

NOTE F - FAIR VALUE MEASUREMENTS - CONTINUED

Fixed account: Credited with declared rates of interest daily and adjusted for potential surrender charges and market value adjustments.

Pooled separate accounts: Valued at the accumulation unit value (AUV) of units held by the plan at year end.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of October 31, 2014 and December 31, 2013:

Assets at Fair Value as of October 31, 2014

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Fixed account	\$ -0-	\$ -0-	\$ -0-	\$ -0-
Pooled separate accounts	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
	<u>\$ -0-</u>	<u>\$ -0-</u>	<u>\$ -0-</u>	<u>\$ -0-</u>

Assets at Fair Value as of December 31, 2013

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Fixed account	\$ -0-	\$ 1,357,048	\$ -0-	\$ 1,357,048
Pooled separate accounts	<u>-0-</u>	<u>6,757,298</u>	<u>-0-</u>	<u>6,757,298</u>
	<u>\$ -0-</u>	<u>\$ 8,114,346</u>	<u>\$ -0-</u>	<u>\$ 8,114,346</u>

**ROLLED ALLOYS 401(k) PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT
PURPOSES AT END OF YEAR
As of October 31, 2014**

**Form 5500 Schedule H
Part IV, Line 4i
F.E.I.N. 36-4335865
Plan Number 003**

<u>(b) Identity of Issue</u>	<u>(c) Description</u>	<u>(e) Current Value</u>
<u>Insurance Co. General Account:</u>		
Voya/ING	Fixed Account	\$ -0-
<u>Pooled Separate Accounts:</u>		
American Funds	Am Balanced	-0-
American Funds	Washington Mutual	-0-
Ariel	Appreciation Fund	-0-
Baron	Asset Fund	-0-
Franklin	Sm Cap Val	-0-
Lord Abbett	Mid Cap Val	-0-
Lord Abbett	Sm Cap Val	-0-
Mann & Napier	Wrld Opport Series Fd	-0-
Oppenheimer	Developing Market Funds	-0-
Pioneer	Strategic Income	-0-
PIMCO	Real Ret Port	-0-
Templeton	Global Bond Fund	-0-
Voya/ING	Sm Cap Opport	-0-
Voya/ING	Solution Income Portfolio	-0-
Voya/ING	Money Market VP	-0-
Voya/ING	Lg Cap Growth Port	-0-
Voya/ING	Real Estate Fund	-0-
Voya/ING	Pimco Total Ret Port	-0-
Voya/ING	TRP Growth Equity	-0-
Voya/ING	Oppenheimer Global	-0-
Voya/ING	Solution 2015 Port	-0-
Voya/ING	Solution 2025 Port	-0-
Voya/ING	Solution 2035 Port	-0-
Voya/ING	Solution 2045 Port	-0-
Voya/ING	Solution 2055 Port	-0-
Voya/ING	Stock Index Port	-0-
Voya/ING	Templeton For Eqty Port	-0-
		-0-
		\$ -0-

ROLLED ALLOYS 401(k) PLAN
FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION

As of October 31, 2014 and December 31, 2013

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Rayner, Foos, Kruse & Irwin CPAs

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the
Rolled Alloys 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Rolled Alloys 401(k) Plan, which comprise the statements of net assets available for benefits as of October 31, 2014 and December 31, 2013, and the related statements of changes in net assets available for benefits for the ten months and year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Voya Retirement Insurance and Annuity Company (Voya), formerly known as ING Life Insurance and Annuity Company (ING), except for comparing the information with the related information included in the financial statements and supplemental schedule.

To the Plan Administrator of the
Rolled Alloys 401(k) Plan
Page Two

The plan administrator has obtained a certification from Voya for the ten months ended October 31, 2014 and for the year ended December 31, 2013, that the information provided to the plan administrator by Voya is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule of Assets Held for Investment Purposes at End of Year, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

Raymer, Foss, Kruse & Lawing

Maumee, Ohio
July 13, 2015

ROLLED ALLOYS 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
As of October 31, 2014 and December 31, 2013

	<u>2014</u>	<u>2013</u>
<u>ASSETS</u>		
<u>INVESTMENTS, AT FAIR VALUE</u>		
Investment in Voya fixed account	\$ -0-	\$ 1,357,048
Investment in pooled separate accounts	<u>-0-</u>	<u>6,757,298</u>
	-0-	8,114,346
<u>RECEIVABLES</u>		
Participant contributions (overpayment) – net	<u>-0-</u>	<u>(3,846)</u>
 TOTAL ASSETS AND NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$ -0-</u>	 <u>\$ 8,110,500</u>

See accompanying notes.

ROLLED ALLOYS 401(k) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Ten-month Period Ended October 31, 2014 and Year Ended December 31, 2013

	<u>2014</u>	<u>2013</u>
<u>ADDITIONS (SUBTRACTIONS) TO NET ASSETS</u>		
<u>ATTRIBUTED TO:</u>		
Investment income		
Interest income from fixed account	\$ 33,710	\$ 37,006
Net appreciation (depreciation)		
in fair value of investments	<u>468,616</u>	<u>1,294,822</u>
	502,326	1,331,828
Contributions		
Participants	500,754	644,611
Rollovers	<u>-0-</u>	<u>20,713</u>
	<u>500,754</u>	<u>665,324</u>
 TOTAL ADDITIONS	 1,003,080	 1,997,152
<u>DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:</u>		
Benefits paid to participants	319,189	391,574
Administrative fees	<u>300</u>	<u>175</u>
 TOTAL DEDUCTIONS	 <u>319,489</u>	 <u>391,749</u>
 NET INCREASE	 683,591	 1,605,403
<u>TRANSFER TO NEW PLAN:</u>		
Plan assets	(8,773,091)	-0-
Contributions in transit	<u>(21,000)</u>	<u>-0-</u>
	(8,794,091)	-0-
<u>NET ASSETS AVAILABLE FOR BENEFITS:</u>		
Beginning of year	<u>8,110,500</u>	<u>6,505,097</u>
 END OF YEAR	 <u>\$ -0-</u>	 <u>\$ 8,110,500</u>

See accompanying notes.

ROLLED ALLOYS 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
As of October 31, 2014 and December 31, 2013

NOTE A - DESCRIPTION OF PLAN

The following plan description of the Rolled Alloys 401(k) Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan became effective October 1, 2000 and was a single employer defined contribution plan covering all eligible employees of Rolled Alloys (Company). All employees of the Company who had three months of service and were age eighteen or older were eligible to participate in the Plan. The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Company had a 401(k) Plan Benefits Committee to serve as the Fiduciary and Plan Administrator of the 401(k) Plan. Responsibilities of the Committee included, but were not limited to, ensuring the Plan was operating in accordance with all applicable laws and regulations, communicating with participants, and filing all IRS and DOL annual reports.

Effective October 31, 2014 the plan was merged into the Metal Companies 401(k) Plan.

All plan assets were transferred to Prudential Retirement, the custodian for the new plan. On October 31, 2014 assets available for benefits for the Rolled Alloys 401(k) Plan were zero.

Contributions

The Company made contributions to the 401(k) Trust on behalf of eligible employees at the direction of the employees (participant's contribution). Employees could elect to have the Company contribute between 1% to 100% of their compensation (including up to 30% of their annual discretionary bonus), up to the maximum IRS limit, to the Trust.

Participant accounts

Each participant's account was credited with the participant's contribution and allocation of Plan earnings. Allocations were based on participants' earnings or account balances, as defined. Participants were immediately vested in their contributions.

ROLLED ALLOYS 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
As of October 31, 2014 and December 31, 2013

NOTE A - DESCRIPTION OF PLAN - CONTINUED

Payment of benefits

The benefit to which a participant was entitled was the benefit that could be provided from the participant's account. Payment of a participant's account was available upon death, disability or attainment of normal retirement age (sixty-five years of age).

However, if so elected, upon termination of employment, the Plan Administrator would direct Voya to distribute the benefit before the date it would normally be distributed. If the value of the participant's benefit was less than \$1,000, a distribution was automatically made within a reasonable time after termination of employment. The plan also provided for special advance hardship distributions in the case of certain financial or physical hardships.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Investments

The Plan's investments were held by Voya Retirement Insurance and Annuity Company, formerly ING Life Insurance and Annuity Company, before being transferred to Prudential Retirement, where Rolled Alloys' parent company plan is located. The investments are reported at fair value determined by obtaining the closing net asset values for each fund from Voya.

Administrative expenses

All Plan administrative expenses were paid by the Company unless the Company directed Voya to pay them from the trust fund. The trust fund incurred \$300 and \$175 in administrative expenses during 2014 and 2013.

Commission expense

Investment commissions were paid by the trust fund and allocated to each respective participant. The amounts were netted against participant earnings. The trust fund incurred \$20,674 and \$21,812 of commission expense during 2014 and 2013, respectively.

Use of estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect the reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

ROLLED ALLOYS 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
As of October 31, 2014 and December 31, 2013

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Subsequent events

Subsequent events have been evaluated through July 13, 2015, which is the date the financial statements were available to be issued.

Accounting for uncertainty in income taxes

The tax returns for the Plan for the years ended December 31, 2011 through 2014 are subject to examination by various taxing authorities, generally for three years after the date of filing.

NOTE C - INVESTMENTS - ASSETS AND TRANSACTIONS CERTIFIED BY VOYA RETIREMENT LIFE INSURANCE AND ANNUITY COMPANY

The Plan's investments were held by Voya. The following tables present the fair values of investments at October 31, 2014 and December 31, 2013.

	<u>Fair Value of Investments</u>	
	<u>2014</u>	<u>2013</u>
Insurance Co. General Account:		
Fixed Account	\$ -0-	\$ 1,357,048*
Pooled Separate Accounts:		
American Funds Am Balanced	-0-	327,085
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ROLLED ALLOYS 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
As of October 31, 2014 and December 31, 2013

NOTE C - **INVESTMENTS - ASSETS AND TRANSACTIONS CERTIFIED BY VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY - CONTINUED**

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Voya/ING Oppenheimer Global	-0-	849,329*
Voya/ING Solution 2015 Port	-0-	160,121
Voya/ING Solution 2025 Port	-0-	187,030
Voya/ING Solution 2035 Port	-0-	330,528
Voya/ING Solution 2045 Port	-0-	485,304*
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Voya/ING Templeton For Eqty Port	-0-	55,970
	-0-	<u>6,757,298</u>
	\$ -0-	<u>\$ 8,114,346</u>

* Represents 5% or more of net assets available for benefits.

Net investment return (loss) from the funds held at Voya was \$502,326 and \$1,331,828 for the ten-month period ended October 31, 2014 and year ended December 31, 2013, respectively.

NOTE D - **PLAN TERMINATION**

Prior to the merger, the Company had the right to terminate the Plan at any time. In the event of Plan termination, the Plan Administrator would have distributed all assets remaining in the Trust Fund after payment of any expenses properly chargeable against the Trust.

NOTE E - **TAX STATUS**

The Company adopted the Prototype Plan of Voya Retirement Insurance and Annuity Company. The Internal Revenue Service had determined and informed Voya that the Prototype Plan was designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Company relied on Voya for legal matters relating to plan design and believed the Plan was being operated in compliance with the applicable requirements of the IRC.

ROLLED ALLOYS 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
As of October 31, 2014 and December 31, 2013

NOTE F - FAIR VALUE MEASUREMENTS

Generally accepted accounting principles for fair value measurements establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

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

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in inactive markets.
- Inputs other than quoted prices that are observable for the asset or liability.
- 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. Unobservable inputs are those that reflect the Plan's own assumption about the assumption that market participants would use in pricing the asset based on the best information available in those circumstances.

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

Following is a description of the valuation methodologies used for the assets measured at fair value. There have been no changes in the methodologies used as of October 31, 2014 and December 31, 2013.

ROLLED ALLOYS 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS - CONTINUED
As of October 31, 2014 and December 31, 2013

NOTE F - FAIR VALUE MEASUREMENTS - CONTINUED

Fixed account: Credited with declared rates of interest daily and adjusted for potential surrender charges and market value adjustments.

Pooled separate accounts: Valued at the accumulation unit value (AUV) of units held by the plan at year end.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of October 31, 2014 and December 31, 2013:

Assets at Fair Value as of October 31, 2014

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Fixed account \$	-0-	\$ -0-	\$ -0-	\$ -0-
Pooled separate accounts	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
	<u>\$ -0-</u>	<u>\$ -0-</u>	<u>\$ -0-</u>	<u>\$ -0-</u>

Assets at Fair Value as of December 31, 2013

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Fixed account \$	-0-	\$ 1,357,048	\$ -0-	\$ 1,357,048
Pooled separate accounts	<u>-0-</u>	<u>6,757,298</u>	<u>-0-</u>	<u>6,757,298</u>
	<u>\$ -0-</u>	<u>\$ 8,114,346</u>	<u>\$ -0-</u>	<u>\$ 8,114,346</u>

SUPPLEMENTARY INFORMATION

ROLLED ALLOYS 401(k) PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT
PURPOSES AT END OF YEAR
As of October 31, 2014

Form 5500 Schedule H
Part IV, Line 4i
F.E.I.N. 36-4335865
Plan Number 003

(b) <u>Identity of Issue</u>	(c) <u>Description</u>	(e) <u>Current Value</u>
<u>Insurance Co. General Account:</u>		
Voya/ING	Fixed Account	\$ -0-
<u>Pooled Separate Accounts:</u>		
American Funds	Am Balanced	-0-
American Funds	Washington Mutual	-0-
Ariel	Appreciation Fund	-0-
Baron	Asset Fund	-0-
Franklin	Sm Cap Val	-0-
Lord Abbett	Mid Cap Val	-0-
Lord Abbett	Sm Cap Val	-0-
Mann & Napier	Wrld Opport Series Fd	-0-
Oppenheimer	Developing Market Funds	-0-
Pioneer	Strategic Income	-0-
PIMCO	Real Ret Port	-0-
Templeton	Global Bond Fund	-0-
Voya/ING	Sm Cap Opport	-0-
Voya/ING	Solution Income Portfolio	-0-
Voya/ING	Money Market VP	-0-
Voya/ING	Lg Cap Growth Port	-0-
Voya/ING	Real Estate Fund	-0-
Voya/ING	Pimco Total Ret Port	-0-
Voya/ING	TRP Growth Equity	-0-
Voya/ING	Oppenheimer Global	-0-
Voya/ING	Solution 2015 Port	-0-
Voya/ING	Solution 2025 Port	-0-
Voya/ING	Solution 2035 Port	-0-
Voya/ING	Solution 2045 Port	-0-
Voya/ING	Solution 2055 Port	-0-
Voya/ING	Stock Index Port	-0-
Voya/ING	Templeton For Eqty Port	-0-
		-0-
		\$ -0-