Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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
- [X] 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:
- [X] 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.S. ZINC 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 03/14/2008

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
U.S. ZINC CORPORATION

2727 ALLEN PARKWAY
SUITE 800
HOUSTON, TX 77019

2b Employer Identification Number (EIN)
76-0264925

2c Plan Sponsor's telephone number
281-605-4212

2d Business code (see instructions)
331310

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.	09/22/2015	ROD SLED
	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 [X] 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**	313
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)**	230
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	217
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	133
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	350
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	350
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	302
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	25
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:
2A 2E 2F 2G 2J 2K 2T 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)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
U.S. ZINC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
U.S. ZINC CORPORATION

D Employer Identification Number (EIN)
76-0264925

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.

1 Coverage Information:

(a) Name of insurance carrier

TRANSAMERICA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0989781	86231	801789-000	350	01/01/2014	12/31/2014

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
36088	4129

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

MML INSURANCE AGENCY INC
PO BOX 8089
BOSTON, MA 02266-8089

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
36088	0	COMMISSIONS	3

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

NOVA 401K ASSOCIATES LP
10777 NW FREEWAY, SUITE 440
HOUSTON, TX 77092

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	4129	TPA FEES	5

(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	8204797

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ FLEXIBLE INVESTMENT ANNUITY

b	Balance at the end of the previous year			7b	657480
c	Additions: (1) Contributions deposited during the year	7c(1)	65747		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	5391		
	(4) Transferred from separate account	7c(4)	201999		
	(5) Other (specify below)	7c(5)	1757		
	▶ LOAN REPAYMENT AND MISCELLANEOUS DEPOSIT				
	(6) Total additions			7c(6)	274894
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	932374
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	22751		
	(2) Administration charge made by carrier	7e(2)	2553		
	(3) Transferred to separate account	7e(3)	149712		
	(4) Other (specify below)	7e(4)	21399		
	▶ LOAN REQUEST				
	(5) Total deductions			7e(5)	196415
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	735959

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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2014** **This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
U.S. ZINC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
U.S. ZINC CORPORATION

D Employer Identification Number (EIN)
76-0264925

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).. . . . . [X] 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

TRANSAMERICA LIFE INSURANCE COMPANY
1150 S. OLIVE STREET
LOS ANGELES, CA 90011-2211

39-0989781

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

NOVA 401(K) ASSOCIATES
10777 NORTHWEST FREEWAY
SUITE 440
HOUSTON, TX 77092

20-1181458

(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)

TRANSAMERICA LIFE INSURANCE COMPANY

1150 S. OLIVE STREET
LOS ANGELES, CA 90011-2211

39-0989781

(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 37 52 62 64 67	RECORDKEEPER	19071	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

NOVA 401K ASSOCIATES LP

10777 NW FREEWAY
SUITE 440
HOUSTON, TX 77092

20-1181458

(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 37 64	THIRD PARTY ADMIN	7780	Yes [X] No [ ]	Yes [X] No [ ]	941	Yes [ ] No [X]

(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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
U.S. ZINC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
U.S. ZINC CORPORATION

D Employer Identification Number (EIN)
76-0264925

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)

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY

b Name of sponsor of entity listed in (a): AEGON BOND RET OPT

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)
39-0989781-100	P	57022

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY

b Name of sponsor of entity listed in (a): OPPENHEIEMER GLOBAL RET OPT

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)
39-0989781-216	P	57028

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY

b Name of sponsor of entity listed in (a): SHORT HORIZON RET OPT

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)
39-0989781-429	P	227778

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY

b Name of sponsor of entity listed in (a): SHORT/INTERM HORIZON RET OPT

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)
39-0989781-430	P	46332

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY

b Name of sponsor of entity listed in (a): INTERMEDIATE HORIZON RET OPT

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)
39-0989781-431	P	8204

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY

b Name of sponsor of entity listed in (a): INTERM/LONG HORIZON RET OPT

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)
39-0989781-432	P	9519

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY

b Name of sponsor of entity listed in (a): LONG HORIZON RET OPT

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)
39-0989781-433	P	1528

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY		
b Name of sponsor of entity listed in (a): PARTNERS HIGH QUALITY BOND RET OPT		
c EIN-PN 39-0989781-027	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40526
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY		
b Name of sponsor of entity listed in (a): SSGA RUSSELL SMALL CAP INDEX RET OPT		
c EIN-PN 39-0989781-033	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7657
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY		
b Name of sponsor of entity listed in (a): SSGA INTERNATIONAL INDEX RET OPT		
c EIN-PN 39-0989781-035	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38150
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY		
b Name of sponsor of entity listed in (a): AM FUNDS EUROPACIFIC GROWTH RET OPT		
c EIN-PN 39-0989781-068	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 89306
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY		
b Name of sponsor of entity listed in (a): NUVEEN REAL ESTATE SECURITIES RET OPT		
c EIN-PN 39-0989781-075	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 132070
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY		
b Name of sponsor of entity listed in (a): FRANKLIN SMALL CAP VALUE RET OPT		
c EIN-PN 39-0989781-078	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20438
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY		
b Name of sponsor of entity listed in (a): VANGUARD REIT INDEX		
c EIN-PN 39-0989781-099	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 69324
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY		
b Name of sponsor of entity listed in (a): VANGUARD SMALL-CAP GROWTH INDEX		
c EIN-PN 39-0989781-106	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15250
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY		
b Name of sponsor of entity listed in (a): VANGUARD SMALL-CAP INDEX		
c EIN-PN 39-0989781-107	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29443
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY		
b Name of sponsor of entity listed in (a): VANGUARD SMALL-CAP VALUE INDEX		
c EIN-PN 39-0989781-108	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41985

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY		
b Name of sponsor of entity listed in (a): VANGUARD TOTAL STOCK MARKET INDEX		
c EIN-PN 39-0989781-114	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 131008
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY		
b Name of sponsor of entity listed in (a): SSGA RUSSELL LARGE CAP GROWTH INDEX		
c EIN-PN 39-0989781-122	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 98858
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY		
b Name of sponsor of entity listed in (a): ALGER CAPITAL APPRECIATION		
c EIN-PN 39-0989781-132	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 407286
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY		
b Name of sponsor of entity listed in (a): BLACKROCK GLOBAL SMALLCAP		
c EIN-PN 39-0989781-178	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 103256
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY		
b Name of sponsor of entity listed in (a): AM FUNDS BALANCED		
c EIN-PN 39-0989781-232	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 190784
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY		
b Name of sponsor of entity listed in (a): AM FUNDS WASHINGTON MUTUAL INVESTORS		
c EIN-PN 39-0989781-235	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 147626
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY		
b Name of sponsor of entity listed in (a): BLACKROCK EQUITY DIVIDEND		
c EIN-PN 39-0989781-240	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 148549
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY		
b Name of sponsor of entity listed in (a): INVESCO MID CAP CORE EQUITY		
c EIN-PN 39-0989781-245	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6912
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY		
b Name of sponsor of entity listed in (a): AM FUNDS AMCAP		
c EIN-PN 39-0989781-249	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 84256
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY		
b Name of sponsor of entity listed in (a): INVESCO SMALL CAP GROWTH		
c EIN-PN 39-0989781-257	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 58185

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY			
b Name of sponsor of entity listed in (a): AM FUNDS NEW PERSPECTIVE			
c EIN-PN 39-0989781-259	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	52870
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY			
b Name of sponsor of entity listed in (a): FRANKLIN UTILITIES			
c EIN-PN 39-0989781-267	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	143512
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY			
b Name of sponsor of entity listed in (a): PRUDENTIAL JENNISON NATURAL RESOURCES			
c EIN-PN 39-0989781-272	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	64972
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY			
b Name of sponsor of entity listed in (a): BLACKROCK GLOBAL ALLOCATION			
c EIN-PN 39-0989781-281	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	114744
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY			
b Name of sponsor of entity listed in (a): FIDELITY ADVISOR NEW INSIGHTS			
c EIN-PN 39-0989781-290	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	114336
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY			
b Name of sponsor of entity listed in (a): RIDGEWORTH MID-CAP VALUE EQUITY			
c EIN-PN 39-0989781-302	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	192197
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY			
b Name of sponsor of entity listed in (a): PIMCO TOTAL RETURN			
c EIN-PN 39-0989781-312	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	267092
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY			
b Name of sponsor of entity listed in (a): PIONEER STRATEGIC INCOME			
c EIN-PN 39-0989781-474	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	220804
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY			
b Name of sponsor of entity listed in (a): T. ROWE PRICE RETIREMENT 2010			
c EIN-PN 39-0989781-481	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	181776
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY			
b Name of sponsor of entity listed in (a): T. ROWE PRICE RETIREMENT 2015			
c EIN-PN 39-0989781-482	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	306735

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY		
b Name of sponsor of entity listed in (a): T. ROWE PRICE RETIREMENT 2020		
c EIN-PN 39-0989781-483	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 943588
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY		
b Name of sponsor of entity listed in (a): T. ROWE PRICE RETIREMENT 2025		
c EIN-PN 39-0989781-484	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 437017
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY		
b Name of sponsor of entity listed in (a): T. ROWE PRICE RETIREMENT 2030		
c EIN-PN 39-0989781-485	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1263989
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY		
b Name of sponsor of entity listed in (a): T. ROWE PRICE RETIREMENT 2035		
c EIN-PN 39-0989781-486	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 457704
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY		
b Name of sponsor of entity listed in (a): T. ROWE PRICE RETIREMENT 2040		
c EIN-PN 39-0989781-487	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 348289
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY		
b Name of sponsor of entity listed in (a): T. ROWE PRICE RETIREMENT 2045		
c EIN-PN 39-0989781-488	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 152676
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY		
b Name of sponsor of entity listed in (a): T. ROWE PRICE RETIREMENT 2050		
c EIN-PN 39-0989781-489	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 179321
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY		
b Name of sponsor of entity listed in (a): T. ROWE PRICE RETIREMENT 2055		
c EIN-PN 39-0989781-490	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3394
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY		
b Name of sponsor of entity listed in (a): T. ROWE PRICE RETIREMENT BALANCED		
c EIN-PN 39-0989781-049	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 102116
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY		
b Name of sponsor of entity listed in (a): JPMORGAN U.S. LARGE CAP CORE PLUS		
c EIN-PN 39-0989781-586	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 116198

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY

b Name of sponsor of entity listed in (a): FRANKLIN RISING DIVIDENDS

c EIN-PN 39-0989781-640	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 172771

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY

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

c EIN-PN 39-0989781-650	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52029

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE INSURANCE COMPANY

b Name of sponsor of entity listed in (a): LEGG MASON BW GLOBAL OPPORTUNITIES BOND

c EIN-PN 39-0989781-662	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48477

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

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

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
U.S. ZINC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
U.S. ZINC CORPORATION

D Employer Identification Number (EIN)
76-0264925

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)	359188	456146
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	6980393	8204843
(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)	657479	735964
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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	7997060	9396953
	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 through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	7997060	9396953

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)	703640	
	(B) Participants	2a(1)(B)	732739	
	(C) Others (including rollovers)	2a(1)(C)	113703	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1550082
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)	16251	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		16251
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		472544
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2038877
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	612847	
(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)		612847
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)	26137	
(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)		26137
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		638984
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1399893
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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: LJ MOSBY, P.C. **(2)** EIN: 84-1656069

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:

		Yes	No	Amount
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.)	4a		X	
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.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		5000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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?	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?	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.)	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.)	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?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	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

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
U.S. ZINC 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
U.S. ZINC CORPORATION

D Employer Identification Number (EIN)
76-0264925

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** 0

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): 39-0989781

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 of 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):

U.S. Zinc 401(k) Profit Sharing Plan

Financial Statements and Supplemental Schedules
December 31, 2014

EIN: 76-0264925 Plan No. 001

U.S. Zinc 401(k) Profit Sharing Plan
Index
December 31, 2014

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Supplemental Schedule*

Schedule H, Line 4i - Schedule of Assets (Held at End of Year), December 31, 2014 13

* All other schedules required by Section 2520.103-10 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because the schedules are not applicable.

LJ Mosby, P.C.

11511 Katy Freeway Suite 590
Houston, Texas 77079

Report of Independent Auditors

To the Plan Administrator and Participants of the
US Zinc, Inc. 401(k) Profit Sharing Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the US Zinc, Inc. 401(k) Profit Sharing Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the year ended December 31, 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 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 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 3, which was certified by Transamerica Life Insurance Company ("Transamerica" or the "custodian") 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 held the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from Transamerica as of December 31, 2014 and 2013 and for the years then ended that the information provided to the Plan administrator by the custodian is complete and accurate.

LJ Mosby, P.C

11511 Katy Freeway Suite 590
Houston, TX 77079

Disclaimer of Opinion

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

Other Matters

The Plan has elected to early adopt the accounting and disclosure provisions of Accounting Standards Update 2015-12, with retroactive application to 2013, as described by the last paragraph of Note 2 to the financial statements.

We were engaged for the purpose of forming an opinion on the financial statements taken as a whole. The supplemental Schedule of Assets Held at Year End as of December 31, 2014, which is the responsibility of Plan management, is 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 is 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, it is inappropriate to and we do not express an opinion on these supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the 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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



September 16, 2015

Houston, Texas

U.S. Zinc 401(k) Profit Sharing Plan
Statements of Net Assets Available for Benefits
December 31, 2014 and 2013

	2014	2013
Assets		
Investments		
Pooled separate accounts, at fair value	$ 8,204,843	$ 6,980,393
Stable value fund, at contract value	735,964	657,479
Total Investments	8,940,807	7,637,872
Notes receivable from participants	456,146	359,188
Contributions receivable		
Employee	-	-
Employer	261,627	299,001
Total assets	9,658,580	8,296,061
Liabilitities	-	-
Net assets available for benefit	$ 9,658,580	$ 8,296,061

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

U.S. Zinc 401(k) Profit Sharing Plan
Statement of Changes in Net Assets Available for Benefits
December 31, 2014

	2014
Additions:	
Investment income	
Interest and dividend income	$ 5,391
Net appreciation (depreciation) in fair value of investments	467,153
Participant loan interest income	16,251
Total investment gain (loss)	488,795
Contributions	
Employee	732,739
Employer	666,266
Rollovers	113,703
Total contributions	1,512,708
Total additions	2,001,503
Deductions:	
Distributions to participants	(612,847)
Other expenses	(26,137)
Total deductions	(638,984)
Net increase	1,362,519
Net assets available for plan benefits	
Beginning of year	8,296,061
End of year	$ 9,658,580

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

1. Description of the Plan

The following description of the U.S. Zinc 401(k) Savings 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 contribution plan established by U.S. Zinc Corporation (the "Company") on March 11, 2008. The Plan was established under the provisions of Section 401 of the Internal Revenue Code of 1986, as amended (the "Code"), for the benefit of eligible employees of the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

The Company has designated a committee to serve as the Plan Administrator. The Plan Administrator is responsible for the general administration of the Plan and is given all powers necessary to enable it to carry out its duties including, but not limited to, the power to interpret the Plan.

Custodian

Transamerica Life Insurance Company ("Transamerica") serves as the Custodian of the Plan. The Custodian holds, controls, manages, invests and ultimately distributes the assets of the Plan to participants.

Eligibility

All employees of the Company are eligible to participate in the Plan other than: employees under a collective bargaining agreement; leased employees; independent contractors; those employed by non-affiliated intermediaries; and nonresident aliens with no earned income from sources within the United States. Participation may begin on the first day of employment.

Contributions

Participants may contribute an amount from 1% to 60% of pretax compensation as defined under the Plan. However, a participant's total deferrals in any Plan year may not exceed a dollar limit established by the Code. The limit for the 2014 Plan year was $17,500 if under the age of 50 and $23,000 otherwise. Participant rollover contributions from other qualified plans are allowed under the Plan. Participant contributions may be invested in any or a combination of the Plan's available investment options at the participant's discretion. Participants are fully vested in these contributions.

The Company makes Matching Contributions equal to 100% of a participant's contributions up to the first 3% of the participant's eligible compensation, and 50% of the participant's contributions between 3% to 5% of the participant's eligible compensation. Matching Contributions are fully and immediately vested to the benefit of the participant and are funded into the Plan at the same time as participant contributions. The Company also makes a Retirement Contribution annually to the accounts of all participants employed on the last day of a plan year in the amount of 1% of compensation for the year for those less than age 35, 2% of compensation for the year for those between age 35 and 49, and 3% of compensation for the year for those age 50 or greater. The Company's Retirement Contribution related to 2014 totaled $261,627 and was funded into the Plan in early 2015. The Company may also make a Discretionary Contribution. For 2014, the Company did not make a Discretionary Contribution. Retirement Contributions and Discretionary Contributions are subject to the Plan's vesting schedule.

Participant Accounts
Each participant's account is credited with the participant's contributions, the Company's Matching Contributions, the Company's Retirement Contributions, the Company's Discretionary Contributions, if any, and the participant's share of earnings, losses and any appreciation or depreciation of the funds invested.

Notes Receivable from Participants
Participants may borrow from their accounts a minimum of $1,000, up to a maximum equal to the lesser of (a) $50,000 minus any outstanding loan balance in the last 12 months or (b) 50% of their vested account balances. Interest rates are based upon the prime interest rate plus 1%. Loans must be repaid within five years unless used to acquire a principal residence. Principal and interest are repaid through after-tax payroll deductions. At December 31, 2014, participant loans of $456,146 with interest rates of 4.25% and maturities through 2019 were outstanding. At December 31, 2013, participant loans of $359,188 with interest rates ranging from 4.25% to 6.00% and maturities through 2018 were outstanding.

Investment Options
The Plan has provided for contributions to be invested by the Custodian among a variety of pooled separate accounts and a stable value fund in accordance with participant investment elections and the provisions of the trust agreement. The investment options may change from time to time with notice provided to participants.

Vesting
Participants are immediately vested in their contributions, employer Matching Contributions and the related investment earnings thereon. The following vesting schedule is applicable for employer Retirement Contributions and Discretionary Contributions and the related investment earnings thereon (participants also become 100% vested if employed at the time of death or total disability):

Years of Service	% Vested
Less than 1	0%
1	20%
2	40%
3	60%
4	80%
5	100%

Unapplied forfeitures of unvested employer contributions totaled $42,928 and $41,103 at December 31, 2014 and 2013, respectively.

Distributions
Once age 59-1/2 is attained, a participant may withdraw some or all of the vested amounts in his or her account. If the participant is younger than 59-1/2, he or she may withdraw some or all of his or her account, excluding earnings thereon, in the event of proven financial hardship, as defined in the Plan Agreement. Upon retirement, termination of employment, death or permanent disability, participants or their beneficiaries may receive a lump sum equal to the vested value of their accounts.

Expenses of the Plan
Administrative expenses incurred by or on behalf of the Plan, excluding participant loan and withdrawal fees, are paid by the Company. Transactional expenses reflected on the accompanying statement of changes in net assets available for benefits represent fees charged for participant loans and withdrawals and are borne by the participants receiving the payments from assets held in the Plan.

The Custodian receives investment management fees from underlying fund providers on pooled separate accounts which have been deducted from the fund value at each measurement date. These fees, and other fees charged by the underlying funds that impact the reported values of those funds have the effect of reducing the net appreciation (increasing the net depreciation) in fair value of plan investments in the accompanying statement of changes in net assets.

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 of ERISA. Should a termination occur, all participant balances would become fully vested. Any unallocated assets of the Plan would be allocated to participant accounts and distributed in such a manner as the Plan Administrator may determine.

2. Summary of Significant Accounting Policies

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

Basis of Accounting
The financial statements of the Plan are presented on the accrual basis of accounting.

The Plan Administrators have reviewed and evaluated events subsequent to December 31, 2014 through September 16, 2015 the date the financial statements were available to be issued, for their impact on amounts recorded, and related disclosures, in these financial statements, and incorporated the related effects as appropriate.

Valuation of Investments
The Plan's investments are stated at fair value as proscribed by Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820-10. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Mutual funds are stated at fair value as determined by quoted market prices, which represents the net asset value of shares held by the plan at year end. The Plan's interest in the pooled separate accounts is valued at fair value by the issuer based on the fair value of the pooled separate account's underlying investments as determined by quoted prices on national public exchanges and discounted cash flow analyses, less related fees, divided by the number of pooled separate account units issued. The stable value fund has been valued at contract value because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan.

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

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid principal balance plus any accrued, but unpaid interest and are excluded from investments in the fair value tables in Note 7 as proscribed by Accounting Standards Update 2010-25. Delinquent notes receivable are reclassified as benefits paid based upon the terms of the Plan document. Related interest income is recognized when earned under the accrual method.

Investment Income
Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income are recorded as earned. Realized gains and losses on the sale of investments and unrealized appreciation and depreciation in the market value of investments are shown as net appreciation (depreciation) in the fair value of investments in the statement of changes in net assets available for benefits.

Payment of Benefits
Benefit payments are recognized when paid.

Recent Accounting Pronouncements

On July 31, 2015 the Financial Accounting Standards Board (the FASB) issued Accounting Standards Update (ASU) 2015-12 "Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962) and Health and Welfare Benefit Plans (Topic 965)" to simplify reporting for the financial statements of employee benefit plans. The ASU eliminates or reduces the scope of several financial statement disclosures required in financial statements and becomes effective for plan years beginning after December 15, 2015, with earlier application permitted. Among the simplifications included in the ASU are the elimination of fair value presentation of fully benefit-responsive investment contracts (using only contract value in the financial statements), elimination of separate disclosure of investments exceeding 5% of the net assets available for benefits, and elimination of the disaggregation of investments by nature, characteristics and risk, with presentation of fair value to be made only by investment type (such as mutual funds). The ASU also eliminates the requirement to disclose the investment strategies of funds that use net asset value as a practical expedient for determining fair value (such as the pooled separate accounts held by this Plan) when those funds report such information to the Department of Labor as a direct filing entity. The Plan has elected to early adopt the provisions of ASU 2015-12 in these financial statements, with retroactive presentation of comparative 2013 data.

3. Summary of Financial Information Certified by the Custodian (unaudited)

The Plan Committee has elected the method of annual reporting and compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Plan Committee has received certification from the Custodian that

the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

(a) Investments (except participant loans) as shown in the statements of net assets available for benefits;

(b) Interest (except $16,251 of interest on participant loans) and dividend income and net appreciation in the fair value of investments for 2014, as shown in the statement of changes in net assets available for benefits; and

(c) All information (except participant loans) included in the Schedule of Assets (held at end of year) as of December 31, 2014, as shown in the supplemental schedule.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

4. Investments (unaudited)

During 2014 all of the Plan's net appreciation (depreciation) in fair value (including gains and losses on investments bought and sold, as well as held during the year) was attributable to investments in pooled separate accounts.

The pooled separate accounts held by the Plan during 2014 and 2013 were valued using the practical expedient for the pooled separate account's reporting Net Asset Value (NAV). These investments did not have any additional funding requirements, and did not have any liquidation or redemption restrictions. The name of each pooled separate account is generally reflective of the underlying mutual fund investments held in the pooled separate account. The pooled separate accounts generally did not hold any other investments with the exception of di minimus amounts of cash.

At December 31, 2014, the Transamerica Stable Value Core Fund provides for the payment of a modest interest rate, which is set semi-annually with 45 days advance notice, to the holders of shares in the fund. Assets underlying this investment are commingled with assets in the general account of Transamerica. Transactions in this fund are designed to occur at $1 per unit.

Effective July 1, 2012, the Transamerica Stable Value Core Fund instituted certain changes in its operation. Changes of investment funds by a participant out of this fund may be subject to a 270 business day delay before becoming effective. Transamerica may also place a twelve month delay on all withdrawals from the fund if Transamerica determines that a high percentage of withdrawal/transfer requests would materially and adversely affect the financial condition of the stable value fund. This provision was not activated in connection with the 2015 change in custodians.

5. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820-10 establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level

1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820-10 are described below:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include: • Quoted prices for similar assets or liabilities in active markets; • Quoted prices for identical or similar assets or liabilities in inactive markets; • Inputs other than quoted prices that are observable for the asset or liability; • Inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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 December 31, 2014 and 2013.

Mutual funds: Valued at the net asset value ("NAV") of shares held by the plan at year end based on values per publicly traded market exchanges.

Pooled separate accounts: Valued at fair value as determined by the investment advisor based on quoted market prices on national exchanges for underlying assets and by discounting the related cash flows of underlying non-publicly traded interest bearing investments based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer, and considering the related investment management fees.

Stable Value Fund: Valued at contract value, which is the only value at which transactions may initiate transactions with the fund. Accordingly, this fund has been excluded from the following fair value tables.

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 December 31, 2014:

	Level 1	Level 2		Level 3	Total
Pooled separate accounts		$ 8,204,798	A/B		$8,204,798
Total investments at fair value		$ 8,204,798			$ 8,204,798

A valued using the market approach
B valued using the income approach (contracted and market interest rates and expected cash flows)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013 (condensed to conform with 2014 presentation):

	Level 1	Level 2		Level 3	Total
Pooled separate accounts		$6,980,393	A/B		$ 6,980,393
Total investments at fair value		$6,980,393			$ 6,980,393

A valued using the market approach
B valued using the income approach (contracted and market interest rates and expected cash s)

There were no Level 3 assets held in 2014 or 2013. There were no transfers between levels in 2014.

6. Federal Income Tax Status

The Plan used a standardized plan document employed by Transamerica in 2014 and 2013. Such standardized plan documents have received determination letters from the IRS, but the Plan has not separately received a determination letter from the IRS. The Plan Committee believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code, the Plan was qualified, and the related trust was tax-exempt as of December 31, 2014 and 2013.

Accounting principles generally accepted in the United States of America require the Plan Administrator 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 Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2014 there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. 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 the years of Plan operation prior to 2011 are no longer subject to potential income tax examination.

7. Party-In-Interest Transactions

Investments by the Plan and its participants in the pooled separate accounts and the stable value fund are managed by affiliates of the Custodian (Transamerica), and therefore qualify as party-in-interest transactions. These affiliates receive fee income related to those investments held by the Plan. Loans to participants in the Plan also qualify as party-in-interest transactions.

The Company provides services to and on behalf of the Plan with no compensation or reimbursement from the Plan.

8. Reconciliation with Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2014 to the Form 5500 for 2014:

	December 31, 2014
Net assets available for benefits per the financial statements	$ 9,658,580
Less: Contributions receivable not included in Form 5500	(261,627)
Net assets available for benefits per the Form 5500	$9,396,953

	December 31, 2013
Net assets available for benefits per the financial statements	$8,296,061
Less: Contributions receivable not included in Form 5500	(229,001)
Net assets available for benefits per the Form 5500	$7.997,060

The following is a reconciliation of total additions for the year ended December 31, 2014 per the financial statements to the Form 5500 total income for 2014:

	For the year ended December 31, 2014
Total additions per the financial statements	$2,001,503
Less:Contributions receivable, end of year, not included in Form 5500	(261,627)
Add:Prior year contributions receivable recognized in Form 5500 this year	299,001
Total income per the Form 5500	$2,038,877

U.S. Zinc 401(k) Profit Sharing Plan

Supplemental Schedule
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN 76-0264925 Plan No. 001
December 31, 2014

(a)	(b) Identity of issue		(c) Description	(d) Cost	(e) Current value at 12/31/2014
*	Transamerica	Separate Account	AEGON Bond	(**)	$ 57,022
*	Transamerica	Separate Account	Oppenheimer Global	(**)	57,028
*	Transamerica	Separate Account	Transamerica AA Short	(**)	227,778
*	Transamerica	Separate Account	Transamerica AA Short/Intermediate	(**)	46,332
*	Transamerica	Separate Account	Transamerica AA Intermediate	(**)	8,204
*	Transamerica	Separate Account	Transamerica AA Intermediate/Long	(**)	9,519
*	Transamerica	Separate Account	Transmerica AA Long	(**)	1,528
*	Transamerica	Separate Account	Transamerica Partners High Quality Bond	(**)	40,526
*	Transamerica	Separate Account	SSgA Russell Small Cap Index	(**)	7,657
*	Transamerica	Separate Account	SSgA International Index	(**)	38,150
*	Transamerica	Separate Account	Vanguard Total Stock Market Index	(**)	131,008
*	Transamerica	Separate Account	SSgA Russell Large Cap Growth Ind	(**)	98,858
*	Transamerica	Separate Account	Franklin Small Cap Value	(**)	20,438
*	Transamerica	Separate Account	Vanguard Small-Cap Value Index	(**)	41,985
*	Transamerica	Separate Account	Vanguard Small-Cap Index	(**)	29,443
*	Transamerica	Separate Account	Vanguard Small-Cap Growth Index	(**)	15,250
*	Transamerica	Separate Account	American Funds EuroPac Growth	(**)	89,306
*	Transamerica	Separate Account	Nuveen Real Estate Securities	(**)	132,070
*	Transamerica	Separate Account	Vanguard REIT Index	(**)	69,324
*	Transamerica	Separate Account	Alger Capital Appreciation	(**)	407,286
*	Transamerica	Separate Account	American Funds Balanced	(**)	190,784
*	Transamerica	Separate Account	BlackRock Global Allocation	(**)	114,744
*	Transamerica	Separate Account	American Funds WAMU Investors	(**)	147,636
*	Transamerica	Separate Account	BlackRock Equity Dividend	(**)	148,549
*	Transamerica	Separate Account	RidgeWorth Mid-Cap Value Equity	(**)	192,197
*	Transamerica	Separate Account	Invesco Mid Cap Core Equity	(**)	6,912
*	Transamerica	Separate Account	American Funds AMCAP	(**)	84,256
*	Transamerica	Separate Account	Fidelity Adv New Insights	(**)	114,336
*	Transamerica	Separate Account	Invesco Small Cap Growth Ret	(**)	58,185
*	Transamerica	Separate Account	American Funds New Perspective	(**)	52,870
*	Transamerica	Separate Account	BlackRock Global SmallCap	(**)	103,256
*	Transamerica	Separate Account	Franklin Utilities	(**)	143,512
*	Transamerica	Separate Account	Prudential Jennison Nat Resources	(**)	64,972
*	Transamerica	Separate Account	PIMCO Total Return	(**)	267,092
*	Transamerica	Separate Account	Transamerica Stable Value Core	(**)	735,958
*	Transamerica	Separate Account	Pioneer Strategic In ome	(**)	220,804
*	Transamerica	Separate Account	T. Rowe Price Retirement 2010	(**)	181,776
*	Transamerica	Separate Account	T. Rowe Price Retirement 2015	(**)	306,735
*	Transamerica	Separate Account	T. Rowe Price Retirement 2020	(**)	943,588
*	Transamerica	Separate Account	T. Rowe Price Retirement 2025	(**)	437,017
*	Transamerica	Separate Account	T. Rowe Price Retirement 2030	(**)	1,263,989
*	Transamerica	Separate Account	T. Rowe Price Retirement 2035	(**)	457,704
*	Transamerica	Separate Account	T. Rowe Price Retirement 2040	(**)	348,289
*	Transamerica	Separate Account	T. Rowe Price Retirement 2045	(**)	152,676
*	Transamerica	Separate Account	T. Rowe Price Retirement 2050	(**)	179,321
*	Transamerica	Separate Account	T. Rowe Price Retirement 2055	(**)	3,294
*	Transamerica	Separate Account	T. Rowe Price Retirement Balanced	(**)	102,116
*	Transamerica	Separate Account	JPMorgan US Large Cap Core Plus	(**)	116,198
*	Transamerica	Separate Account	Franklin Rising Dividends	(**)	172,771
*	Transamerica	Separate Account	Janus Enterprise	(**)	52,029
*	Transamerica	Separate Account	Legg Mason BW Global Opps Bd	(**)	48,477
*	Participants	Participant Loans	Interest at 4.25%, maturities through 2019	O	456,145
					$ 9,396,900

* Identified party in interest.
(**) Cost information has been omitted as investment is participant directed.

The information in this schedule has been certified as to its completeness and accuracy by Transamerica Life Insurance Company, the Trustee of the Plan.

See accompanying report of independent accountants.

Name of Plan:

► U.S. Zinc 401(k) Profit Sharing Plan

Employer Identification Number:► 76-0264925

For plan year (beginning/ending):► 01/01/2014 - 12/31/2014 Plan number:► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value	
*	Transamerica Life Insurance Company	AEGON Bond Ret Opt			57,023.06
*	Transamerica Life Insurance Company	Oppenheimer Global Ret Opt			57,028.84
*	Transamerica Life Insurance Company	Transamerica Asset Allocation Short Horizon Ret Opt			227,778.66
*	Transamerica Life Insurance Company	Transamerica Asset Allocation Short/Intermediate Horizon Ret Opt			46,332.50
*	Transamerica Life Insurance Company	Transamerica Asset Allocation Intermediate Horizon Ret Opt			8,204.07
*	Transamerica Life Insurance Company	Transamerica Asset Allocation Intermediate/Long Horizon Ret Opt			9,519.07
*	Transamerica Life Insurance Company	Transamerica Asset Allocation Long Horizon Ret Opt			1,528.21
*	Transamerica Life Insurance Company	Transamerica Partners High Quality Bond Ret Opt			40,526.10
*	Transamerica Life Insurance Company	SSgA Russell Small Cap Index Ret Opt			7,657.93
*	Transamerica Life Insurance Company	SSgA International Index Ret Opt			38,150.44
*	Transamerica Life Insurance Company	American Funds EuroPacific Growth Ret Opt			89,316.00
*	Transamerica Life Insurance Company	Nuveen Real Estate Securities Ret Opt			132,071.07
*	Transamerica Life Insurance Company	Franklin Small Cap Value Ret Opt			20,437.98
*	Transamerica Life Insurance Company	Vanguard REIT Index Ret Opt			69,324.14
*	Transamerica Life Insurance Company	Vanguard Small-Cap Growth Index Ret Opt			15,251.34
*	Transamerica Life Insurance Company	Vanguard Small-Cap Index Ret Opt			29,444.62
*	Transamerica Life Insurance Company	Vanguard Small-Cap Value Index Ret Opt			41,985.90
*	Transamerica Life Insurance Company	Vanguard Total Stock Market Index Ret Opt			131,011.80
*	Transamerica Life Insurance Company	SSgA Russell Large Cap Growth Index Ret Opt			98,858.08
*	Transamerica Life Insurance Company	Alger Capital Appreciation Ret Opt			407,287.25
*	Transamerica Life Insurance Company	BlackRock Global SmallCap Ret Opt			103,258.22
*	Transamerica Life Insurance Company	American Funds Balanced Ret Opt			190,783.44
*	Transamerica Life Insurance Company	American Funds Washington Mutual Investors Ret Opt			147,638.35
*	Transamerica Life Insurance Company	BlackRock Equity Dividend Ret Opt			148,548.97
*	Transamerica Life Insurance Company	Invesco Mid Cap Core Equity Ret Opt			6,912.96
*	Transamerica Life Insurance Company	American Funds AMCAP Ret Opt			84,258.57
*	Transamerica Life Insurance Company	Invesco Small Cap Growth Ret Opt			58,185.87
*	Transamerica Life Insurance Company	American Funds New Perspective Ret Opt			52,871.69
*	Transamerica Life Insurance Company	Franklin Utilities Ret Opt			143,511.43
*	Transamerica Life Insurance Company	Prudential Jennison Natural Resources Ret Opt			64,971.98
*	Transamerica Life Insurance Company	BlackRock Global Allocation Ret Opt			114,744.73
*	Transamerica Life Insurance Company	Fidelity Advisor New Insights Ret Opt			114,336.67
*	Transamerica Life Insurance Company	RidgeWorth Mid-Cap Value Equity Ret Opt			192,198.21
*	Transamerica Life Insurance Company	PIMCO Total Return Ret Opt			267,092.54
*	Transamerica Life Insurance Company	Pioneer Strategic Income Ret Opt			220,806.03
*	Transamerica Life Insurance Company	T. Rowe Price Retirement 2010 Ret Opt			181,776.28
*	Transamerica Life Insurance Company	T. Rowe Price Retirement 2015 Ret Opt			306,735.32
*	Transamerica Life Insurance Company	T. Rowe Price Retirement 2020 Ret Opt			943,588.21
*	Transamerica Life Insurance Company	T. Rowe Price Retirement 2025 Ret Opt			437,018.25
*	Transamerica Life Insurance Company	T. Rowe Price Retirement 2030 Ret Opt			1,263,989.55
*	Transamerica Life Insurance Company	T. Rowe Price Retirement 2035 Ret Opt			457,704.04
*	Transamerica Life Insurance Company	T. Rowe Price Retirement 2040 Ret Opt			348,287.90
*	Transamerica Life Insurance Company	T. Rowe Price Retirement 2045 Ret Opt			152,676.88
*	Transamerica Life Insurance Company	T. Rowe Price Retirement 2050 Ret Opt			179,321.09
*	Transamerica Life Insurance Company	T. Rowe Price Retirement 2055 Ret Opt			3,294.12
*	Transamerica Life Insurance Company	T. Rowe Price Retirement Balanced Ret Opt			102,116.15
*	Transamerica Life Insurance Company	JPMorgan U.S. Large Cap Core Plus Ret Opt			116,198.23
*	Transamerica Life Insurance Company	Franklin Rising Dividends Ret Opt			172,772.53
*	Transamerica Life Insurance Company	Janus Enterprise Ret Opt			52,031.49
*	Transamerica Life Insurance Company	Legg Mason BW Global Opportunities Bond Ret Opt			48,476.85
*	Transamerica Life Insurance Company	Stable Value Core Option			735,963.72
*	Transamerica Life Insurance Company	Participant Loans			456,145.60
			Total		**9,396,952.93**