

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 2014 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>07/01/2014</u> and ending <u>11/25/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☐ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☒ the final return/report; ☐ an amended return/report; ☒ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>GLOBE METALLURGICAL, INC. HOURLY EMPLOYEES' RETIREMENT SAVINGS 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>006</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1995</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>006</u>	1c Effective date of plan <u>01/01/1995</u>	
1b Three-digit plan number (PN) ▶	<u>006</u>				
1c Effective date of plan <u>01/01/1995</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>GLOBE METALLURGICAL, INC.</u> <u>600 BRICKELL AVE.</u> <u>SUITE 1500</u> <u>MIAMI, FL 33131</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>20-5573569</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>786-509-6905</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>331400</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>20-5573569</u>	2c Plan Sponsor's telephone number <u>786-509-6905</u>	2d Business code (see instructions) <u>331400</u>	
2b Employer Identification Number (EIN) <u>20-5573569</u>					
2c Plan Sponsor's telephone number <u>786-509-6905</u>					
2d Business code (see instructions) <u>331400</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.	09/11/2015	JAY S. SMITH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:		4b EIN	
a Sponsor's name		4c PN	
5 Total number of participants at the beginning of the plan year		5	358
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	330
a(2) Total number of active participants at the end of the plan year		6a(2)	0
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits.....		6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 3D 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1)	☐	Insurance	
(2)	☐	Code section 412(e)(3) insurance contracts	
(3)	☒	Trust	
(4)	☐	General assets of the sponsor	
(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		b General 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
(1)	☒	H	(Financial Information)
(2)	☐	I	(Financial Information – Small Plan)
(3)	☐	A	(Insurance Information)
(4)	☒	C	(Service Provider Information)
(5)	☒	D	(DFE/Participating Plan Information)
(6)	☐	G	(Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 11/25/2014

A Name of plan <u>GLOBE METALLURGICAL, INC. HOURLY EMPLOYEES' RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ► <u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GLOBE METALLURGICAL, INC.</u>	D Employer Identification Number (EIN) <u>20-5573569</u>

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

FINDLEY DAVIES, INC

34-1213174

(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?
15 17 37 50 64	NONE	7371	Yes ☒ No ☐	Yes ☒ No ☐	1121	Yes ☐ No ☒

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

BENEFIT TRUST COMPANY

43-1971558

(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?
21 25 50 65	TRUSTEE	3509	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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 <hr/> 2014 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 11/25/2014

A Name of plan <u>GLOBE METALLURGICAL, INC. HOURLY EMPLOYEES' RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>006</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GLOBE METALLURGICAL, INC.</u>	D Employer Identification Number (EIN) <u>20-5573569</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL PRESERVATION FUND

b Name of sponsor of entity listed in (a): FEDERATED INVESTORS TRUST COMPANY

c EIN-PN <u>22-2712853-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
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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):

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>07/01/2014</u> and ending <u>11/25/2014</u>		
A Name of plan <u>GLOBE METALLURGICAL, INC. HOURLY EMPLOYEES' RETIREMENT SAVINGS PLAN</u>		B Three-digit plan number (PN) ► <u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GLOBE METALLURGICAL, INC.</u>		D Employer Identification Number (EIN) <u>20-5573569</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	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)	347886	0
	(9) Value of interest in common/collective trusts	1c(9)	3395163	0
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities.....	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	4650717	0
	(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	8393766	0

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	8393766	0
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	56764	
(B) Participants	2a(1)(B)	325082	
(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)		381846
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)	7327	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		7327
(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)	31414	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		31414
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		8608
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		33042
c Other income.....	2c		14135
d Total income. Add all income amounts in column (b) and enter total.....	2d		476372

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	633753	
(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)		633753
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)	10880	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		10880
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		644633

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-168261
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		8225505

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: HOBE & LUCAS, CPA

(2) EIN: 31-1488076

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			
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			
e Was this plan covered by a fidelity bond?	X		500000
4e			
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			
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			
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			
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			
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			
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			
l Has the plan failed to provide any benefit when due under the plan?		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	X		
4n			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
GLOBE METALLURGICAL INC. RETIREMENT SAVINGS PLAN	20-5573569	001

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 11/25/2014

A Name of plan <u>GLOBE METALLURGICAL, INC. HOURLY EMPLOYEES' RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GLOBE METALLURGICAL, INC.</u>	D Employer Identification Number (EIN) <u>20-5573569</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>43-1848772</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: 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): _____

GLOBE METALLURGICAL, INC.
HOURLY EMPLOYEES RETIREMENT SAVINGS PLAN
FINANCIAL STATEMENTS AND SCHEDULE
NOVEMBER 25, 2014 AND JUNE 30, 2014

GLOBE METALLURGICAL, INC.
HOURLY EMPLOYEES RETIREMENT SAVINGS PLAN
FINANCIAL STATEMENTS AND SCHEDULE
NOVEMBER 25, 2014 AND JUNE 30, 2014

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Hobe & Lucas

Certified Public Accountants, Inc.

4807 Rockside Road, Suite 510 Phone: (216) 524.8900
Independence, Ohio 44131 Fax: (216) 524.8777
<http://www.hobe.com>

INDEPENDENT AUDITORS' REPORT

Globe Metallurgical, Inc.
Hourly Employees Retirement Savings Plan
Miami, FL

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Globe Metallurgical, Inc. Hourly Employees Retirement Savings Plan, which comprise the statement of net assets available for benefits as of June 30, 2014, the related statement of changes in net assets available for benefits for the year then ended, the statement of net assets available for benefits as of November 25, 2014, the statement of changes in net assets available for benefits for the period ended from July 1, 2014 to November 25, 2014, 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 the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by Section 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 in Note 4, which was certified by Benefit Trust Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the custodian as of June 30, 2014 and November 25, 2014, and for the year ended June 30, 2014 and for the period ended November 25, 2014, that the information provided to the Plan Administrator by them is complete and accurate.

Independent Member

B K R

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Disclaimer of Opinion

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

Emphasis of Matter – Plan Merger

As further discussed in Note 3, the Plan was merged into the Globe Metallurgical, Inc. Retirement Savings Plan effective November 25, 2014. In accordance with accounting principles generally accepted in the United States of America, the Plan changed its basis from the ongoing plan basis used in presenting the financial statements for the year ended June 30, 2014 to the liquidation basis used in presenting the financial statements for the stub period of July 1, 2014 to November 25, 2014. Our disclaimer of opinion is not modified with respect to this matter.

Other Matter

The supplemental schedules of assets-held at year end as of November 25, 2014 and June 30, 2014, are required by the Department of Labor's 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 supplemental schedules.

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

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

Horbe & Lucas
Certified Public Accountants, Inc.

September 2, 2015

GLOBE METALLURGICAL, INC.
HOURLY EMPLOYEES RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
NOVEMBER 25, 2014 (IN LIQUIDATION) AND JUNE 30, 2014 (ONGOING)

	<u>November 25, 2014</u> <u>(In Liquidation)</u>	<u>June 30, 2014</u> <u>(On Going)</u>
<u>Investments</u>		
At fair value:		
Mutual funds	\$ -	\$ 4,650,717
Common collective trust	-	3,395,163
	-	8,045,880
<u>Receivables</u>		
Participants' loans	-	347,886
Net assets available for benefits	\$ -	\$ 8,393,766

See accompanying notes to financial statements.

GLOBE METALLURGICAL, INC.
HOURLY EMPLOYEES RETIREMENT SAVINGS PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE PERIOD ENDED NOVEMBER 25, 2014 (IN LIQUIDATION)
AND THE YEAR ENDED JUNE 30, 2014 (ONGOING)

	<u>November 25, 2014</u> <u>(In Liquidation)</u>	<u>June 30, 2014</u> <u>(On Going)</u>
<u>Additions</u>		
Interest income	\$ 7,327	\$ 14,083
Dividend income	31,414	214,917
Participant contributions	325,082	801,115
Employer matching contributions	56,764	139,264
Net appreciation in the value of investments	55,785	709,964
Total Net Additions	<u>476,372</u>	<u>1,879,343</u>
<u>Deductions</u>		
Benefit payments	(633,753)	(1,846,808)
Administrative expenses	(10,880)	(16,008)
Total Deductions	<u>(644,633)</u>	<u>(1,862,816)</u>
<u>Net Income (Loss)</u>	(168,261)	16,527
<u>Transfers To Other Retirement Plans</u>	(8,225,505)	(61,266)
<u>Net Assets - Beginning of the Year</u>	<u>8,393,766</u>	<u>8,438,505</u>
<u>Net Assets - End of the Year</u>	<u>\$ -</u>	<u>\$ 8,393,766</u>

See accompanying notes to financial statements.

GLOBE METALLURGICAL, INC.
HOURLY EMPLOYEES RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
NOVEMBER 25, 2014 AND JUNE 30, 2014

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The financial statements of Globe Metallurgical, Inc. Hourly Employees Retirement Savings Plan (the Plan) have been prepared using the liquidation basis of accounting and are in conformity with accounting principles generally accepted in the United States of America.

As of November 25, 2014, all investments have been liquidated and the resulting cash has been transferred to the Globe Metallurgical, Inc. Retirement Savings Plan, where the participants will be able to invest in funds offered by the Globe Metallurgical, Inc. Retirement Savings Plan. There were no liabilities outstanding as of November 25, 2014.

Contributions

Participants may contribute up to 100% of base salary to the Plan on a pre-tax basis. Pre-tax participant contributions during 2014 were limited by federal law to \$17,500. Eligible employees may also elect to make "catch-up" contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The company has elected to make a discretionary matched contribution equal to 25% of the first 6% of each participant's contribution to their respective 401(K) account. The match applies to all participating employees of Globe Metallurgical, Inc.

Investments

Investments are reflected at fair market value as determined by the trustee. Mutual funds are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year end. The collective trust fund is valued at the NAV of units of a collective trust. The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value. Investment transactions are recorded on a settlement-date basis. Total recorded investment value as recorded on a settlement-date basis does not materially differ from what total investment value would be if transactions were recorded on a trade-date basis.

Administrative Expenses

The expenses necessary to administer the Plan are paid by the Plan or Plan sponsor including, but not limited to, those involved in retaining necessary professional assistance from an attorney, an accountant, an actuary, or an investment adviser. Fees related to the administration of notes receivable from participants and distributions are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Forfeitures

Company contributions to a participant's account in which the participant has not yet vested are forfeited in the event of termination of employment of the participant for any reason other than normal or early retirement, disability, or death. Amounts forfeited are used to reduce Plan expenses

GLOBE METALLURGICAL, INC.
HOURLY EMPLOYEES RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
NOVEMBER 25, 2014 AND JUNE 30, 2014

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Forfeitures (Continued)

and future Company contributions to the Plan. Forfeited non-vested account balances were \$ -0- and \$ -0- as of November 25, 2014 and June 30, 2014, respectively.

Income, Contributions, and Distribution Recognition

Interest income is recognized in the period earned. Dividend income is recognized in the period in which the dividends are declared. Participant and employer matching contributions are recognized when the participant contributions are deducted from the participant's salary. Distributions to participants are recorded in the period in which the payment is made.

Notes Receivable from Participants

Loans are made available to all participants in accordance with the specific provisions set forth in the Plan. The amount of a loan cannot exceed the lesser of \$50,000 or one-half of a participant's total vested account balance. Loan balances are measured at their unpaid balance plus any accrued, unpaid interest. Loans to participants bear interest at a rate of 1% above prime rate at the time the loan is made. Interest income from the loans is recorded on the accrual basis. Fees related to the issuance and maintenance of the loans are recorded as administrative expenses and are expensed when incurred. Participants with loan balances had an interest rate of 4.25% during the plan stub year ending November 25, 2014. All loans are subject to specific repayment plans and are secured by the participant's non-forfeitable interest in his/her account equivalent to the principal amount of the loan. No allowance for credit losses has been recorded as of November 25, 2014 or June 30, 2014.

Use of Estimates

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

NOTE 2 - SUMMARY OF THE PLAN

The following description of the Plan provides general information only. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

GLOBE METALLURGICAL, INC.
HOURLY EMPLOYEES RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
NOVEMBER 25, 2014 AND JUNE 30, 2014

NOTE 2 - SUMMARY OF THE PLAN (Continued)

The Plan was originally established on January 1, 1995, as the Globe Metallurgical, Inc. Niagara Falls Hourly Employees Retirement Savings Plan. The Plan was amended and restated on January 1, 1997 to expand its coverage to include hourly employees of the Selma, Alabama, plant. On the same date, the Plan's name was changed to Globe Metallurgical, Inc. Hourly Employees Retirement Savings Plan.

Generally, employees covered by the Plan are eligible to participate immediately following 3 months of service. A participant becomes eligible to receive distributions upon attaining the normal retirement age of 65. Early distributions and hardship withdrawals are available to participants who meet specific requirements of the Plan. Upon retirement, the entire balance of the participant's account shall be distributed in accordance with the method of distribution selected by the participant and his designated beneficiary. The Plan is contributory for employees. Participants are immediately vested in their contributions plus earnings attributable to those contributions.

Participants are 100% vested in employer contributions after one year of continuous service. The employer matching contributions were effective October 1, 2007. The plan allows for a discretionary match; no amendments were necessary. Effective July 31, 2011, the plan was amended to provide immediate eligibility for hourly employees at the Niagara Falls location.

Effective December 21, 2005, Globe Metallurgical acquired West Virginia Alloy as a subsidiary. As of January 1, 2006, the plan allowed employees from West Virginia Alloy to be eligible participants in the Globe Metallurgical Hourly Employees Retirement Savings Plan. The plan was amended in May, 2011, to provide for immediate eligibility for WVA Manufacturing, LLC hourly employees.

The plan offers the following funds: American Century Livestrong Portfolio 2015, 2020, 2025, 2030, 2035, 2040, 2045, and 2050 funds, Dodge and Cox Balanced Fund, Federated Funds Groups Capital Pres. fund, PIMCO Mutual Funds Total Return Instl. fund, Columbia Funds Acorn Z fund, American Funds Growth Fund of America Class R-4 fund, Harbor Funds Small Cap Value Ret fund, Hotchkis & Wiley Large Cap Value Class A fund, Davis Funds New York Venture fund, and American Funds Europacific Growth Fund Class R-4 fund into which contributions can be directed for investment. Participants determine where contributions can be directed for investments. The allocation of future contributions and existing investments among the various funds can be changed by the participant at any time.

As of November 25, 2014, the Globe Metallurgical, Inc. Hourly Employees Retirement Savings Plan merged into the Globe Metallurgical, Inc. Retirement Savings Plan.

GLOBE METALLURGICAL, INC.
HOURLY EMPLOYEES RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
NOVEMBER 25, 2014 AND JUNE 30, 2014

NOTE 3 – PLAN MERGER

On October 30, 2014, the Company's Board of Directors approved the merger and resolution of the Globe Metallurgical, Inc. Hourly EE Retirement Savings Plan (the "Merging Plan"). As a result, all participant balances transferred into the Globe Metallurgical, Inc. Retirement Savings Plan (the "Surviving Plan") on the effective date, November 25, 2014. The Company has appointed Wells Fargo Bank, N.A. ("Wells Fargo") to serve as directed trustee of the Surviving Plan.

NOTE 4 - INVESTMENTS AND INFORMATION CERTIFIED BY THE CUSTODIAN

The Plan's investments are held by Benefit Trust Company as custodian. Benefit Trust Company maintains the investments in separate accounts, which comprise a significant portion (0.00% - stub period ended November 25, 2014, 100.00% - year ended June 30, 2014) of the Plan's assets. The accounts are credited with earnings on the underlying investment and charged for plan withdrawals. The contract is included in the financial statements at contract value which approximates fair value as reported by the Benefit Trust Company. Benefit Trust Company certified as of November 25, 2014 and June 30, 2014 as to the completeness and accuracy of the information reported. Net interest income totaled \$7,327 and \$14,083 for the period ended November 25, 2014 and the year ended June 30, 2014, respectively. Net dividend income totaled \$31,414 and \$214,917 for the period ended November 25, 2014 and the year ended June 30, 2014, respectively. Net appreciation in the value of investments totaled \$55,785 and \$709,964 for the period ended November 25, 2014 and the year ended June 30, 2014, respectively. The funds listed below were the investment options for the period ended November 25, 2014 and the year ended June 30, 2014. The assets that comprise these funds may be invested in registered investment companies or collective trust funds.

The fair value of investments at November 25, 2014 and June 30, 2014 as certified by the custodian with investments that represent 5% or more of net assets available for benefits indicated with an asterisk are as follows:

	<u>Cost</u>	<u>Fair Value</u>
<u>November 25, 2014:</u>		
American Century My Retirement Portfolio 2015	\$ -0-	\$ -0-
American Century Livestrong 2020 Portfolio	-0-	-0-
American Century My Retirement Portfolio 2025	-0-	-0-
American Century Livestrong 2030 Portfolio	-0-	-0-
American Century My Retirement Portfolio 2035	-0-	-0-
American Century Livestrong 2040 Portfolio	-0-	-0-
American Century My Retirement Portfolio 2045	-0-	-0-
American Century Livestrong 2050 Portfolio	-0-	-0-
Dodge and Cox Balanced Fund	-0-	-0-
Federated Funds Group Capital Pres	-0-	-0-

GLOBE METALLURGICAL, INC.
HOURLY EMPLOYEES RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
NOVEMBER 25, 2014 AND JUNE 30, 2014

NOTE 4 - INVESTMENTS AND INFORMATION CERTIFIED BY THE TRUSTEE
(CONTINUED)

	<u>Cost</u>	<u>Fair Value</u>
<u>November 25, 2014 (Continued):</u>		
PIMCO Mutual Funds Total Return Instl	-0-	-0-
Columbia Funds Acorn Z	-0-	-0-
American Funds Growth Fund of America Class R-4	-0-	-0-
Harbor Funds Small Cap Value Ret	-0-	-0-
Hotchkis Wiley Large Cap Value Class A	-0-	-0-
Davis Funds New York Venture Fund Class A	-0-	-0-
American Funds Europacific Growth Fund Class R	-0-	-0-
Total Investment	\$ -0-	\$ -0-

	<u>Cost</u>	<u>Fair Value</u>
<u>June 30, 2014:</u>		
American Century My Retirement Portfolio 2015	\$ 93,702	\$ 102,848
American Century Livestrong 2020 Portfolio	26,070	28,095
American Century My Retirement Portfolio 2025	100,241	105,171
American Century Livestrong 2030 Portfolio	20,573	22,957
American Century My Retirement Portfolio 2035	74,481	83,947
American Century Livestrong 2040 Portfolio	8,023	9,494
American Century My Retirement Portfolio 2045	31,829	36,415
American Century Livestrong 2050 Portfolio	21,316	22,992
Dodge and Cox Balanced Fund	966,376	1,212,911*
Federated Funds Group Capital Pres	3,395,163	3,395,163*
PIMCO Mutual Funds Total Return Instl	449,821	449,053*
Columbia Funds Acorn Z	578,616	720,709*
American Funds Growth Fund of America Class R-4	417,995	571,824*
Harbor Funds Small Cap Value Ret	190,494	220,700
Hotchkis Wiley Large Cap Value Class A	327,396	442,029*
Davis Funds New York Venture Fund Class A	74,671	91,222
American Funds Europacific Growth Fund Class R	435,982	530,350*
Total Investment	\$ 7,212,749	\$ 8,045,880

The income and expenses reported in the statement of changes in net assets available for plan benefits for the period ended November 25, 2014 and the year ended June 30, 2014, were certified by Benefit Trust Company. The information included in the Schedule of Assets was certified by Benefit Trust Company.

GLOBE METALLURGICAL, INC.
HOURLY EMPLOYEES RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
NOVEMBER 25, 2014 AND JUNE 30, 2014

NOTE 5 - FEDERAL INCOME TAXES

The Plan uses a volume submitter plan document sponsored by Findley Davies, Inc. Findley Davies, Inc. received an opinion from the IRS, dated March 31, 2008, which states that the volume submitter document satisfied the provisions of Section 401 of the IRC. The Plan itself has not received a determination letter from the IRS. However, the Plan's management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Accordingly, the accompanying financial statements do not include a provision for federal income taxes.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2012.

NOTE 6 - PARTICIPANTS SEPARATED FROM SERVICE WITH A DEFERRED VESTED INTEREST

As of November 25, 2014, zero participants with account balances totaling \$ -0- have separated from service and have not been paid.

NOTE 7 - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board Statement *Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2: Inputs to the valuation methodology include:
- Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the assets or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or by other means.

GLOBE METALLURGICAL, INC.
HOURLY EMPLOYEES RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
NOVEMBER 25, 2014 AND JUNE 30, 2014

NOTE 7 - FAIR VALUE MEASUREMENTS (CONTINUED)

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at November 25, 2014 and June 30, 2014.

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

Common Collective Trust: Valued at the NAV of units of a bank collective trust. The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchased and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of November 25, 2014:

GLOBE METALLURGICAL, INC.
HOURLY EMPLOYEES RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
NOVEMBER 25, 2014 AND JUNE 30, 2014

NOTE 7 - FAIR VALUE MEASUREMENTS (CONTINUED)

Assets at Fair Value as of November 25, 2014:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds:				
Growth Funds	\$ -	\$ -	\$ -	\$ -
Income Funds				
Balanced Funds				
Other Funds				
Common Collective Trust				
Total Assets at Fair Value	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

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

Assets at Fair Value as of June 30, 2014:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds:				
Growth Funds	\$ 2,134,805	\$ -	\$ -	\$ 2,134,805
Income Funds	449,053			449,053
Balanced Funds	1,654,940			1,654,940
Other Funds	411,919			411,919
Common Collective Trust		3,395,163		3,395,163
Total Assets at Fair Value	<u>\$ 4,650,717</u>	<u>\$ 3,395,163</u>	<u>\$ -</u>	<u>\$ 8,045,880</u>

Fair Value of Investments in Entities that Use NAV:

The following table summarizes investments measured at fair value based on NAV per share as of November 25, 2014 and June 30, 2014, respectively.

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
<u>November 25, 2014:</u>				
Collective Trust Fund -				
Capital Preservation Fund	\$ -0-	n/a	Daily	None
<u>June 30, 2014:</u>				
Collective Trust Fund -				
Capital Preservation Fund	\$3,395,163	n/a	Daily	None

GLOBE METALLURGICAL, INC.
HOURLY EMPLOYEES RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
NOVEMBER 25, 2014 AND JUNE 30, 2014

NOTE 7 - FAIR VALUE MEASUREMENTS (CONTINUED)

Events that would limit the Capital Preservation collective trust fund to transact at the NAV may include, but are not limited to, the following: mergers, mass layoffs, plan terminations, and implementation of early retirement incentive programs.

NOTE 8 – RECLASSIFICATION

Certain accounts in the prior year financial statements have been reclassified for comparative purposes to conform with the presentation in the current year financial statements

NOTE 9 - TRANSACTIONS WITH PARTIES-IN-INTEREST

Benefit Trust Company is the custodian of the Plan. Certain fees for custodian services are with Benefit Trust Company and are not considered prohibited transactions under ERISA. Findley Davies is the third party administrator of the Plan. Certain fees for recordkeeping and administrative expenses are with Findley Davies and are not considered prohibited transactions under ERISA. Participant loans also qualify as party-in-interest.

NOTE 10 - SUBSEQUENT EVENTS

Subsequent events were reviewed through September 2, 2015, the date the financial statements were available for issuance. There were no subsequent events to report as of that date.

NOTE 11 – NET APPRECIATION IN ESTIMATED FAIR VALUE OF INVESTMENTS

The Plan's investments (including gains and losses on investments bought and sold, as well as those held during the year) increased in value by \$55,785 and \$709,964 during the period ended November 25, 2014 and the year ended June 30, 2014, as follows:

	<u>November 25, 2014</u>	<u>June 30, 2014</u>
Mutual Funds	\$ 47,177	\$ 688,393
Common Collective Trusts	8,608	21,571
	<u>\$ 55,785</u>	<u>\$ 709,964</u>

SUPPLEMENTAL SCHEDULES

GLOBE METALLURGICAL, INC.
HOURLY EMPLOYEES RETIREMENT SAVINGS PLAN

EIN: 20-5573569

PLAN NUMBER: 006

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
NOVEMBER 25, 2014

(a) Party In Interest (*)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Fair Value
		<u>Mutual Funds:</u>		
	Federated Funds	Group Capital Pres.	\$ -	\$ -
	PIMCO Mutual Funds	Total Return Instl.	-	-
	Dodge and Cox	Balanced Fund	-	-
	American Century	My Retirement Portfolio 2015	-	-
	American Century	My Retirement Portfolio 2020	-	-
	American Century	My Retirement Portfolio 2025	-	-
	American Century	My Retirement Portfolio 2030	-	-
	American Century	My Retirement Portfolio 2035	-	-
	American Century	My Retirement Portfolio 2040	-	-
	American Century	My Retirement Portfolio 2045	-	-
	American Century	My Retirement Portfolio 2050	-	-
	American Funds	Growth Fund of America Class R-4	-	-
	Columbia Funds	Acorn Z	-	-
	Davis Funds	New York Venture Fund Class A	-	-
	Harbor Funds	Small Cap Value Ret	-	-
	Hotchkis Wiley	Large Cap Value Class A	-	-
	American Funds	Europacific Growth Fund Class R	-	-
		<u>Participants' Loans</u>		
*	Loans to participants with interest rates of 4.25%; maturities from 1-5 years		-	-
			<u>\$ -</u>	<u>\$ -</u>

*Party-in-interest

Note: The data presented in this schedule is based upon information that has been certified as accurate and complete by the Plan's Trustee, Benefit Trust Company.

See accompanying independent auditor's report.

GLOBE METALLURGICAL, INC.
HOURLY EMPLOYEES RETIREMENT SAVINGS PLAN

EIN: 20-5573569

PLAN NUMBER: 006

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JUNE 30, 2014

(a) Party In Interest (*)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Fair Value
		<u>Mutual Funds:</u>		
	Federated Funds	Group Capital Pres.	\$ 3,395,163	\$ 3,395,163
	PIMCO Mutual Funds	Total Return Instl.	449,821	449,053
	Dodge and Cox	Balanced Fund	966,376	1,212,911
	American Century	My Retirement Portfolio 2015	93,702	102,848
	American Century	My Retirement Portfolio 2020	26,070	28,095
	American Century	My Retirement Portfolio 2025	100,241	105,171
	American Century	My Retirement Portfolio 2030	20,573	22,957
	American Century	My Retirement Portfolio 2035	74,481	83,947
	American Century	My Retirement Portfolio 2040	8,023	9,494
	American Century	My Retirement Portfolio 2045	31,829	36,415
	American Century	My Retirement Portfolio 2050	21,316	22,992
	American Funds	Growth Fund of America Class R-4	417,995	571,824
	Columbia Funds	Acorn Z	578,616	720,709
	Davis Funds	New York Venture Fund Class A	74,671	91,222
	Harbor Funds	Small Cap Value Ret	190,494	220,700
	Hotchkis Wiley	Large Cap Value Class A	327,396	442,029
	American Funds	Europacific Growth Fund Class R	435,982	530,350
		<u>Participants' Loans</u>		
*	Loans to participants with interest rates of 4.25%; maturities from 1-5 years		-	347,886
			<u>\$ 7,212,749</u>	<u>\$ 8,393,766</u>

*Party-in-interest

Note: The data presented in this schedule is based upon information that has been certified as accurate and complete by the Plan's Trustee, Benefit Trust Company.

See accompanying independent auditor's report.

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GLOBE METALLURGICAL, INC.
HOURLY EMPLOYEES RETIREMENT SAVINGS PLAN

EIN: 20-5573569

PLAN NUMBER: 006

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
NOVEMBER 25, 2014

(a) Party In Interest (*)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Fair Value
		<u>Mutual Funds:</u>		
	Federated Funds	Group Capital Pres.	\$ -	\$ -
	PIMCO Mutual Funds	Total Return Instl.	-	-
	Dodge and Cox	Balanced Fund	-	-
	American Century	My Retirement Portfolio 2015	-	-
	American Century	My Retirement Portfolio 2020	-	-
	American Century	My Retirement Portfolio 2025	-	-
	American Century	My Retirement Portfolio 2030	-	-
	American Century	My Retirement Portfolio 2035	-	-
	American Century	My Retirement Portfolio 2040	-	-
	American Century	My Retirement Portfolio 2045	-	-
	American Century	My Retirement Portfolio 2050	-	-
	American Funds	Growth Fund of America Class R-4	-	-
	Columbia Funds	Acorn Z	-	-
	Davis Funds	New York Venture Fund Class A	-	-
	Harbor Funds	Small Cap Value Ret	-	-
	Hotchkis Wiley	Large Cap Value Class A	-	-
	American Funds	Europacific Growth Fund Class R	-	-
		<u>Participants' Loans</u>		
*	Loans to participants with interest rates of 4.25%; maturities from 1-5 years		-	-
			<u>\$ -</u>	<u>\$ -</u>

*Party-in-interest

Note: The data presented in this schedule is based upon information that has been certified as accurate and complete by the Plan's Trustee, Benefit Trust Company.

See accompanying independent auditor's report.

GLOBE METALLURGICAL, INC.
HOURLY EMPLOYEES RETIREMENT SAVINGS PLAN

EIN: 20-5573569

PLAN NUMBER: 006

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JUNE 30, 2014

(a) Party In Interest (*)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Fair Value
		<u>Mutual Funds:</u>		
	Federated Funds	Group Capital Pres.	\$ 3,395,163	\$ 3,395,163
	PIMCO Mutual Funds	Total Return Instl.	449,821	449,053
	Dodge and Cox	Balanced Fund	966,376	1,212,911
	American Century	My Retirement Portfolio 2015	93,702	102,848
	American Century	My Retirement Portfolio 2020	26,070	28,095
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	American Century	My Retirement Portfolio 2045	31,829	36,415
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	American Funds	Growth Fund of America Class R-4	417,995	571,824
	Columbia Funds	Acorn Z	578,616	720,709
	Davis Funds	New York Venture Fund Class A	74,671	91,222
	Harbor Funds	Small Cap Value Ret	190,494	220,700
	Hotchkis Wiley	Large Cap Value Class A	327,396	442,029
	American Funds	Europacific Growth Fund Class R	435,982	530,350
		<u>Participants' Loans</u>		
*	Loans to participants with interest rates of 4.25%; maturities from 1-5 years		-	347,886
			<u>\$ 7,212,749</u>	<u>\$ 8,393,766</u>

*Party-in-interest

Note: The data presented in this schedule is based upon information that has been certified as accurate and complete by the Plan's Trustee, Benefit Trust Company.

See accompanying independent auditor's report.