

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>11/01/2013</u> and ending <u>10/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>SIFCO CUSTOM MACHINING COMPANY RETIREMENT INC 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>009</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>11/01/1988</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>41-0742016</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>216-881-8600</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>332110</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>009</u>	1c Effective date of plan <u>11/01/1988</u>		2b Employer Identification Number (EIN) <u>41-0742016</u>		2c Sponsor's telephone number <u>216-881-8600</u>		2d Business code (see instructions) <u>332110</u>	
1b Three-digit plan number (PN) ▶	<u>009</u>										
1c Effective date of plan <u>11/01/1988</u>											
2b Employer Identification Number (EIN) <u>41-0742016</u>											
2c Sponsor's telephone number <u>216-881-8600</u>											
2d Business code (see instructions) <u>332110</u>											
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>SIFCO CUSTOM MACHINING COMPANY</u> <u>2430 NORTH WINNETKA AVE.</u> <u>MINNEAPOLIS, MN 55427</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.	08/17/2015	TOM KUBERA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) <u>MICHAEL BORO</u> <u>PWC LLP</u> <u>300 MADISON AVENUE</u> <u>NEW YORK, NY 10017</u>			Preparer's telephone number (optional) <u>646-471-3000</u>

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address THOMAS KUBERA SIFCO INDUSTRIES, INC. 970 EAST 64TH ST. CLEVELAND, OH 44103		3b Administrator's EIN 34-0553950 3c Administrator's telephone number 216-881-8600
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		5 108
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 0
b Retired or separated participants receiving benefits		6b 49
c Other retired or separated participants entitled to future benefits		6c 54
d Subtotal. Add lines 6a , 6b , and 6c		6d 103
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e 1
f Total. Add lines 6d and 6e		6f 104
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
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110
		2013
		This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 11/01/2013 and ending 10/31/2014		
A Name of plan SIFCO CUSTOM MACHINING COMPANY RETIREMENT INC PLAN	B Three-digit plan number (PN) ▶	009
C Plan sponsor's name as shown on line 2a of Form 5500 SIFCO CUSTOM MACHINING COMPANY	D Employer Identification Number (EIN) 41-0742016	

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 THE PRUDENTIAL INSURANCE COMPANY OF AMERICA
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(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
22-1211670	68241	030255,870130	108	11/01/2013	10/31/2014

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

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

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

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

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

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

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

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

(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	3734544

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

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

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

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

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

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)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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)	0
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)	0
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)	0
(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)	0
(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 11/01/2013 and ending 10/31/2014

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

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

A Name of plan <u>SIFCO CUSTOM MACHINING COMPANY RETIREMENT INC PLAN</u>	B Three-digit plan number (PN) ▶ <u>009</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SIFCO CUSTOM MACHINING COMPANY</u>	D Employer Identification Number (EIN) <u>41-0742016</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>11</u> Day <u>01</u> Year <u>2013</u>	
2 Assets:	
a Market value	2a <u>5348097</u>
b Actuarial value	2b <u>5004147</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>44</u> <u>3010725</u>
b For terminated vested participants.....	3b <u>45</u> <u>1356430</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>0</u>
(2) Vested benefits	3c(2) <u>568295</u>
(3) Total active.....	3c(3) <u>19</u> <u>568295</u>
d Total.....	3d <u>108</u> <u>4935450</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>6.30</u> %
6 Target normal cost	6 <u>19036</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>06/17/2015</u>
	Signature of actuary	Date
<u>GAIL R. STEWARD</u>		<u>14-06835</u>
	Type or print name of actuary	Most recent enrollment number
<u>FINDLEY DAVIES, INC.</u>		<u>216-875-1900</u>
	Firm name	Telephone number (including area code)
<u>1300 EAST NINTH STREET, SUITE 850</u> <u>CLEVELAND, OH 44114-1516</u>		
	Address of the firm	

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

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

Schedule SB (Form 5500) 2013
v. 130118

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>16.99</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		101451
b Interest on (a) using prior year's effective interest rate of <u>6.98</u> % except as otherwise provided (see instructions)		7081
c Total available at beginning of current plan year to add to prefunding balance		108532
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	101.39 %
15 Adjusted funding target attainment percentage	15	101.39 %
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	100.00 %
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
Totals ►			18(b)	0	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	0
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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22
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	19036	
b Excess assets, if applicable, but not greater than line 31a	31b	19036	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	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	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

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 11/01/2013 and ending 10/31/2014

A Name of plan <u>SIFCO CUSTOM MACHINING COMPANY RETIREMENT INC PLAN</u>	B Three-digit plan number (PN) ▶ <u>009</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SIFCO CUSTOM MACHINING COMPANY</u>	D Employer Identification Number (EIN) <u>41-0742016</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	
<u>QUANTITATIVE MANAGEMENT ASSOC. LLC</u>	<u>TWO GATEWAY CTR., 6TH FLOOR</u> <u>NEWARK, NJ 07102</u>
<u>33-1077887</u>	

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation	
<u>PRU INVESTMENT MANAGEMENT CO.</u>	<u>213 WASHINGTON ST.</u> <u>NEWARK, NJ 07102</u>
<u>22-2540245</u>	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
<u>PRUDENTIAL INSURANCE CO.</u>	<u>80 LIVINGSTON AVE.</u> <u>ROSELAND, NJ 07068</u>
<u>22-1211670</u>	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
<u>PRUDENTIAL TRUST CO.</u>	<u>80 LIVINGSTON AVE.</u> <u>ROSELAND, NJ 07068</u>
<u>23-6994310</u>	

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

JENNISON ASSOCIATES LLC

466 LEXINGTON AVE.
NEW YORK, NY 10017

52-2069785

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

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

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

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

CBIZ FINANCIAL SOLUTIONS INC.

6050 OAK TREE BLVD.
INDEPENDENCE, OH 44131

(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	INVESTMENT ADVISOR	5498	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WATERFORD BANK NA

3900 N MCCORD ROAD
TOLEDO, OH 43617

(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?
14	NONE	5230	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 11/01/2013 and ending 10/31/2014		
A Name of plan SIFCO CUSTOM MACHINING COMPANY RETIREMENT INC PLAN	B Three-digit plan number (PN) ►	009
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 SIFCO CUSTOM MACHINING COMPANY	D Employer Identification Number (EIN) 41-0742016	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: QUANTITATIVE CORE EQUITY ACCOUNT				
b Name of sponsor of entity listed in (a): PRUDENTIAL INSURANCE CO				
c EIN-PN 22-1211670-004	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2273329		
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL STOCK INDEX ACCOUNT				
b Name of sponsor of entity listed in (a): PRUDENTIAL INSURANCE CO				
c EIN-PN 22-1211670-001	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 120664		
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIDEX 500 ACCOUNT				
b Name of sponsor of entity listed in (a): PRUDENTIAL INSURANCE CO				
c EIN-PN 22-1211670-011	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 563177		
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIVEST ACCOUNT				
b Name of sponsor of entity listed in (a): PRUDENTIAL INSURANCE CO				
c EIN-PN 22-1211670-020	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 507816		
a Name of MTIA, CCT, PSA, or 103-12 IE: SHORT-TERM ACCOUNT				
b Name of sponsor of entity listed in (a): PRUDENTIAL INSURANCE CO				
c EIN-PN 22-1211670-044	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 85901		
a Name of MTIA, CCT, PSA, or 103-12 IE: MIDCAP QUANT. CORE EQUITY ACCOUNT				
b Name of sponsor of entity listed in (a): PRUDENTIAL INSURANCE CO				
c EIN-PN 22-1211670-010	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16200		
a Name of MTIA, CCT, PSA, or 103-12 IE: VALUE EQUITY ACCOUNT				
b Name of sponsor of entity listed in (a): PRUDENTIAL INSURANCE CO				
c EIN-PN 22-1211670-009	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 167457		

a Name of MTIA, CCT, PSA, or 103-12 IE: CORE BOND FUND		
b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST CO		
c EIN-PN 23-6994310-125	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 833037
a Name of MTIA, CCT, PSA, or 103-12 IE: CORE CONSERVATIVE BOND FUND		
b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST CO		
c EIN-PN 23-6994310-126	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 100794
a Name of MTIA, CCT, PSA, or 103-12 IE: JENNISON GROWTH EQUITY FUND		
b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST CO		
c EIN-PN 23-6994310-057	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 168502
a Name of MTIA, CCT, PSA, or 103-12 IE: CORE CONSERVATIVE INTER. BOND FUND		
b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST CO		
c EIN-PN 23-6994310-101	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42509
a Name of MTIA, CCT, PSA, or 103-12 IE: INFLATION PROTECTED BOND FUND		
b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST CO		
c EIN-PN 23-6994310-121	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 142429
a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD FUND		
b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST CO		
c EIN-PN 23-6994310-127	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59234
a Name of MTIA, CCT, PSA, or 103-12 IE: EMERGING MARKET DEBT FUND		
b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST CO		
c EIN-PN 23-6994310-128	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 58130
a Name of MTIA, CCT, PSA, or 103-12 IE: MERCATOR INTERNATIONAL EQUITY FUND		
b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST CO		
c EIN-PN 23-6994310-041	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: QUANTITATIVE INST INTL EQUITY FUND		
b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST CO		
c EIN-PN 52-1679020-120	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 458773
a Name of MTIA, CCT, PSA, or 103-12 IE: QUANTITATIVE EMERGING MKTS EQ FUND		
b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST CO		
c EIN-PN 23-6994310-119	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15796

a Name of MTIA, CCT, PSA, or 103-12 IE: JENNISON US SMALL CAP EQUITY FUND

b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST CO

c EIN-PN 23-6994310-046	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16053
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
For calendar plan year 2013 or fiscal plan year beginning <u>11/01/2013</u> and ending <u>10/31/2014</u>		
A Name of plan <u>SIFCO CUSTOM MACHINING COMPANY RETIREMENT INC PLAN</u>		B Three-digit plan number (PN) <u>009</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SIFCO CUSTOM MACHINING COMPANY</u>		D Employer Identification Number (EIN) <u>41-0742016</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)		
(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)	1766115	1895257
(10) Value of interest in pooled separate accounts	1c(10)	3587123	3734544
(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)		
(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	5353238	5629801

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	5141	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	5141	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	5348097	5629801
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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)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	5629801	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	5448844	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		180957
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	317529	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		317529

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		39565
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		71361
(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		609412

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	314112	
(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)		314112
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)	2868	
(2) Contract administrator fees	2i(2)	5230	
(3) Investment advisory and management fees	2i(3)	5498	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		13596
j Total expenses. Add all expense amounts in column (b) and enter total	2j		327708

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		281704
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: SKODA MINOTTI

(2) EIN: 34-1945206

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

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

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

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

For calendar plan year 2013 or fiscal plan year beginning 11/01/2013 and ending 10/31/2014

A Name of plan <u>SIFCO CUSTOM MACHINING COMPANY RETIREMENT INC PLAN</u>	B Three-digit plan number (PN) ▶ <u>009</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SIFCO CUSTOM MACHINING COMPANY</u>	D Employer Identification Number (EIN) <u>41-0742016</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>22-1211670</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>1</u>

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

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

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

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Stock: 0.0% 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): _____



**SIFCO CUSTOM MACHINING COMPANY
RETIREMENT INCOME PLAN**

FINANCIAL STATEMENTS

YEARS ENDED OCTOBER 31, 2014 AND 2013



SKODA MINOTTI

CPAs, BUSINESS & FINANCIAL ADVISORS

Delivering on the Promise.

SIFCO CUSTOM MACHINING COMPANY
RETIREMENT INCOME PLAN
YEARS ENDED OCTOBER 31, 2014 AND 2013

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INDEPENDENT AUDITORS' REPORT

To the Retirement Plan Committee
SIFCO Industries, Inc.
SIFCO Custom Machining Company
Retirement Income Plan

Report on the Financial Statements

We have audited the accompanying financial statements of SIFCO Industries, Inc. SIFCO Custom Machining Company Retirement Income Plan, which comprise the statements of net assets available for benefits as of October 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting our audits in accordance with auditing standards generally accepted in the United States of America. Because of the matters 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 2 (Investment Valuation and Income Recognition), Note 4 and Note 5, which was certified by The Prudential Insurance Co. of America, the custodian of the pooled separate accounts, and The Prudential Trust Company, the trustee of the common/collective trusts, except for comparing such information with the related information included in the financial statements and supplementary schedules. We have been informed by the Plan administrator that the custodian and trustee hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained certifications from the custodian and trustee as of and for the years ended October 31, 2014 and 2013 that the information provided to the Plan administrator by the custodian and trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matters 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 supplementary schedule of assets (held at end of year) as of October 31, 2014 and schedule of reportable transactions for the year ended October 31, 2014 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplementary schedules.

Report on Form and Content in Compliance with DOL Regulations

The form and content of the information included in the financial statements and supplementary schedules, other than that derived from the information certified by the custodian and 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.

SKODA MINOTTI

A handwritten signature in dark ink, appearing to read "Skoda Minotti", written in a cursive style.

Cleveland, Ohio
August 17, 2015

**SIFCO CUSTOM MACHINING COMPANY
RETIREMENT INCOME PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

OCTOBER 31, 2014 AND 2013

	<u>2014</u>	<u>2013</u>
Investments, at fair value		
Pooled separate accounts	\$ 3,734,544	\$ 3,587,123
Common/collective trusts	<u>1,895,257</u>	<u>1,766,115</u>
	5,629,801	5,353,238
 Accrued Expenses	 <u>-</u>	 <u>(5,141)</u>
 Net assets available for benefits	 <u><u>\$ 5,629,801</u></u>	 <u><u>\$ 5,348,097</u></u>

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

**SIFCO CUSTOM MACHINING COMPANY
RETIREMENT INCOME PLAN**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED OCTOBER 31, 2014 AND 2013

	<u>2014</u>	<u>2013</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Company's contributions	\$ -	\$ 196,890
Net appreciation in fair value of investments	110,927	105,558
Earnings on units of participation - pooled separate accounts and common/collective trusts	<u>498,485</u>	<u>671,991</u>
Total additions	<u>609,412</u>	<u>974,439</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	314,112	298,917
Administrative expenses	<u>13,596</u>	<u>12,614</u>
Total deductions	<u>327,708</u>	<u>311,531</u>
NET INCREASE	281,704	662,908
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	<u>5,348,097</u>	<u>4,685,189</u>
END OF YEAR	<u><u>\$ 5,629,801</u></u>	<u><u>\$ 5,348,097</u></u>

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

SIFCO Custom Machining Company Retirement Income Plan

Notes to the Financial Statements

1. DESCRIPTION OF THE PLAN

SIFCO Custom Machining Company (the Company), is a wholly-owned subsidiary of SIFCO Industries, Inc. The following description of the SIFCO Custom Machining Company Retirement Income Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan covering all eligible employees who are covered under the terms of a collective bargaining agreement between the Company and Local 1140 of the International Union of Electronic, Electrical Workers and Communications Workers of America, American Federation of Labor and Congress of Industrial Organizations (the Union). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

As of December 31, 2013, the Company ceased operations at the location that employed the participants of the Plan. There are only deferred vested and vested participants in the Plan. All employees active within the Plan at the time of the location closure were determined to be vested within the Plan and transitioned to deferred vested status. Benefits were calculated based on the years of service performed up to the date of the location closure at December 31, 2013.

Pension Benefits

Participants with five or more years of Plan participation are entitled to a monthly pension benefit beginning at normal retirement age (65). The pension benefit is based on the number of years of service and the monthly benefit rate specified in the collective bargaining agreement between the Company and the Union. The Plan permits an early retirement pension benefit if one has terminated service with the Company after attaining age 55 and has completed five years of credited vesting service. The amount is computed in the same manner as a normal retirement pension and is subject to the following reductions in the monthly benefit. There shall be no reduction for the first 36 months (age 62) that precede the participant's normal retirement date. A participant that retires prior to attaining age 62 will have a reduction of $1/12^{\text{th}}$ of 1% for each of the first 36 months the benefit commencement date precedes his or her normal retirement date. For each additional month in excess of 36 that the participant's early retirement precedes his or her normal retirement date the benefit will be reduced by 0.5%.

Death and Disability Benefits

If a participant dies after the date on which they would have been eligible for an early retirement pension, the amount payable to the beneficiary will be the amount that the beneficiary would have received had the participant elected early retirement on the day before the date of the participant's death and chosen a 50% joint and survivor option.

SIFCO Custom Machining Company Retirement Income Plan

Notes to the Financial Statements

1. DESCRIPTION OF THE PLAN – CONTINUED

If a participant dies on or before the date on which he or she would have been eligible for an early retirement pension, the amount payable to the beneficiary will be equal to 50% of the participant's deferred retirement pension reduced for (1) early benefit commencement to the earliest retirement age and (2) election of a 50% joint and survivor option had the participant:

1. Separated from service on the date of his or her death,
2. Survived to the earliest retirement age and started to receive benefits on such date, and
3. Died on the day after the date on which he or she would have attained his early retirement age.

A participant will be eligible to receive a disability retirement pension, which will begin on the date the participant becomes entitled to receive a Social Security disability pension, if the participant becomes qualified to receive a Social Security disability pension while he or she is an active participant or within two years after ceasing to be an active participant, and the participant has 10 or more years of credited benefit service.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Use of Estimates

The presentation of financial statements in conformity with U.S. generally accepted accounting principles (GAAP) requires the Company to make estimates and assumptions that affect certain reported amounts of net assets available for benefits and changes therein; and the actuarial present value of accumulated plan benefits at the date of the financial statements and changes therein. Actual results may differ from those estimates.

Investment Valuation and Income Recognition

Quantitative Management Associates, a registered investment advisor and wholly-owned subsidiary of Prudential Financial, Inc., manages the Plan's investments according to the Plan's investment guidelines. The Plan's assets are invested in pooled separate accounts and common/collective trusts through contracts with The Prudential Insurance Co. of America (the Custodian) and The Prudential Trust Company (the Trustee), respectively. The Plan's investments and investment activity were certified as complete and accurate by the Custodian and Trustee.

The Plan's investments in pooled separate accounts and common/collective trusts are stated at fair value. See Note 4 for discussion on the fair value measurements for the investments. The investment income earned by pooled separate accounts and common/collective trusts is net of investment management expenses.

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

SIFCO Custom Machining Company Retirement Income Plan

Notes to the Financial Statements

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions, which are attributable under the Plan's provisions to service rendered by the employees up to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) present employees, (b) retired or terminated employees with vested rights, and (c) beneficiaries of present, retired or terminated employees. 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.

Benefit Payments

Benefit payments to participants are recorded when paid.

Administrative Expenses

The Plan's trustee, management and investment advisory expenses were paid by the Plan. The Plan's other administrative expenses were paid by the Company.

Reclassifications

Certain reclassifications have been made to the 2013 financial statements to conform with the 2014 financial statement presentation. Such reclassifications had no effect on net assets available for benefits as previously reported.

3. FUNDING POLICY

Contributions are made by the Company based on guidelines set by the Plan's independent actuary. The Company's funding policy is to contribute an amount at least equal to the minimum required contribution under ERISA. The Company was not required to make any minimum required contributions in 2014 and 2013.

4. FAIR VALUE MEASUREMENTS

The Plan provides disclosures consistent with the Financial Accounting Standards Board (FASB) fair value measurement guidance, which establishes a framework. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The hierarchy gives the highest priority to observable inputs (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurement). The three levels of the fair value hierarchy are described below:

Level 1 – Observable inputs such as quoted prices in an active market for identical assets or liabilities.

SIFCO Custom Machining Company Retirement Income Plan

Notes to the Financial Statements

4. FAIR VALUE MEASUREMENTS – CONTINUED

Level 2 – Inputs to the valuation methodology that are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities; quoted prices for identical or similar assets or liabilities in inactive markets; or other inputs that are observable or can be corroborated by observable market data for substantially the full terms of the assets or liabilities.

Level 3 – Inputs to the valuation methodology that are unobservable and supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

The fair value measurement level of assets and liabilities within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The following is a description based on information provided to the Company by the custodian of the pooled separate accounts and the trustee of the common/collective trusts and it describes the valuation methodologies used for assets measured at fair value as of October 31, 2014 and 2013.

The Plan holds investments in pooled separate accounts and common/collective trusts, in which the fair value of assets of the underlying funds, are determined in the following ways:

- U.S. stock funds are comprised of domestic equities that are valued using the closing price of the applicable nationally recognized stock exchange.
- International stock funds are comprised of international equities that are valued using the closing price of the applicable foreign stock exchange.
- U.S. bond funds are comprised of domestic fixed income securities that are valued by interactive data using inputs such as benchmark yields, reported trades, broker/dealer quotes, or issuer spreads.
- International bond fund is comprised of international fixed income securities that are valued by interactive data using inputs such as benchmark yields, reported trades, broker/dealer quotes, or issuer spreads.
- Short-term investment fund is comprised of short-term securities and cash equivalent securities, which seek to provide high current income consistent with the preservation of principal and liquidity. Such securities are valued at cost.

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 Company 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.

SIFCO Custom Machining Company Retirement Income Plan

Notes to the Financial Statements

4. FAIR VALUE MEASUREMENTS – CONTINUED

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

	Level 2	Level 3	Total
U.S. Stock Funds			
Large value	\$ 167,457	\$ -	\$ 167,457
Large blend	2,836,506	-	2,836,506
Large growth	168,502	-	168,502
Mid blend	16,200	-	16,200
Small blend	16,053	-	16,053
International stock funds			
Foreign large blend	579,437	-	579,437
Diversified emerging market	15,796	-	15,796
U.S. bond funds			
Inflation protected bond	142,429	-	142,429
Intermediate term bond	976,340	507,816	1,484,156
High yield bond	59,234	-	59,234
International bond fund			
Emerging markets bond	58,130	-	58,130
Short-term investment fund			
Emerging markets bond	85,901	-	85,901
Total assets at fair value	<u>\$ 5,121,985</u>	<u>\$ 507,816</u>	<u>\$ 5,629,801</u>

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

	Level 2	Level 3	Total
U.S. Stock Funds			
Large value	\$ 126,746	\$ -	\$ 126,746
Large blend	2,621,183	-	2,621,183
Large growth	129,095	-	129,095
Mid blend	62,538	-	62,538
Small blend	64,496	-	64,496
International stock funds			
Foreign large blend	572,012	-	572,012
Diversified emerging market	11,992	-	11,992
U.S. bond funds			
Inflation protected bond	133,836	-	133,836
Intermediate term bond	893,426	499,724	1,393,150
High yield bond	81,039	-	81,039
International bond fund			
Emerging markets bond	26,992	-	26,992
Short-term investment fund			
Emerging markets bond	130,159	-	130,159
Total assets at fair value	<u>\$ 4,853,514</u>	<u>\$ 499,724</u>	<u>\$ 5,353,238</u>

SIFCO Custom Machining Company Retirement Income Plan

Notes to the Financial Statements

4. FAIR VALUE MEASUREMENTS – CONTINUED

Changes in the fair value of the Plan's Level 3 investments during the years ended October 31, 2014 and 2013 were as follows:

	<u>2014</u>	<u>2013</u>
Balance at the beginning of the year	\$ 499,724	\$ 486,029
Actual return on plan assets	26,092	3,695
Purchases	-	10,000
Sales	(18,000)	-
Balance at the end of the year	<u>\$ 507,816</u>	<u>\$ 499,724</u>

The Plan assessed the fair value hierarchy classification of certain Intermediate Term Bond investments, and based on the fact that they do not use observable inputs, have determined that they are more appropriately classified as Level 3 investments and have been reclassified from Level 2 to Level 3 as of November 1, 2013.

5. INVESTMENTS

Individual investments representing 5% or more of the Plan's net assets are identified as follows:

	<u>2014</u>	<u>2013</u>
Quantitative Core Equity Account	\$ 2,273,329	\$ 2,116,403
PRIDEX 500 Account	563,177	504,780
PRIVEST Account	507,816	499,724
Core Bond Fund	833,037	754,617
QMA International Equity Fund	458,773	367,901

During the years ended October 31, 2014 and 2013, the Plan's investments (including investments bought and sold as well as held during the year) appreciated in value as follows:

	<u>2014</u>	<u>2013</u>
Pooled separate accounts	\$ 71,362	\$ 69,928
Common/collective trusts	<u>39,565</u>	<u>35,630</u>
	<u>\$ 110,927</u>	<u>\$ 105,558</u>

SIFCO Custom Machining Company Retirement Income Plan

Notes to the Financial Statements

6. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

The significant assumptions underlying the actuarial computation are as follows:

	<u>2014</u>	<u>2013</u>
Effective interest rate	6.45% per year	6.30% per year
Mortality basis	Healthy: RP-2000 Static Mortality Table	Healthy: RP-2000 Static Mortality Table
Rates of retirement	Not applicable as no active participants; deferred vested participants assumed to commence at later of the valuation date or date they reach age 63	Not applicable as all participants assumed to terminate by December 31, 2013

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary, who uses the Unit Credit funding method to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits information is as follows:

	<u>2014</u>	<u>2013</u>
Vested benefits:		
Participants currently receiving benefits	\$ 3,276,218	\$ 3,010,725
Other participants	<u>1,877,087</u>	<u>1,924,725</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 5,153,305</u>	<u>\$ 4,935,450</u>

SIFCO Custom Machining Company Retirement Income Plan

Notes to the Financial Statements

6. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS – CONTINUED

The following summarizes the changes in the actuarial present value of accumulated plan benefits:

	<u>2014</u>	<u>2013</u>
Actuarial present value of accumulated plan benefits - beginning of year	\$ 4,935,450	\$ 5,678,940
Increase (decrease) during the year attributable to:		
Additional benefits accumulated (gains and losses)	6,897	(1,064,910)
Interest due to decrease in discount period	301,190	277,119
Change in assumptions	223,880	343,218
Benefits paid	<u>(314,112)</u>	<u>(298,917)</u>
Actuarial present value of accumulated plan benefits - end of year	<u>\$ 5,153,305</u>	<u>\$ 4,935,450</u>

The actuarial present value of accumulated plan benefits increased \$217,855 during the 2014 plan year, in part as a result of a change in three actuarial assumptions. The three assumptions that changed were (1) the effective interest rate used was 6.45% compared to 6.30% in the prior year, (2) the adjusted mortality used for the year ended October 31, 2014 as required under the 2006 Pension Protection Act and (3) deferred vested participants will commence at age 63 rather than at age 65.

7. INCOME TAX STATUS

The Plan's latest determination letter is dated September 15, 2011. The Internal Revenue Service (IRS) determined that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. Subsequent to receiving the tax determination letter from the IRS, the Plan was amended. The Company believes that the Plan as amended continues to qualify as exempt from income taxes and consequently, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires the Company to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken a tax position that more likely than not would not be sustained upon examination by the IRS. The Company has analyzed the tax positions taken by the Plan and has concluded that as of October 31, 2014, there are no tax positions taken that would require recognition of a liability (or asset) and disclosure in the financial statements. The Plan is subject to routine audits by various jurisdictions. At October 31, 2014, the Plan is not under audit by any jurisdiction other than as noted in subsequent event Note 11. The Company believes the Plan is no longer subject to income tax examinations for years prior to the year ended October 31, 2011.

8. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan is terminated, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in order of priority determined in accordance with ERISA, applicable regulations thereunder, and the Plan.

SIFCO Custom Machining Company Retirement Income Plan

Notes to the Financial Statements

8. PLAN TERMINATION – CONTINUED

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

Whether all participants receive their benefits, should the Plan be terminated at some future time, will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guarantee while other benefits may not be provided for at all.

9. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments and related transactions include shares of the custodian of the pooled separate accounts as well as shares of the trustee of the common/collective trusts. Therefore, these transactions are considered to be party-in-interest transactions.

10. RISKS AND UNCERTAINTIES

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

11. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events and transactions that occurred through August 17, 2015, the date these financial statements were available to be issued. Subsequent to October 31, 2014, the Plan is under audit by the IRS for the plan year ended October 31, 2013. The Company does not anticipate any adjustment to the financial statements. There were no additional material subsequent events that required recognition or additional disclosure in these financial statements.

**SIFCO CUSTOM MACHINING COMPANY
RETIREMENT INCOME PLAN**

**PLAN NUMBER: 009
EIN: 41-0742016**

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (Held at End of Year)

OCTOBER 31, 2014

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	<i>Pooled separate accounts</i>			
*	Quantitative Core Equity Account	72,866 shares	\$ 1,432,036	\$ 2,273,329
*	International Stock Index Account	9,844 shares	96,978	120,664
*	PRIDEX 500 Account	44,466 shares	361,776	563,177
*	PRIVEST Account	19 shares	469,104	507,816
*	Short-term Account	7,143 shares	85,901	85,901
*	MidCap Quant. Core Equity Account	254 shares	13,023	16,200
*	Value Equity Account	2,379 shares	125,460	167,457
	<i>Common/collective trusts</i>			
*	Core Bond Fund	43,402 shares	795,571	833,037
*	Core Conservative Bond Fund	16,854 shares	99,116	100,794
*	Jennison Growth Equity Fund	106,341 shares	111,303	168,502
*	Core Conservative Intermediate Bond Fund	3,563 shares	41,636	42,509
*	Inflation Protected Bond Fund	73,387 shares	141,089	142,429
*	High Yield Fund	16,967 shares	56,171	59,234
*	Emerging Market Debt Fund	6,217 shares	57,692	58,130
*	QMA International Equity Fund	194,278 shares	395,879	458,773
*	QMA Emerging Markets Equity Fund	1,790 shares	16,232	15,796
*	Jennison U.S. Small Cap Equity Fund	4,628 shares	13,224	16,053
			\$ 4,312,191	\$ 5,629,801

* Party-in-interest

See the Independent Auditors' Report.

**SIFCO CUSTOM MACHINING COMPANY
RETIREMENT INCOME PLAN**

**PLAN NUMBER: 009
EIN: 41-0742016**

**SCHEDULE H, LINE 4j -
SCHEDULE OF REPORTABLE TRANSACTIONS**

YEAR ENDED OCTOBER 31, 2014

<u>COLUMN A</u>	<u>COLUMN B</u>	<u>COLUMN C</u>	<u>COLUMN D</u>
<u>IDENTITY</u>	<u>DESCRIPTION</u>	<u>PURCHASE</u>	<u>SELLING</u>
<u>OF</u>	<u>OF</u>	<u>PRICE</u>	<u>PRICE</u>
<u>PARTY</u>	<u>ASSETS</u>		
<u>INVOLVED</u>			
<i>Category (iii) - Series of transactions in excess of 5% of beginning Plan assets</i>			
Prudential Trust Co.	Core Bond Fund - 19 Sales	\$ -	\$ 306,000
Prudential Insurance Co.	Short-term Account - 35 Purchases	289,000	-

Note: There were no category (i, ii or iv) transactions.

<u>COLUMN E</u>	<u>COLUMN F</u>	<u>COLUMN G</u>	<u>COLUMN H</u>	<u>COLUMN I</u>
<u>LEASE</u>	<u>EXPENSE</u>	<u>COST</u>	<u>VALUE OF</u>	
<u>RENTAL</u>	<u>INCURRED</u>	<u>OF</u>	<u>ASSET ON</u>	<u>NET</u>
	<u>WITH</u>	<u>ASSET</u>	<u>TRANSACTION</u>	<u>GAIN</u>
	<u>TRANSACTION</u>		<u>DATE</u>	
N/A	N/A	\$ 204,574	\$ 306,000	\$ 101,426
N/A	N/A	289,000	289,000	-

See the Independent Auditors' Report.

Schedule SB, Line 26 - Schedule of Active Participant Data

November 1, 2013 Valuation
SIFCO Custom Machining Company Retirement Income Plan
(EIN: 41-0742016; PN: 009)

Attained Age	Years of Credited Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Under 25	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	-	-	-	-	-	-	-
35 to 39	-	-	-	-	-	-	-	-	-	-
40 to 44	-	-	-	-	-	-	-	-	-	-
45 to 49	-	-	-	1 (*)	-	-	-	-	-	-
50 to 54	-	-	-	2 (*)	-	-	-	1 (*)	-	-
55 to 59	-	2 (*)	2 (*)	4 (*)	-	1 (*)	1 (*)	1 (*)	-	-
60 to 64	-	-	-	1 (*)	-	-	-	-	-	-
65 to 69	-	-	-	-	-	-	-	-	-	-
70 & up	-	-	-	-	-	-	-	-	-	-

* Average compensation is not shown since there are fewer than 1,000 active participants in this plan

APPENDIX B

STATEMENT OF ACTUARIAL ASSUMPTIONS AND METHODS

Interest Rates

Funding: 24-month segment rates averaged through the end of June 2013 (published July 2013):

	Before <u>MAP-21</u>	Reflecting <u>MAP-21</u>
a. First Rate, Years 1-5	1.41%	4.94%
b. Second Rate, Years 5-20	4.07%	6.15%
c. Third Rate, Years 20+	5.11%	6.76%
d. Effective Interest Rate using the above rates	5.01%	6.30%
e. Interest rate for developing expected value of assets, (limited by statute)		8.25%

Mortality

Funding and PVB: RP-2000 static, non-generational Mortality Table with separate rates for annuitants and nonannuitants projected by Scale AA to between 7 and 15 years beyond the year of the obligation, male and female.

Rates of Retirement

Not applicable as all participants assumed to terminate by December 31, 2013.

Rates of Disability

None.

Rates of Turnover

All active participants are assumed to terminate by December 31, 2013 due to the plant shutdown.

Assumptions Made In Valuing Spouse's Benefit

Sixty percent of the male and forty-five percent of the female employees included in the valuation are assumed to be married. These percentages are used as the probabilities that survivor benefits will be payable due to preretirement deaths. The wife is assumed to be three years younger than the husband.

Provision for Expenses

Funding: The expected administrative (i.e. non-investment) expenses that will be paid from plan assets, which were assumed to equal actual expenses during the prior year, were included in the Target Normal Cost for minimum contribution purposes.

APPENDIX B (Continued)

Standing Elections

The client has not signed an election that provides for the automatic use of the Carryover and/or Prefunding Balance if necessary at the end of the plan year to meet the minimum funding requirement.

Asset Method

Funding: Market Value of Assets plus interest adjusted accrued but unpaid contributions as of the valuation date plus an adjustment to defer full recognition of investment losses and gains over a two-year period. The investment (gain)/loss for every year equals the market value at the beginning of the year projected to the end of the year using the interest rate above, but no greater than the third segment rate for the plan year, minus the end of the year actual market value. The actuarial value of assets will be no less than 90% and no more than 110% of the market value (including interest-adjusted accrued but unpaid contributions). Note that due to the regulatory constraint on the interest rate, a characteristic of this asset valuation method is that, over time, it may be more likely to produce an actuarial value of assets that is less than the market value of assets.

Employees Valued

Only participants as of the valuation date were valued.

Changes in Assumptions and Methods since the Last Actuarial Valuation

The segmented interest rates used for determining the funding target were 5.54%, 6.85% and 7.52%. These rates were updated to the rates required for the current plan year.

The mortality table for the funding target was changed as required under PPA '06.

The pre-PPA '06 segment rates were used for the ASC 960-20 liability last year and the PPA '06 segment rates were used this year.

The turnover rates, retirement rates and rates of disability were all removed due to the plant shutdown.

Justification for Changes in Actuarial Assumptions

The only assumption changes were to prescribed actuarial assumptions or as a result of At-Risk status. Therefore, the plan did not need IRS approval to change assumptions and there is no need to disclose any "Change in Actuarial Assumptions."

**SIFCO CUSTOM MACHINING COMPANY
RETIREMENT INCOME PLAN**

**PLAN NUMBER: 009
EIN: 41-0742016**

**SCHEDULE H, LINE 4j -
SCHEDULE OF REPORTABLE TRANSACTIONS**

YEAR ENDED OCTOBER 31, 2014

<u>COLUMN A</u>	<u>COLUMN B</u>	<u>COLUMN C</u>	<u>COLUMN D</u>
<u>IDENTITY</u>	<u>DESCRIPTION</u>	<u>PURCHASE</u>	<u>SELLING</u>
<u>OF</u>	<u>OF</u>	<u>PRICE</u>	<u>PRICE</u>
<u>PARTY</u>	<u>ASSETS</u>		
<u>INVOLVED</u>			
<i>Category (iii) - Series of transactions in excess of 5% of beginning Plan assets</i>			
Prudential Trust Co.	Core Bond Fund - 19 Sales	\$ -	\$ 306,000
Prudential Insurance Co.	Short-term Account - 35 Purchases	289,000	-

Note: There were no category (i, ii or iv) transactions.

<u>COLUMN E</u>	<u>COLUMN F</u>	<u>COLUMN G</u>	<u>COLUMN H</u>	<u>COLUMN I</u>
<u>LEASE</u>	<u>EXPENSE</u>	<u>COST</u>	<u>VALUE OF</u>	
<u>RENTAL</u>	<u>INCURRED</u>	<u>OF</u>	<u>ASSET ON</u>	<u>NET</u>
	<u>WITH</u>	<u>ASSET</u>	<u>TRANSACTION</u>	<u>GAIN</u>
	<u>TRANSACTION</u>		<u>DATE</u>	
N/A	N/A	\$ 204,574	\$ 306,000	\$ 101,426
N/A	N/A	289,000	289,000	-

See the Independent Auditors' Report.

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.	<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 11/01/2013 and ending 10/31/2014

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

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

A Name of plan SIFCO CUSTOM MACHINING COMPANY RETIREMENT INC PLAN	B Three-digit plan number (PN) ▶	009
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SIFCO CUSTOM MACHINING COMPANY	D Employer Identification Number (EIN) 41-0742016	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other		
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500		

Part I Basic Information

1 Enter the valuation date: Month <u>11</u> Day <u>01</u> Year <u>2013</u>			
2 Assets:			
a Market value	2a	5348097	
b Actuarial value	2b	5004147	
3 Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	44	3010725
b For terminated vested participants	3b	45	1356430
c For active participants:			
(1) Non-vested benefits	3c(1)		0
(2) Vested benefits	3c(2)		568295
(3) Total active	3c(3)	19	568295
d Total	3d	108	4935450
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	6.30%	
6 Target normal cost	6	19036	

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>06/17/2015</u> Date <u>1406835</u> Most recent enrollment number <u>216-875-1900</u> Telephone number (including area code)
GAIL R. STEWARD Type or print name of actuary FINDLEY DAVIES, INC. Firm name 1300 EAST NINTH STREET, SUITE 850 CLEVELAND OH 44114-1516 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

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

21 Discount rate:			
a Segment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment: 6.76%
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22
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	19036
b Excess assets, if applicable, but not greater than line 31a		31b	19036
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		0	0
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..		34	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)		36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	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 0	
43 Excess installment acceleration amount to be carried over to future plan years		43 0	

Schedule SB, Line 22 – Description of Weighted Average Retirement Age
SIFCO Custom Machining Company Retirement Income
November 1, 2013 Valuation
EIN/PN: 41-0742016 / 009

Rates of Retirement

Not applicable as all participants assumed to terminate by December 31, 2013.

APPENDIX A

SUMMARY OF PRINCIPAL PLAN PROVISIONS

<i>Plan Sponsor</i>	SIFCO Industries, Inc.																
<i>EIN/PN</i>	41-0742016/009																
<i>Effective Date</i>	November 1, 1988, as amended through the first amendment and restated January 31, 2011 but effective November 1, 2002.																
<i>Plan Year</i>	The 12-month period beginning each November 1.																
<i>Participation</i>	If hired before November 1, 1988, each hourly employee covered under the bargaining unit and actively working as of October 31, 1988 is a participant. If hired on or after November 1, 1988, each hourly employee in the bargaining unit becomes a participant after completion of 170 hours during a plan year.																
<i>Vesting Service</i>	<p>Years of service accrued from date of hire to plan effective date; computed to the nearest 1/10th, plus</p> <p>For each Plan Year after the effective date, service shall be credited based on the following:</p> <table> <tr> <th>Number of Hours in Plan Year</th><th>Service Credit</th></tr> <tr> <td>≥ 1,000</td><td>1.00</td></tr> <tr> <td>850 to 999</td><td>.50</td></tr> <tr> <td>680 to 849</td><td>.40</td></tr> <tr> <td>510 to 679</td><td>.30</td></tr> <tr> <td>340 to 509</td><td>.20</td></tr> <tr> <td>170 to 339</td><td>.10</td></tr> <tr> <td>≤ 169</td><td>.00</td></tr> </table>	Number of Hours in Plan Year	Service Credit	≥ 1,000	1.00	850 to 999	.50	680 to 849	.40	510 to 679	.30	340 to 509	.20	170 to 339	.10	≤ 169	.00
Number of Hours in Plan Year	Service Credit																
≥ 1,000	1.00																
850 to 999	.50																
680 to 849	.40																
510 to 679	.30																
340 to 509	.20																
170 to 339	.10																
≤ 169	.00																

APPENDIX A (Continued)

Benefit Service

Years of service accrued from date of hire to plan effective date; computed to the nearest 1/10th, plus

For each Plan Year after the effective date, service shall be credited based on the following:

Number of Hours in Plan Year	Service Credit
≥ 1,700	1.00
1,530 to 1,699	.90
1,360 to 1,529	.80
1,190 to 1,359	.70
1,020 to 1,189	.60
850 to 1,019	.50
680 to 849	.40
510 to 679	.30
340 to 509	.20
170 to 339	.10
≤ 169	.00

Normal Form of Payment

Life Annuity for single participants and a reduced 50% Joint & Survivor for married participants.

Accrued Benefit

An annuity payable under the Normal Form of payment equal to \$16.70 per month for each year of Benefit Service earned before the plan's effective date and \$36.00 per month for each year of Benefit Service earned after the plan's effective date. For participants who terminated and/or retired before November 1, 2006 the monthly benefit rates were different.

Normal Retirement Benefit

Eligibility:

Age 65 and 5 years of Vesting Service.

Monthly Benefit:

The Accrued Benefit.

Early Retirement Benefit

Eligibility:

Age 55 and 5 years of Vesting Service.

APPENDIX A (Continued)

**Early Retirement
Benefit (continued)**

Monthly Benefit:

The Accrued Benefit, reduced by 3.0% plus an additional .5% per month by which commencement precedes age 62. No reduction is applied for commencements between age 62 and age 65.

**Late Retirement
Benefit**

Eligibility:

Over age 65.

Monthly Benefit:

The greater of 1) the Accrued Benefit at Late Retirement Date, 2) the benefit he would have received at Normal Retirement Date actuarially increased to the actual retirement date, and 3) the highest value resulting from using the Accrued Benefit as of any intervening December 31 and applying a late retirement adjustment factor from such December 31 to the actual retirement date.

**Disability Retirement
Benefit**

Eligibility:

10 years of Benefit Service and qualified for Social Security Disability.

Monthly Benefit:

The Accrued Benefit, unreduced for early commencement, and payable immediately.

Termination Benefit

Eligibility:

Upon termination of employment prior to retirement after completion of at least five years of Vesting Service.

Monthly Benefit:

The Accrued benefit calculated at termination date commencing in full at age 65 or, in a reduced amount, as early as age 55.

Severance Benefit

Eligibility:

Ceased to be an active participant for three months, completed at least three years of Benefit Service (at least one year of which is after the plan effective date), and is not eligible for any other benefit payable under the plan.

APPENDIX A (Continued)

<i>Severance Benefit (Continued)</i>	<p><u><i>Lump Sum Benefit:</i></u></p> <p>Lump sum benefit equal to \$87.50 multiplied by years of Benefit Service earned after the plan's effective date.</p>
<i>Spouse Pre-Retirement Survivor Pension</i>	<p><u><i>Eligibility:</i></u></p> <p>Five years of Vesting Service and married for at least one year.</p> <p><u><i>Monthly Benefit:</i></u></p> <p>The spouse receives a monthly benefit for life commencing at the time the employee would have first been eligible for retirement. The benefit is equal to 50% of the Accrued Benefit on the date of death, adjusted as appropriate for early commencement and the 50% Joint and Survivor annuity form of payment.</p>
<i>Lump Sum Death Benefit</i>	<p><u><i>Eligibility:</i></u></p> <p>Participant was eligible for a Severance benefit, the Severance Benefit has not been paid, and no further benefits are payable.</p> <p><u><i>Lump Sum Benefit:</i></u></p> <p>Lump sum benefit equal to the amount of the Severance Benefit to which the participant was entitled.</p>
<i>Benefits Available as Lump Sums</i>	<p>This plan pays small benefit amounts (lump sums less than \$5,000) and the lump sum Death Benefit.</p>
<i>Optional Forms of Payment</i>	<p>Life Annuity</p> <p>10 Year Certain & Continuous</p> <p>Joint & Survivor 50%</p> <p>Joint & Survivor 75%</p> <p>Joint & Survivor 100%</p> <p>Social Security Level Income Option</p> <p>The conversion factors used to convert the annuity benefits are defined in Tables A and B of the plan document.</p>
<i>Funding of the Plan</i>	<p>Employer pays all costs.</p>
<i>Changes in Plan Provisions</i>	<p>None.</p>

**SIFCO CUSTOM MACHINING COMPANY
RETIREMENT INCOME PLAN**

**PLAN NUMBER: 009
EIN: 41-0742016**

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (Held at End of Year)

OCTOBER 31, 2014

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	<i>Pooled separate accounts</i>			
*	Quantitative Core Equity Account	72,866 shares	\$ 1,432,036	\$ 2,273,329
*	International Stock Index Account	9,844 shares	96,978	120,664
*	PRIDEX 500 Account	44,466 shares	361,776	563,177
*	PRIVEST Account	19 shares	469,104	507,816
*	Short-term Account	7,143 shares	85,901	85,901
*	MidCap Quant. Core Equity Account	254 shares	13,023	16,200
*	Value Equity Account	2,379 shares	125,460	167,457
	<i>Common/collective trusts</i>			
*	Core Bond Fund	43,402 shares	795,571	833,037
*	Core Conservative Bond Fund	16,854 shares	99,116	100,794
*	Jennison Growth Equity Fund	106,341 shares	111,303	168,502
*	Core Conservative Intermediate Bond Fund	3,563 shares	41,636	42,509
*	Inflation Protected Bond Fund	73,387 shares	141,089	142,429
*	High Yield Fund	16,967 shares	56,171	59,234
*	Emerging Market Debt Fund	6,217 shares	57,692	58,130
*	QMA International Equity Fund	194,278 shares	395,879	458,773
*	QMA Emerging Markets Equity Fund	1,790 shares	16,232	15,796
*	Jennison U.S. Small Cap Equity Fund	4,628 shares	13,224	16,053
			\$ 4,312,191	\$ 5,629,801

* Party-in-interest

See the Independent Auditors' Report.

Schedule SB, Line 32 – Schedule of Amortization Bases
SIFCO Custom Machining Company Retirement Income
November 1, 2013 Valuation
EIN/PN: 41-0742016 / 009

EXHIBIT VII
SCHEDULE OF AMORTIZATION BASES

	Plan Year			2013-14
		Date Established	Present Value of Payments	Amortization Installment
<i>Shortfall Amortization Bases</i>		11/01/2013	\$ 0	\$ 0
<i>Waiver Amortization Bases</i>		11/01/2013	\$ 0	\$ 0