

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>A</b> This return/report is for:                                                                      | <input checked="" type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or<br><input type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) _____<br><b>B</b> This return/report is: <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).<br><b>C</b> If the plan is a collectively-bargained plan, check here. . . . . <input checked="" type="checkbox"/><br><b>D</b> Check box if filing under: <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description) |

|                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------|-------------------------------------------------------|--|---------------------------------------------------------------------|--|------------------------------------------------------------------|--|-------------------------------------------------------------|--|--|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |  |  |
| <b>1a</b> Name of plan<br><u>NORTHWEST OHIO AREA INDUSTRIES UAW RETIREMENT INCOME PLAN</u><br><br><b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><u>BOARD OF TRUSTEES NORTHWEST OHIO AREA INDUSTRIES UAW RETIREMENT INCO</u><br><br><u>C/O STONER &amp; ASSOCIATES</u><br><br><u>205 W. FOURTH STREET - SUITE 225</u><br><u>CINCINNATI, OH 45202</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>11/01/1950</u></td> </tr> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN)<br/><u>34-4437724</u></td> </tr> <tr> <td colspan="2"><b>2c</b> Plan Sponsor's telephone number<br/><u>800-832-7113</u></td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions)<br/><u>541990</u></td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </table> | <b>1b</b> Three-digit plan number (PN) ▶ | <u>001</u> | <b>1c</b> Effective date of plan<br><u>11/01/1950</u> |  | <b>2b</b> Employer Identification Number (EIN)<br><u>34-4437724</u> |  | <b>2c</b> Plan Sponsor's telephone number<br><u>800-832-7113</u> |  | <b>2d</b> Business code (see instructions)<br><u>541990</u> |  |  |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                                                                   | <u>001</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |  |  |
| <b>1c</b> Effective date of plan<br><u>11/01/1950</u>                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |  |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>34-4437724</u>                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |  |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>800-832-7113</u>                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |  |  |
| <b>2d</b> Business code (see instructions)<br><u>541990</u>                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |  |  |

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

|                                                                                                            |                                                   |            |                                                              |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature. | 10/10/2015 | KURT GEISHEIMER                                              |
|                                                                                                            | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature. | 10/10/2015 | JIM WAINGROW                                                 |
|                                                                                                            | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                           |                                                   |            |                                                              |
|                                                                                                            | 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)                       |

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                              |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |
| <b>4</b> 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:<br><b>a</b> Sponsor's name                                                                                                                                                                                                                     |  | <b>4b</b> EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                               |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1638 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                                                                                               |  | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 152  |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                     |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 150  |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                                   |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 741  |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                                     |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 535  |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....                                                                                                                                                                                                                                                                                                                                                         |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1426 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                            |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 184  |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....                                                                                                                                                                                                                                                                                                                                                                             |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1610 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                                       |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                                            |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                   |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 7    |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1B                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                         |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                     |      |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input checked="" type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 \_\_\_\_\_

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE MB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Multiemployer Defined Benefit Plan and Certain<br/>Money Purchase Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

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

- ▶ Round off amounts to nearest dollar.
- ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                                  |                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>NORTHWEST OHIO AREA INDUSTRIES UAW RETIREMENT INCOME PLAN                                                               | <b>B</b> Three-digit plan number (PN) ▶ 001                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>BOARD OF TRUSTEES NORTHWEST OHIO AREA INDUSTRIES UAW RETIREMENT INCO | <b>D</b> Employer Identification Number (EIN)<br>34-4437724 |

**E** Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

|                                                                                                               |                          |
|---------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>1a</b> Enter the valuation date: Month 01 Day 01 Year 2014                                                 |                          |
| <b>b</b> Assets                                                                                               |                          |
| (1) Current value of assets .....                                                                             | <b>1b(1)</b> 44736095    |
| (2) Actuarial value of assets for funding standard account.....                                               | <b>1b(2)</b> 46828047    |
| <b>c</b> (1) Accrued liability for plan using immediate gain methods .....                                    | <b>1c(1)</b> 43445494    |
| (2) Information for plans using spread gain methods:                                                          |                          |
| (a) Unfunded liability for methods with bases .....                                                           | <b>1c(2)(a)</b>          |
| (b) Accrued liability under entry age normal method.....                                                      | <b>1c(2)(b)</b>          |
| (c) Normal cost under entry age normal method .....                                                           | <b>1c(2)(c)</b>          |
| (3) Accrued liability under unit credit cost method .....                                                     | <b>1c(3)</b> 43445494    |
| <b>d</b> Information on current liabilities of the plan:                                                      |                          |
| (1) Amount excluded from current liability attributable to pre-participation service (see instructions) ..... | <b>1d(1)</b>             |
| (2) "RPA '94" information:                                                                                    |                          |
| (a) Current liability.....                                                                                    | <b>1d(2)(a)</b> 65212095 |
| (b) Expected increase in current liability due to benefits accruing during the plan year .....                | <b>1d(2)(b)</b> 0        |
| (c) Expected release from "RPA '94" current liability for the plan year .....                                 | <b>1d(2)(c)</b> 3365487  |
| (3) Expected plan disbursements for the plan year .....                                                       | <b>1d(3)</b> 3555487     |

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

|                                                               |  |                                        |
|---------------------------------------------------------------|--|----------------------------------------|
| <b>SIGN HERE</b>                                              |  | 07/08/2015                             |
| Signature of actuary                                          |  | Date                                   |
| JASON C. BIRKLE                                               |  | 14-07856                               |
| Type or print name of actuary                                 |  | Most recent enrollment number          |
| CUNI, RUST & STRENK                                           |  | 513-891-0270                           |
| Firm name                                                     |  | Telephone number (including area code) |
| 4555 LAKE FOREST DRIVE - DRIVE 620, CINCINNATI, OH 45242-3760 |  |                                        |
| Address of the firm                                           |  |                                        |

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

|                                                                                                                                    |      |                                   |                              |
|------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------------|------------------------------|
| <b>a</b> Current value of assets (see instructions) .....                                                                          |      | <b>2a</b>                         | 44736095                     |
| <b>b</b> "RPA '94" current liability/participant count breakdown:                                                                  |      | <b>(1) Number of participants</b> | <b>(2) Current liability</b> |
| <b>(1)</b> For retired participants and beneficiaries receiving payment .....                                                      | 937  | 35313104                          |                              |
| <b>(2)</b> For terminated vested participants .....                                                                                | 564  | 20485005                          |                              |
| <b>(3)</b> For active participants:                                                                                                |      |                                   |                              |
| <b>(a)</b> Non-vested benefits .....                                                                                               |      | 366601                            |                              |
| <b>(b)</b> Vested benefits .....                                                                                                   |      | 9047385                           |                              |
| <b>(c)</b> Total active.....                                                                                                       | 152  | 9413986                           |                              |
| <b>(4)</b> Total.....                                                                                                              | 1653 | 65212095                          |                              |
| <b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage..... |      | <b>2c</b>                         | 68.60 %                      |

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 01/01/2014               | 0                                 | 0                               |                          |                                   |                                 |
| 12/31/2014               | 202967                            | 0                               |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 | Totals ▶                 | 3(b)                              | 202967 3(c) 0                   |

|                                                                                                                                                                                                                                                                                           |           |                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------|
| <b>a</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to line 5. ....                                                                                                                               | <b>4a</b> | N                                                        |
| <b>b</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....                                                                                                                                                                                          | <b>4b</b> | %                                                        |
| <b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....                                                                                                                                                                 |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>d</b> If the plan is in critical status, were any adjustable benefits reduced? .....                                                                                                                                                                                                   |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in adjustable benefits, measured as of the valuation date.....                                                                                                                                 | <b>4e</b> |                                                          |
| <b>f</b> If the rehabilitation plan projects emergence from critical status, enter the plan year in which it is projected to emerge.<br>If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ..... | <b>4f</b> |                                                          |

|          |                          |                          |          |                          |                          |          |                                     |                               |          |                          |           |
|----------|--------------------------|--------------------------|----------|--------------------------|--------------------------|----------|-------------------------------------|-------------------------------|----------|--------------------------|-----------|
| <b>a</b> | <input type="checkbox"/> | Attained age normal      | <b>b</b> | <input type="checkbox"/> | Entry age normal         | <b>c</b> | <input checked="" type="checkbox"/> | Accrued benefit (unit credit) | <b>d</b> | <input type="checkbox"/> | Aggregate |
| <b>e</b> | <input type="checkbox"/> | Frozen initial liability | <b>f</b> | <input type="checkbox"/> | Individual level premium | <b>g</b> | <input type="checkbox"/>            | Individual aggregate          | <b>h</b> | <input type="checkbox"/> | Shortfall |
| <b>i</b> | <input type="checkbox"/> | Reorganization           | <b>j</b> | <input type="checkbox"/> | Other (specify):         |          |                                     |                               |          |                          |           |

|          |                                                                                                                                                             |    |                                                                     |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------------------------------------------------------------------|
| <b>k</b> | If box h is checked, enter period of use of shortfall method .....                                                                                          | 5k |                                                                     |
| <b>l</b> | Has a change been made in funding method for this plan year? .....                                                                                          |    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>m</b> | If line l is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? .....                                            |    | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| <b>n</b> | If line l is "Yes," and line m is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method ..... | 5n |                                                                     |

|                                                                  |                                                                                                                            |  |                                                                                                                             |        |
|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--------|
| <b>a</b> Interest rate for "RPA '94" current liability.....      |                                                                                                                            |  | <b>6a</b>                                                                                                                   | 3.64 % |
| <b>b</b> Rates specified in insurance or annuity contracts ..... | <div>Pre-retirement</div> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |  | <div>Post-retirement</div> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |        |
| <b>c</b> Mortality table code for valuation purposes:            |                                                                                                                            |  |                                                                                                                             |        |

|                                                                                                       |       |        |                                         |        |                                         |
|-------------------------------------------------------------------------------------------------------|-------|--------|-----------------------------------------|--------|-----------------------------------------|
| (1) Males.....                                                                                        | 6c(1) | A      |                                         | A      |                                         |
| (2) Females .....                                                                                     | 6c(2) | A      |                                         | A      |                                         |
| d Valuation liability interest rate.....                                                              | 6d    | 7.25%  |                                         | 7.25 % |                                         |
| e Expense loading .....                                                                               | 6e    | 100.0% | <input type="checkbox"/> N/A            | %      | <input checked="" type="checkbox"/> N/A |
| f Salary scale .....                                                                                  | 6f    | %      | <input checked="" type="checkbox"/> N/A |        |                                         |
| g Estimated investment return on actuarial value of assets for year ending on the valuation date..... | 6g    | 8.6 %  |                                         |        |                                         |
| h Estimated investment return on current value of assets for year ending on the valuation date .....  | 6h    | 21.8 % |                                         |        |                                         |

**7** New amortization bases established in the current plan year:

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 1                | 158189              | 14194                          |
|                  |                     |                                |
|                  |                     |                                |

**8** Miscellaneous information:

|                                                                                                                                                                                                                                                      |                                                                     |   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---|
| a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval.....                                                                                              | 8a                                                                  |   |
| b Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach schedule.                                                                                                                          | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |
| c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?.....                                                                                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |
| d If line c is "Yes," provide the following additional information:                                                                                                                                                                                  |                                                                     |   |
| (1) Was an extension granted automatic approval under section 431(d)(1) of the Code?.....                                                                                                                                                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |
| (2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended.....                                                                                                                                             | 8d(2)                                                               | 5 |
| (3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?.....                                                                                                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| (4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....                                                                                                 | 8d(4)                                                               |   |
| (5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension.....                                                                                                                                                         | 8d(5)                                                               |   |
| (6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?.....                                                                | <input type="checkbox"/> Yes <input type="checkbox"/> No            |   |
| e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s) ..... | 8e                                                                  | 0 |

**9** Funding standard account statement for this plan year:**Charges to funding standard account:**

|                                                                                                                 |                     |          |
|-----------------------------------------------------------------------------------------------------------------|---------------------|----------|
| a Prior year funding deficiency, if any.....                                                                    | 9a                  | 0        |
| b Employer's normal cost for plan year as of valuation date.....                                                | 9b                  | 190000   |
| c Amortization charges as of valuation date:                                                                    | Outstanding balance |          |
| (1) All bases except funding waivers and certain bases for which the amortization period has been extended..... | 9c(1)               | 29197577 |
| (2) Funding waivers.....                                                                                        | 9c(2)               | 0        |
| (3) Certain bases for which the amortization period has been extended .....                                     | 9c(3)               | 0        |
| d Interest as applicable on lines 9a, 9b, and 9c .....                                                          | 9d                  | 234520   |
| e Total charges. Add lines 9a through 9d.....                                                                   | 9e                  | 3469277  |
| <b>Credits to funding standard account:</b>                                                                     |                     |          |
| f Prior year credit balance, if any .....                                                                       | 9f                  | 7970662  |
| g Employer contributions. Total from column (b) of line 3 .....                                                 | 9g                  | 202967   |
|                                                                                                                 | Outstanding balance |          |
| h Amortization credits as of valuation date.....                                                                | 9h                  | 21226915 |
| i Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....                                      | 9i                  | 873773   |
| j Full funding limitation (FFL) and credits:                                                                    |                     |          |
| (1) ERISA FFL (accrued liability FFL) .....                                                                     | 9j(1)               | 7368141  |

|                                                                                             |              |          |          |
|---------------------------------------------------------------------------------------------|--------------|----------|----------|
| <b>(2)</b> "RPA '94" override (90% current liability FFL) .....                             | <b>9j(2)</b> | 11183157 |          |
| <b>(3)</b> FFL credit .....                                                                 | <b>9j(3)</b> |          | 0        |
| <b>k (1)</b> Waived funding deficiency .....                                                | <b>9k(1)</b> |          | 0        |
| <b>(2)</b> Other credits .....                                                              | <b>9k(2)</b> |          | 0        |
| <b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....              | <b>9l</b>    |          | 13029076 |
| <b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference .....     | <b>9m</b>    |          | 9559799  |
| <b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference ..... | <b>9n</b>    |          |          |

**9 o** Current year's accumulated reconciliation account:

|                                                                                                                        |                 |  |   |
|------------------------------------------------------------------------------------------------------------------------|-----------------|--|---|
| <b>(1)</b> Due to waived funding deficiency accumulated prior to the 2014 plan year .....                              | <b>9o(1)</b>    |  | 0 |
| <b>(2)</b> Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code: |                 |  |   |
| <b>(a)</b> Reconciliation outstanding balance as of valuation date .....                                               | <b>9o(2)(a)</b> |  | 0 |
| <b>(b)</b> Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)) .....                                        | <b>9o(2)(b)</b> |  | 0 |
| <b>(3)</b> Total as of valuation date .....                                                                            | <b>9o(3)</b>    |  | 0 |

|                                                                                                        |           |  |   |
|--------------------------------------------------------------------------------------------------------|-----------|--|---|
| <b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (See instructions.) ..... | <b>10</b> |  | 0 |
|--------------------------------------------------------------------------------------------------------|-----------|--|---|

|                                                                                                                           |                                                                     |
|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>11</b> Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|

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

|                                                                                                                                       |                                                             |     |
|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014                                            |                                                             |     |
| <b>A</b> Name of plan<br>NORTHWEST OHIO AREA INDUSTRIES UAW RETIREMENT INCOME PLAN                                                    | <b>B</b> Three-digit plan number (PN) ▶                     | 001 |
|                                                                                                                                       |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>BOARD OF TRUSTEES NORTHWEST OHIO AREA INDUSTRIES UAW RETIREMENT INCO | <b>D</b> Employer Identification Number (EIN)<br>34-4437724 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation |
|------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

---

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

---

---

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

---

---

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

---

---

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

---

---

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

---

---

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

---

---

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

---

---

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

---

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

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

SMITH BARNEY

11-2418191

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | NONE                                                                                              | 50000                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

CUNI, RUST & STRENK

31-1227755

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11                     | NONE                                                                                              | 38475                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

STONER & ASSOCIATES

31-1219231

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13                     | NONE                                                                                              | 67200                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

SANDS INVESTMENT ADVISORY

20-2830751

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | NONE                                                                                              | 73546                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

SAGE ADVISORY SERVICES

74-2798841

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | NONE                                                                                              | 13632                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

CENTURY MANAGEMENT

95-3017097

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | NONE                                                                                              | 24807                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

FIFTH THIRD BANK

34-4208980

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 25                            | NONE                                                                                                     | 54634                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

ALLOTTA, FARLEY & WIDMAN

34-1316963

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 29                            | NONE                                                                                                     | 37213                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

CLARK SCHAEFER HACKETT

31-0800053

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 10                            | NONE                                                                                                     | 21500                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

**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)

APEX CAPITAL MANAGEMENT

31-1198068

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28                            | NONE                                                                                                     | 22864                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

HERNDON CAPITAL MANAGEMENT

26-3757865

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28                            | NONE                                                                                                     | 45781                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

**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<br>(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<br>(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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2014</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                                                              |                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| For calendar plan year 2014 or fiscal plan year beginning <b>01/01/2014</b> and ending <b>12/31/2014</b>                                     |                                                                    |
| <b>A</b> Name of plan<br><b>NORTHWEST OHIO AREA INDUSTRIES UAW RETIREMENT INCOME PLAN</b>                                                    | <b>B</b> Three-digit plan number (PN) <b>►</b> <b>001</b>          |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BOARD OF TRUSTEES NORTHWEST OHIO AREA INDUSTRIES UAW RETIREMENT INCO</b> | <b>D</b> Employer Identification Number (EIN)<br><b>34-4437724</b> |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>    | 17546                 | 17471           |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    | 34138                 | 27393           |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>    | 2709808               | 2360621         |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    | 679041                | 911433          |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b> | 1726027               | 1705003         |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b> | 25749983              | 24355855        |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | 13828296              | 14538931        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>   | 6600                  | 6640            |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 44751439              | 43923347        |

**Liabilities**

|                                                                           |           |       |       |
|---------------------------------------------------------------------------|-----------|-------|-------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |       |       |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |       |       |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |       |       |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 15344 | 23510 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 15344 | 23510 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 44736095 | 43899837 |
|-----------------------------------------------------------|-----------|----------|----------|

**Part II Income and Expense Statement**

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

**Income****a Contributions:**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 202967     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 202967    |

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

|                                                                                                      |                 |       |       |
|------------------------------------------------------------------------------------------------------|-----------------|-------|-------|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> | 340   |       |
| <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> | 20709 |       |
| <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> | 75141 |       |
| <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |       |       |
| <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> |       |       |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> |       |       |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |       | 96190 |

|                                                                                           |                 |        |         |
|-------------------------------------------------------------------------------------------|-----------------|--------|---------|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | <b>2b(2)(A)</b> |        |         |
| <b>(B)</b> Common stock .....                                                             | <b>2b(2)(B)</b> | 286873 |         |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | <b>2b(2)(C)</b> | 724480 |         |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | <b>2b(2)(D)</b> |        | 1011353 |

|                                                                                           |                 |          |         |
|-------------------------------------------------------------------------------------------|-----------------|----------|---------|
| (3) Rents .....                                                                           | <b>2b(3)</b>    |          |         |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | <b>2b(4)(A)</b> | 22971330 |         |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | <b>2b(4)(B)</b> | 20218696 |         |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | <b>2b(4)(C)</b> |          | 2752634 |

|                                                                                                    |                 |          |          |
|----------------------------------------------------------------------------------------------------|-----------------|----------|----------|
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                 | <b>2b(5)(A)</b> |          |          |
| <b>(B)</b> Other .....                                                                             | <b>2b(5)(B)</b> | -1528682 |          |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> ..... | <b>2b(5)(C)</b> |          | -1528682 |

|                                                                                                |        | (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) |            | 154719    |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 2689181   |

**Expenses**

|                                                                                     |       |         |         |
|-------------------------------------------------------------------------------------|-------|---------|---------|
| e Benefit payment and payments to provide benefits:                                 |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 3029887 |         |
| (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) |         | 3029887 |
| 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) | 97188   |         |
| (2) Contract administrator fees.....                                                | 2i(2) | 67200   |         |
| (3) Investment advisory and management fees.....                                    | 2i(3) | 285264  |         |
| (4) Other.....                                                                      | 2i(4) | 45900   |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                 | 2i(5) |         | 495552  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |         | 3525439 |

**Net Income and Reconciliation**

|                                                         |       |  |         |
|---------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | -836258 |
| l Transfers of assets:                                  |       |  |         |
| (1) To this plan.....                                   | 2l(1) |  |         |
| (2) From this plan.....                                 | 2l(2) |  |         |

**Part III Accountant's Opinion**

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

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

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

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: CLARK SCHAEFER HACKETT

(2) EIN: 31-0800053

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

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

**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)

|                         |                       |
|-------------------------|-----------------------|
| <b>6a</b> Name of trust | <b>6b</b> Trust's EIN |
|                         |                       |

|                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|-----|
| <div>SCHEDULE R<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>                                                                                                                              |  | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection.</div> |     |
| For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| A Name of plan<br>NORTHWEST OHIO AREA INDUSTRIES UAW RETIREMENT INCOME PLAN                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                 |  | B Three-digit plan number (PN) ▶                                                                | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>BOARD OF TRUSTEES NORTHWEST OHIO AREA INDUSTRIES UAW RETIREMENT INCO                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                 |  | D Employer Identification Number (EIN)<br>34-4437724                                            |     |
| 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):<br><br>EIN(s): 34-4208980                                                                                                                 |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 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                                                                                               | 0   |
| Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                        |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| Schedule R (Form 5500) 2014 v. 140124                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |

**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 METAL FORMING AND COINING CORPORATION

**b** EIN 34-4446523

**c** Dollar amount contributed by employer

97839

**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 08 Day 28 Year 2016

**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) 0.62

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

**a** Name of contributing employer TOTH INDUSTRIES

**b** EIN 34-4451123

**c** Dollar amount contributed by employer

64925

**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 10 Day 28 Year 2016

**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) 0.62

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

**a** Name of contributing employer CONFORMING MATRIX

**b** EIN 34-4209735

**c** Dollar amount contributed by employer

17724

**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 03 Day 31 Year 2015

**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) 0.62

(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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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: 55% Investment-Grade Debt: 16% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: 29%

- 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): \_\_\_\_\_

## **INDEPENDENT AUDITORS' REPORT**

Board of Trustees  
Northwest Ohio Area Industries  
UAW Retirement Income Plan  
205 W. Fourth Street, Suite 225  
Cincinnati, OH 45202

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of Northwest Ohio Area Industries UAW Retirement Income Plan (the "Plan"), which comprises the statements of net assets available for benefits as of December 31, 2014 and 2013, the related statements of changes in net assets available for benefits for the years then ended, the statements of accumulated plan benefits as of December 31, 2013 and 2012, and the related statements of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

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

### **Auditors' Responsibility**

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

### **Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Fifth Third Bank, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certification from the trustee as of and for the years ended December 31, 2014 and 2013, that the information provided to the plan administrator by the trustee is complete and accurate.

### **Disclaimer of Opinion**

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

10100 innovation drive, ste 400  
dayton, oh 45342

www.cshco.com  
p. 937.226.0070  
f. 937.226.1626

**Other Matter**

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules as listed in the accompanying table of contents, which are the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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 the supplemental schedules referred to above.

**Report on Form and Content in Compliance with DOL Rules and Regulations**

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

*Clark, Schaefer, Hackett & Co.*

Dayton, Ohio  
July 24, 2015

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br>▶ Complete all entries in accordance with the instructions to the Form 5500. | OMB Nos. 1510-0110<br>1510-0089<br><br><div style="font-size: 24pt; font-weight: bold; text-align: center;">2014</div><br><br>This Form is Open to Public Inspection |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                             |                                                                      |                                                                                                                                                                                                                                      |                                            |
|-------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| <b>Part I Annual Report Identification Information</b>      |                                                                      |                                                                                                                                                                                                                                      |                                            |
| For calendar plan year 2014 or fiscal plan year beginning   |                                                                      | 01/01/2014                                                                                                                                                                                                                           | and ending                                 |
|                                                             |                                                                      | 12/31/2014                                                                                                                                                                                                                           |                                            |
| A This return/report is for:                                | <input checked="" type="checkbox"/> a multiemployer plan;            | <input type="checkbox"/> a multiple-employer plan (filers checking this box must attach a list of participating employer information in accordance with the form instructions); or<br><input type="checkbox"/> a DFE (specify) _____ |                                            |
|                                                             | <input type="checkbox"/> a single-employer plan;                     | <input type="checkbox"/> the final return/report;                                                                                                                                                                                    |                                            |
| B This return/report is:                                    | <input type="checkbox"/> the first return/report;                    | <input type="checkbox"/> a short plan year return/report (less than 12 months).                                                                                                                                                      |                                            |
|                                                             | <input type="checkbox"/> an amended return/report;                   |                                                                                                                                                                                                                                      |                                            |
| C If the plan is a collectively-bargained plan, check here: | <input checked="" type="checkbox"/>                                  |                                                                                                                                                                                                                                      |                                            |
| D Check box if filing under:                                | <input checked="" type="checkbox"/> Form 5558;                       | <input type="checkbox"/> automatic extension;                                                                                                                                                                                        | <input type="checkbox"/> the DFVC program; |
|                                                             | <input type="checkbox"/> special extension (enter description) _____ |                                                                                                                                                                                                                                      |                                            |

|                                                                                                                   |                                                                                                                                                                       |                                                |                |
|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------|
| <b>Part II Basic Plan Information—enter all requested information</b>                                             |                                                                                                                                                                       |                                                |                |
| <b>1a</b> Name of plan                                                                                            | Northwest Ohio Area Industries<br>UAW Retirement Income Plan                                                                                                          | <b>1b</b> Three-digit plan number (PN) ▶       | 001            |
|                                                                                                                   |                                                                                                                                                                       | <b>1c</b> Effective date of plan               | 11/01/1950     |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) | Board of Trustees Northwest Ohio<br>Area Industries UAW Retirement Inco<br><br>c/o Stoner & Associates<br>205 W. Fourth Street - Suite 225<br><br>Cincinnati OH 45202 | <b>2b</b> Employer Identification Number (EIN) | 34-4437724     |
|                                                                                                                   |                                                                                                                                                                       | <b>2c</b> Plan Sponsor's telephone number      | (800) 832-7113 |
|                                                                                                                   |                                                                                                                                                                       | <b>2d</b> Business code (see instructions)     | 541990         |

**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<br>HERE                                                                                               |                                    | 9/22/15 | Kurt Geisheimer<br>Enter name of individual signing as plan administrator    |
|                                                                                                            | Signature of plan administrator    | Date    |                                                                              |
| SIGN<br>HERE                                                                                               |                                    | 9-28-15 | Jim Waingrow<br>Enter name of individual signing as employer or plan sponsor |
|                                                                                                            | Signature of employer/plan sponsor | Date    |                                                                              |
| SIGN<br>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)                                       |
|                                                                                                            |                                    |         |                                                                              |

# **Northwest Ohio Area Industries UAW Retirement Income Plan**

Financial Statements and Supplemental Schedules  
December 31, 2014 and 2013  
with Independent Auditors' Report

## TABLE OF CONTENTS

|                                                                     |       |
|---------------------------------------------------------------------|-------|
| Independent Auditors' Report.....                                   | 1-2   |
| Financial Statements:                                               |       |
| Statements of Net Assets Available for Benefits.....                | 3     |
| Statements of Changes in Net Assets Available for Benefits.....     | 4     |
| Statements of Accumulated Plan Benefits.....                        | 5     |
| Statements of Changes in Accumulated Plan Benefits.....             | 6     |
| Notes to Financial Statements.....                                  | 7-14  |
| Supplemental Schedules:                                             |       |
| Schedule H, Line 4i - Schedule of Assets Held (At End of Year)..... | 15-27 |
| Schedule H, Line 4j – Schedule of Reportable Transactions.....      | 28    |

## **INDEPENDENT AUDITORS' REPORT**

Board of Trustees  
Northwest Ohio Area Industries  
UAW Retirement Income Plan  
205 W. Fourth Street, Suite 225  
Cincinnati, OH 45202

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of Northwest Ohio Area Industries UAW Retirement Income Plan (the "Plan"), which comprises the statements of net assets available for benefits as of December 31, 2014 and 2013, the related statements of changes in net assets available for benefits for the years then ended, the statements of accumulated plan benefits as of December 31, 2013 and 2012, and the related statements of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

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

### **Auditors' Responsibility**

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

### **Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Fifth Third Bank, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certification from the trustee as of and for the years ended December 31, 2014 and 2013, that the information provided to the plan administrator by the trustee is complete and accurate.

### **Disclaimer of Opinion**

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

10100 innovation drive, ste 400  
dayton, oh 45342

www.cshco.com  
p. 937.226.0070  
f. 937.226.1626

**Other Matter**

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules as listed in the accompanying table of contents, which are the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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 the supplemental schedules referred to above.

**Report on Form and Content in Compliance with DOL Rules and Regulations**

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

*Clark, Schaefer, Hackett & Co.*

Dayton, Ohio  
July 24, 2015

Northwest Ohio Area Industries UAW Retirement Income Plan  
Statements of Changes in Net Assets Available for Benefits  
December 31, 2014 and 2013

|                                                   | <u>2014</u>          | <u>2013</u>       |
|---------------------------------------------------|----------------------|-------------------|
| Assets                                            |                      |                   |
| Investments at fair value:                        |                      |                   |
| Money market funds                                | \$ 2,301,689         | 2,674,126         |
| Corporate obligations                             | 1,705,003            | 1,726,027         |
| U.S. Government securities and agency obligations | 911,433              | 679,041           |
| Equity securities                                 | 24,355,855           | 25,749,983        |
| Registered investment companies                   | <u>14,538,931</u>    | <u>13,828,296</u> |
| Total investments                                 | 43,812,911           | 44,657,473        |
| Cash                                              | 58,932               | 35,682            |
| Receivables:                                      |                      |                   |
| Employer contributions                            | 17,471               | 17,546            |
| Accrued interest                                  | 27,393               | 34,138            |
| Prepaid expenses                                  | <u>6,640</u>         | <u>6,600</u>      |
|                                                   | <u>43,923,347</u>    | <u>44,751,439</u> |
| Liabilities                                       |                      |                   |
| Accounts payable                                  | <u>23,510</u>        | <u>15,344</u>     |
| Total liabilities                                 | <u>23,510</u>        | <u>15,344</u>     |
| Net assets available for benefits                 | <u>\$ 43,899,837</u> | <u>44,736,095</u> |

See accompanying notes to the financial statements.

Northwest Ohio Area Industries UAW Retirement Income Plan  
Statements of Changes in Net Assets Available for Benefits  
Years Ended December 31, 2014 and 2013

|                                                        | <u>2014</u>          | <u>2013</u>       |
|--------------------------------------------------------|----------------------|-------------------|
| Investment income:                                     |                      |                   |
| Net investment earnings                                | \$ 2,486,214         | 8,596,893         |
| Less: investment expenses                              | <u>285,264</u>       | <u>345,465</u>    |
|                                                        | 2,200,950            | 8,251,428         |
| Employer contributions                                 | <u>202,967</u>       | <u>308,091</u>    |
|                                                        | 2,403,917            | 8,559,519         |
| Total additions                                        | <u>2,403,917</u>     | <u>8,559,519</u>  |
| Benefits paid directly to participants                 | 3,029,887            | 2,993,587         |
| Administrative expenses:                               |                      |                   |
| Plan administration and other expenses                 | 93,420               | 92,666            |
| Professional fees                                      | 97,188               | 77,043            |
| Pension Benefit Guaranty Corporation insurance premium | <u>19,680</u>        | <u>20,218</u>     |
|                                                        | 3,240,175            | 3,183,514         |
| Total deductions                                       | <u>3,240,175</u>     | <u>3,183,514</u>  |
|                                                        | (836,258)            | 5,376,005         |
| Net increase (decrease)                                | <u>(836,258)</u>     | <u>5,376,005</u>  |
| Net assets available for benefits                      |                      |                   |
| Beginning of year                                      | <u>44,736,095</u>    | <u>39,360,090</u> |
| End of year                                            | <u>\$ 43,899,837</u> | <u>44,736,095</u> |

See accompanying notes to the financial statements.

Northwest Ohio Area Industries UAW Retirement Income Plan  
Statements of Changes in Net Assets Available for Benefits  
December 31, 2013 and 2012

|                                                            | <u>2013</u>                 | <u>2012</u>              |
|------------------------------------------------------------|-----------------------------|--------------------------|
| Actuarial present value of accumulated plan benefits:      |                             |                          |
| Vested benefits:                                           |                             |                          |
| Participants currently receiving payments                  | \$ 26,277,340               | 25,069,173               |
| Other participants                                         | <u>16,962,913</u>           | <u>17,662,521</u>        |
|                                                            | 43,240,253                  | 42,731,694               |
| Nonvested benefits                                         | <u>205,241</u>              | <u>252,983</u>           |
| Total actuarial present value of accumulated plan benefits | \$ <u><u>43,445,494</u></u> | <u><u>42,984,677</u></u> |

See accompanying notes to financial statements.

Northwest Ohio Area Industries UAW Retirement Income Plan  
Statements of Changes in Net Assets Available for Benefits  
Years Ended December 31, 2013 and 2012

|                                                                              | <u>2013</u>          | <u>2012</u>        |
|------------------------------------------------------------------------------|----------------------|--------------------|
| Actuarial present value of accumulated plan benefits<br>at beginning of year | \$ 42,984,677        | 43,957,101         |
| Increase (decrease) during the year attributed to:                           |                      |                    |
| Plan experience and benefits accumulated                                     | 468,025              | (3,424)            |
| Increase for interest due to the decrease in the discount period             | 3,009,770            | 3,082,657          |
| Change in assumptions                                                        | (23,391)             | (1,125,067)        |
| Benefits paid                                                                | <u>(2,993,587)</u>   | <u>(2,926,590)</u> |
| Net increase (decrease)                                                      | <u>460,817</u>       | <u>(972,424)</u>   |
| Actuarial present value of accumulated plan benefits<br>at end of year       | <u>\$ 43,445,494</u> | <u>42,984,677</u>  |

See accompanying notes to the financial statements.

**1. DESCRIPTION OF THE PLAN:**

The following brief description of the Northwest Ohio Area Industries UAW Retirement Income Plan is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**General**

The Plan is a defined benefit multi-employer pension plan pursuant to an agreement between several Locals of the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America (UAW) and a number of different employers who have entered into collective bargaining agreements with the UAW. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and all subsequent amendments.

**Contributions**

In accordance with the collective bargaining agreement, employers are required to make monthly contributions at a fixed dollar amount for each "paid" hour worked by participants. No participant contributions to the Plan are permitted.

**Eligibility**

Under the terms of the Plan, all employees on the seniority lists of the participating employers are eligible to participate. These participants are credited for a partial or full year of service based upon the number of hours worked during the year. These service years are recognized when determining vesting and computing benefits to be paid to participants. The Plan was frozen as of March 31, 2009, after which hours of service shall not count towards the employee's credited service for the purpose of accruing benefits.

**Benefits**

The Plan provides for normal, early and disability retirement benefits. These are distributable to individuals with a minimum of five years of service for normal retirement and ten years of service for early and disability retirement. Participants must have reached the age of 65 for normal retirement and 57 with at least 10 years of service for early retirement to receive such benefits (at a reduced amount). Participants with at least 10 years of service may be eligible for disability benefits. All retirees are eligible for a \$2,500 death benefit.

**Vesting**

Participants are fully vested after five years of service.

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:**

The following are the significant accounting policies of the Plan:

**Basis of accounting**

The financial statements of the Plan are prepared using the accrual method of accounting.

**Estimates**

The preparation of financial statements in accordance 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 liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits; at the date of the financial statements and changes therein. Actual results could differ from those estimates.

**Investment valuation and income recognition**

The Plan's investments are stated at fair value. 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, see Note 5 for discussion of fair value measurements.

Purchases and sales are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net investment earnings include realized gains and losses on investments sold during the year and unrealized gains and losses on investments held at year-end.

**Actuarial present value of accumulated plan benefits**

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances – retirement, death, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death disability, withdrawal or retirement) between the valuation date and the expected date of payment. The more significant actuarial assumptions underlying the actuarial computations are as follows:

1. Mortality rates Non-disabled: RP-2000 Table with Blue Collar adjustment
2. Disability mortality rates: RP-2000 Disabled Retiree Disability Table
3. Retirement rate: 100% at Age of 62.
4. Investment rate of return: 7.25%
5. Provision for expense: \$190,000
6. Actuarial cost method: Unit credit.

As of December 31, 2014 the plan was not in endangered or critical status.

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

**Payment of benefits**

Benefit payments to participants are recorded upon distribution.

**Subsequent events**

The plan administrator evaluates events and transactions occurring subsequent to the date of the financial statements for matters requiring recognition or disclosure in the financial statements. The accompanying financial statements consider events through July 24, 2015, the date on which the financial statements were available to be issued.

**3. FUNDING POLICY:**

The Plan is financed entirely by employer contributions as specified in the Employer Collective Bargaining Agreements with the UAW. The contribution rate is \$.62 per compensated hour. All contributions are remitted directly to Fifth Third Bank, Trustee, by the employers. Contribution levels for both 2014 and 2013 have met the minimum funding requirements of ERISA.

#### 4. INVESTMENTS:

All financial data related to investments used in the preparation of the statements of net assets available for benefits, statements of changes in net assets available for benefits, and the supplemental schedules of assets (held at end of year) and reportable transactions as of and for the years ended December 31, 2014 and 2013 have been certified as to the accuracy and completeness by the Plan's trustee, Fifth Third Bank.

The Plan's net investment earnings were as follows:

|                                                                                                | <u>2014</u>         | <u>2013</u>      |
|------------------------------------------------------------------------------------------------|---------------------|------------------|
| Interest from money market, U.S. Government securities<br>and agency obligations               | \$ 96,190           | 156,736          |
| Dividends from equity securities                                                               | 286,873             | 331,102          |
| Unrealized appreciation (depreciation) from<br>debt and equity investments held<br>at year end |                     |                  |
| U.S. Government securities and agency obligations                                              | 18,254              | (114,361)        |
| Corporate obligations                                                                          | 38,722              | (177,681)        |
| Equity securities                                                                              | (1,585,658)         | 1,745,111        |
|                                                                                                | <u>(1,528,682)</u>  | <u>1,453,069</u> |
| Realized gain from debt and equity investments<br>sold during the year                         | 2,752,634           | 6,080,843        |
| Net earnings from registered investment companies:                                             |                     |                  |
| Dividends                                                                                      | 724,480             | 346,395          |
| Net appreciation                                                                               | 154,719             | 228,748          |
|                                                                                                | <u>879,199</u>      | <u>575,143</u>   |
|                                                                                                | <u>\$ 2,486,214</u> | <u>8,596,893</u> |

All investments of the Plan are maintained in bank trustee accounts. Purchases and sales of securities are authorized by independent managers under investment policy guidelines established by the Plan.

As of December 31, 2014 and 2013, the Plan's investments representing 5% or more of net assets available for benefits were as follows:

|                                                 | <u>2014</u>  | <u>2013</u> |
|-------------------------------------------------|--------------|-------------|
| Fifth Third Banksafe Trust                      | \$ 2,301,689 | 2,666,584   |
| American Funds High Income Fund                 | 3,358,243    | 3,349,616   |
| Templeton Global Bond Fund Advantage            | 4,197,785    | 4,122,061   |
| Harding Loevner Funds International Equity Fund | 3,274,780    | 3,297,357   |
| Voya Real Estate Fund                           | 3,708,123    | 3,059,262   |

## 5. FAIR VALUE MEASUREMENTS:

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

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

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

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

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.

*Money market funds:* Valued at cost, which approximates fair value.

*Corporate obligations:* Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

*U.S. Government Securities and agency obligations:* Valued using pricing models maximizing the use of observable inputs for similar securities.

*Equity securities:* Valued at the closing price reported on the active market on which the securities is traded.

*Registered investment companies and money market funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The preceding methods 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 fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Northwest Ohio Area Industries UAW Retirement Income Plan  
Notes to Financial Statements  
Years Ended December 31, 2014 and 2013

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

|                                                            | <u>Total</u>         | <u>Level 1</u>    | <u>Level 2</u>   | <u>Level 3</u> |
|------------------------------------------------------------|----------------------|-------------------|------------------|----------------|
| Money market funds                                         | <u>\$ 2,301,689</u>  | <u>2,301,689</u>  | <u>-</u>         | <u>-</u>       |
| Corporate obligations                                      | <u>1,705,003</u>     | <u>-</u>          | <u>1,705,003</u> | <u>-</u>       |
| U.S. Government securities and<br>agency obligations:      |                      |                   |                  |                |
| Treasury notes                                             | 596,575              | -                 | 596,575          | -              |
| Agency obligations                                         | <u>314,858</u>       | <u>-</u>          | <u>314,858</u>   | <u>-</u>       |
| Total U.S. Government securities<br>and agency obligations | <u>911,433</u>       | <u>-</u>          | <u>911,433</u>   | <u>-</u>       |
| Equity securities:                                         |                      |                   |                  |                |
| Materials                                                  | 1,243,409            | 1,243,409         | -                | -              |
| Industrial                                                 | 1,970,432            | 1,970,432         | -                | -              |
| Consumer discretion                                        | 3,606,711            | 3,606,711         | -                | -              |
| Consumer staples                                           | 1,019,374            | 1,019,374         | -                | -              |
| Energy                                                     | 2,723,578            | 2,723,578         | -                | -              |
| Health Care                                                | 3,087,116            | 3,087,116         | -                | -              |
| Financial                                                  | 2,292,938            | 2,292,938         | -                | -              |
| Telecommunications                                         | 82,052               | 82,052            | -                | -              |
| Information technology                                     | 6,804,350            | 6,804,350         | -                | -              |
| Utilities                                                  | 73,793               | 73,793            | -                | -              |
| Other                                                      | <u>1,452,102</u>     | <u>1,452,102</u>  | <u>-</u>         | <u>-</u>       |
| Total equity securities                                    | <u>24,355,855</u>    | <u>24,355,855</u> | <u>-</u>         | <u>-</u>       |
| Registered investment companies:                           |                      |                   |                  |                |
| Balanced equity                                            | 3,358,243            | 3,358,243         | -                | -              |
| International equity                                       | 3,274,780            | 3,274,780         | -                | -              |
| Real estate                                                | 3,708,123            | 3,708,123         | -                | -              |
| Bond fund                                                  | <u>4,197,785</u>     | <u>4,197,785</u>  | <u>-</u>         | <u>-</u>       |
|                                                            | <u>14,538,931</u>    | <u>14,538,931</u> | <u>-</u>         | <u>-</u>       |
|                                                            | <u>\$ 43,812,911</u> | <u>41,196,475</u> | <u>2,616,436</u> | <u>-</u>       |

Northwest Ohio Area Industries UAW Retirement Income Plan  
Notes to Financial Statements  
Years Ended December 31, 2014 and 2013

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

|                                                         | Total                | Level 1           | Level 2          | Level 3  |
|---------------------------------------------------------|----------------------|-------------------|------------------|----------|
| Money market funds                                      | \$ 2,674,126         | 2,674,126         | -                | -        |
| Corporate obligations                                   | 1,726,027            | -                 | 1,726,027        | -        |
| U.S. Government securities and agency obligations:      |                      |                   |                  |          |
| Treasury notes                                          | 253,313              | -                 | 253,313          | -        |
| Agency obligations                                      | 425,728              | -                 | 425,728          | -        |
| Total U.S. Government securities and agency obligations | 679,041              | -                 | 679,041          | -        |
| Equity securities:                                      |                      |                   |                  |          |
| Materials                                               | 1,109,386            | 1,109,386         | -                | -        |
| Industrial                                              | 2,318,855            | 2,318,855         | -                | -        |
| Consumer discretion                                     | 4,720,954            | 4,720,954         | -                | -        |
| Consumer staples                                        | 991,952              | 991,952           | -                | -        |
| Energy                                                  | 3,591,242            | 3,591,242         | -                | -        |
| Health Care                                             | 2,842,715            | 2,842,715         | -                | -        |
| Financial                                               | 2,571,909            | 2,571,909         | -                | -        |
| Information technology                                  | 7,087,657            | 7,087,657         | -                | -        |
| Utilities                                               | 88,250               | 88,250            | -                | -        |
| Other                                                   | 427,063              | 427,063           | -                | -        |
| Total equity securities                                 | 25,749,983           | 25,749,983        | -                | -        |
| Registered investment companies:                        |                      |                   |                  |          |
| Balanced equity                                         | 3,349,616            | 3,349,616         | -                | -        |
| International equity                                    | 3,297,357            | 3,297,357         | -                | -        |
| Real estate                                             | 3,059,262            | 3,059,262         | -                | -        |
| Bond fund                                               | 4,122,061            | 4,122,061         | -                | -        |
|                                                         | 13,828,296           | 13,828,296        | -                | -        |
|                                                         | <u>\$ 44,657,473</u> | <u>42,252,405</u> | <u>2,405,068</u> | <u>-</u> |

## 6. WITHDRAWAL LIABILITY CONTRIBUTIONS:

The Plan assess withdrawal liability on employers that cease to participate under the collective bargaining agreement. Receivables from employers for withdrawal liability amounted to \$2,978,729 and \$3,001,943 at December 31, 2014 and 2013, respectively. In reviewing the employers responsible for the receivables and current economic conditions, the Board and Plan management has established a reserve for the total amount, and as such, withdrawal liability contributions are recognized in the statements of changes in net assets available for benefits in the year that they are received. Included in employer contributions in the accompanying statements of changes in net assets available for benefits are withdrawal liability contributions of \$20,210 and \$107,433 for the years ended December 31, 2014 and 2013, respectively.

**7. RELATED PARTY TRANSACTIONS:**

Certain Plan investments are money market funds of Fifth Third Bank, the Trustee, as defined by the Plan. These transactions, therefore, qualify as party-in-interest transactions. Fees paid by the Plan to Fifth Third Bank for administrative and investment fees amounted to \$54,634 and \$40,999 in 2014 and 2013, respectively.

**8. TAX STATUS:**

During 2014, the Plan was amended and restated. The amended and restated plan document has been submitted to the Internal Revenue Service (IRS) for approval. While the amended and restated plan document has not received approval from the IRS, the plan administrator and the plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code and therefore believe that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate the tax positions taken by the plan and recognize a tax liability (or asset) if the Plan 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 asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions, and is currently under IRS audit for the 2013 plan year. The plan administrator believes the audit to be randomly selected and routine and is not aware of any special situations that would trigger a special audit. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

**9. PLAN TERMINATION:**

The Plan continues in existence as long as the Employer Collective Bargaining Agreements with the UAW are in effect. The Plan shall be considered terminated if all, or a majority of the employers, discontinue the Plan with the consent of the UAW.

In the event the Plan terminates, the net assets of the Plan will be allocated in accordance with provisions of the Plan, subject to the requirements of ERISA and its related regulations.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC), a U.S. government agency. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivors' pensions. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, the PBGC does not guarantee all benefits under the Plan, and the amount of benefit protection is subject to certain limitations, as there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees.

Whether all participants receive their benefits should the Plan terminate at some time in the future will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

**10. RISKS AND UNCERTAINTIES:**

The Plan receives contributions primarily from employers who are located in the Northwest Ohio area. As such, it is affected by the general economic conditions of the area. For the year ended December 31, 2014, three employers represented 52%, 34% and 9% of total employer contributions, respectively. For the year ended December 31, 2013, the same three employers represented 53%, 28% and 13% of total employer contributions, respectively.

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

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

## **Supplemental Schedules**

Northwest Ohio Area Industries UAW Retirement Income Plan  
 EIN #34-4437724; Plan #001  
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 December 31, 2014

| (a)                    | (b)                                                               | (c )                           | (d)          | (e)              |
|------------------------|-------------------------------------------------------------------|--------------------------------|--------------|------------------|
|                        | Identity of Issue, Borrower,<br>Lessor, or Similar Party          | Principal<br>Amount/<br>Shares | Cost         | Current<br>Value |
| Money market funds:    |                                                                   |                                |              |                  |
| *                      | Fifth Third Banksafe Trust                                        | 2,301,689                      | \$ 2,301,689 | 2,301,689        |
|                        | Total Money market funds                                          |                                | 2,301,689    | 2,301,689        |
| Corporate Obligations: |                                                                   |                                |              |                  |
|                        | Abbvie Inc 05/06/13 1.75% due 11/06/17                            | 15,000                         | 15,106       | 15,033           |
|                        | American Intl Group 07/16/14 4.50% due 07/16/44                   | 15,000                         | 14,969       | 15,848           |
|                        | Americredit Auto Recv 06/27/12 .96% due 01/09/17                  | 7,274                          | 7,505        | 7,277            |
|                        | AMGEN Inc. 05/22/14 3.63% due 05/22/24                            | 20,000                         | 19,962       | 20,329           |
|                        | Anheuser Busch Inbev 01/27/14 2.15% due 02/01/19                  | 20,000                         | 20,042       | 20,081           |
|                        | AT&T Inc 06/14/12 1.70% due 06/01/17                              | 15,000                         | 15,060       | 15,060           |
|                        | AT&T Inc Sr NT 06/15/13 4.30% due 12/15/42                        | 20,000                         | 16,674       | 19,014           |
|                        | Bank of America Corp dtd 01/24/12 5.70% due 01/24/22              | 25,000                         | 29,407       | 28,961           |
|                        | Bank of America Credit Card Tr dtd 02/13/14 Various% due 06/15/21 | 30,000                         | 30,000       | 29,976           |
|                        | BB&T Corp Sr Medium Term NTS 03/22/12 2.15% due 03/22/17          | 25,000                         | 25,769       | 25,361           |
|                        | Bed Bath & Beyond Inc 07/17/14 5.17% due 08/01/44                 | 25,000                         | 25,146       | 26,157           |
|                        | Berkshire Hathaway dtd 01/11/11 4.25% due 01/15/21                | 25,000                         | 24,911       | 27,486           |
|                        | BHP Billiton Fin Ltd 09/30/13 5.00 09/30/43                       | 15,000                         | 15,257       | 17,003           |
|                        | BNP Paribas Mtn                                                   | 30,000                         | 29,971       | 30,286           |
|                        | California St 10/15/09 6.20% due 10/01/19                         | 50,000                         | 61,530       | 58,535           |
|                        | Capital One Multi-Asset dtd 04/10/14 VAR 01/18/22                 | 30,000                         | 30,034       | 29,976           |
|                        | Carmax Auto Owner Tr dtd 02/12/14 0.79% due 10/15/18              | 25,000                         | 24,997       | 24,926           |
|                        | Caterpillar Finl Svcs Corp 05/30/12 2.85% due 06/01/22            | 20,000                         | 19,946       | 20,008           |

Northwest Ohio Area Industries UAW Retirement Income Plan  
 EIN #34-4437724; Plan #001  
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 December 31, 2014

| (a) | (b)                                                          | (c )                           | (d)    | (e)              |
|-----|--------------------------------------------------------------|--------------------------------|--------|------------------|
|     | Identity of Issue, Borrower,<br>Lessor, or Similar Party     | Principal<br>Amount/<br>Shares | Cost   | Current<br>Value |
|     | Caterpillar Finl Svcs Corp 08/30/13 var due 08/28/15         | 35,000                         | 35,000 | 35,012           |
|     | CCCIT 2003-A7 A7 dtd 06/30/03 4.15% due 07/07/17             | 30,000                         | 30,807 | 30,566           |
|     | Citigroup Inc dtd 05/12/08 6.13% due 05/15/18                | 30,000                         | 28,346 | 33,950           |
|     | Comcast Corp New 06/18/09 6.55% due 07/01/39                 | 20,000                         | 23,323 | 27,314           |
|     | COMM 2012-LC4 Mtg TR dtd 03/01/12 3.29% due 12/10/44         | 20,000                         | 20,199 | 20,676           |
|     | COMM Mortgage Trust dtd 07/01/14 3.69% due 08/10/47          | 20,000                         | 20,602 | 20,831           |
|     | COMM Mortgage Trust dtd 11/01/12 2.85% due 10/15/45          | 15,000                         | 15,375 | 15,013           |
|     | COMM MTG TR 07/01/13 VAR 7/10/45                             | 15,000                         | 15,715 | 16,475           |
|     | COMM MTG TR 09/01/13 4.21% 9/10/23                           | 20,000                         | 20,598 | 21,814           |
|     | Duke Energy Ohio 9/06/13 var due 3/06/15                     | 40,000                         | 40,000 | 39,995           |
|     | EQVA 1996-4 dtd 11/01/96 Various% due 01/25/28               | 2,175                          | 2,175  | 2,172            |
|     | GE Equipment Midticket LLC dtd 09/26/12 .60% due 05/22/15    | 12,290                         | 12,285 | 12,288           |
|     | General Electric Cap Corp dtd 03/20/02 6.75% due 03/15/32    | 20,000                         | 26,089 | 27,318           |
|     | General Electric Cap Corp Medium 01/04/11 4.63% due 01/07/21 | 20,000                         | 21,920 | 22,292           |
|     | General Mills Inc 03/17/08 5.20% due 03/17/15                | 25,000                         | 26,749 | 25,235           |
|     | Goldman Sachs Group Inc dtd 01/24/12 5.75% due 01/24/22      | 20,000                         | 22,296 | 23,136           |
|     | Goldman Sachs Group Inc Medium 03/08/10 5.38% due 03/15/20   | 35,000                         | 39,051 | 39,225           |
|     | GS MTG SECS TR 2013 %                                        | 30,000                         | 30,900 | 31,131           |
|     | GS MTG SECS TR 5/1/13 3.14% due 6/12/46                      | 15,000                         | 14,016 | 15,180           |
|     | GS MTG SECS TR 8/1/13 4.24% due 8/10/46                      | 15,000                         | 15,450 | 16,410           |
|     | GSMS dtd 10/01/06 various% due 11/10/39                      | 14,751                         | 16,013 | 15,616           |
|     | Hewlett Packard Co 09/19/11 6.00% due 09/15/41               | 15,000                         | 17,270 | 16,871           |
|     | Home Equity Asset TR 7/01/05 Var 10/25/35                    | 9,300                          | 9,209  | 9,262            |
|     | HSBC Finance Corp dtd 06/27/05 5.00% due 06/30/15            | 25,000                         | 26,106 | 25,505           |

Northwest Ohio Area Industries UAW Retirement Income Plan  
 EIN #34-4437724; Plan #001  
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 December 31, 2014

| (a) | (b)                                                             | (c )                                  | (d)         | (e)                      |
|-----|-----------------------------------------------------------------|---------------------------------------|-------------|--------------------------|
|     | Identity of Issue, Borrower,<br><u>Lessor, or Similar Party</u> | Principal<br>Amount/<br><u>Shares</u> | <u>Cost</u> | <u>Current<br/>Value</u> |
|     | Hyundai Auto Receivables dtd 01/30/13 0.56% due 03/15/16        | 24,230                                | 24,229      | 24,239                   |
|     | JPMBB Coml Mtg Secs Tr dtd 005/01/14 3.05% due 04/15/47         | 35,000                                | 36,477      | 36,260                   |
|     | JPMBB Coml Mtg Secs Tr dtd 08/01/13 3.02% due 08/15/46          | 15,000                                | 15,627      | 15,541                   |
|     | JPMCC dtd 05/15/13 1.63% due 05/15/18                           | 25,000                                | 24,960      | 24,725                   |
|     | JPMCC dtd 05/22/08 6.40% due 05/15/38                           | 30,000                                | 38,525      | 39,196                   |
|     | JPMCC dtd 07/22/10 4.40% due 07/22/20                           | 20,000                                | 21,694      | 21,680                   |
|     | JPMCC dtd 10/01/12 2.83% due 10/15/45                           | 50,000                                | 50,390      | 49,895                   |
|     | LBUBS dtd 11/11/06 5.35% due 11/15/38                           | 15,000                                | 16,290      | 15,954                   |
|     | Mississippi Pwr Co 10/19/11 4.75% due 10/15/41                  | 15,000                                | 14,868      | 16,561                   |
|     | Missouri St Hwys & Trans 09/30/09 5.45% due 05/01/33            | 50,000                                | 50,000      | 60,824                   |
|     | Morgan Stanley Capital I dtd 01/01/06 various% due 10/12/52     | 15,533                                | 16,716      | 15,514                   |
|     | Nissan Auto Receivables dtd 12/11/13 0.67%S due 08/15/18        | 35,000                                | 34,930      | 34,915                   |
|     | Oracle Corp dtd 07/15/11 5.38% due 07/15/40                     | 25,000                                | 24,710      | 29,990                   |
|     | Petroleos Mexicanos NT 07/30/13 3.500 01/30/23                  | 25,000                                | 24,247      | 23,913                   |
|     | Phillip Morris Intl Inc Sr Nt 08/21/12 1.13% due 08/21/17       | 20,000                                | 19,925      | 19,916                   |
|     | Prudential Finl Inc 06/08/09 7.38 due 06/15/19                  | 20,000                                | 24,964      | 24,043                   |
|     | San Diego Gas & Elec Co 08/26/10 4.50% due 08/15/40             | 15,000                                | 15,697      | 16,694                   |
|     | Schlumberger Invt SA 12/03/13 3.650 12/01/23                    | 15,000                                | 15,455      | 15,680                   |
|     | Sequoia Mtg Trust 1/01/12 3.47% 1/25/42                         | 31,501                                | 32,257      | 32,010                   |
|     | Simon Property Group dtd 01/25/10 5.65% due 02/01/20            | 45,000                                | 49,955      | 51,654                   |
|     | St Paul Travelers Inc dtd 06/20/06 6.25% due 06/20/16           | 35,000                                | 38,630      | 37,674                   |
|     | Verizon Communications Inc 09/18/13 5.15% due 09/15/23          | 15,000                                | 16,128      | 16,563                   |
|     | Wachovia Bank dtd 12/13/06 5.31% due 11/15/48                   | 14,599                                | 15,452      | 15,471                   |
|     | WAMU dtd 09/01/03 5.00% due 10/25/18                            | 9,428                                 | 11,397      | 9,687                    |

Northwest Ohio Area Industries UAW Retirement Income Plan  
 EIN #34-4437724; Plan #001  
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 December 31, 2014

| (a)                                                | (b)                                                              | (c )                           | (d)       | (e)              |
|----------------------------------------------------|------------------------------------------------------------------|--------------------------------|-----------|------------------|
|                                                    | Identity of Issue, Borrower,<br>Lessor, or Similar Party         | Principal<br>Amount/<br>Shares | Cost      | Current<br>Value |
|                                                    | Wells Fargo & Co. dtd 02/13/13 3.45% due 02/13/23                | 15,000                         | 15,051    | 15,202           |
|                                                    | Wells Fargo & Co. dtd 05/07/12 2.10% due 05/08/17                | 25,000                         | 25,729    | 25,424           |
|                                                    | WFRBS Coml Mtg Tr dtd 08/01/13 4.15% due 08/15/46                | 15,000                         | 15,449    | 16,337           |
|                                                    | World Finl Network Cr Card 10/5/12 2.15% due 4/15/23             | 25,000                         | 25,424    | 24,837           |
|                                                    |                                                                  |                                | <hr/>     | <hr/>            |
|                                                    | Total Corporate Obligations                                      |                                | 1,670,956 | 1,705,003        |
|                                                    |                                                                  |                                | <hr/>     | <hr/>            |
| U.S. Government securities and agency obligations: |                                                                  |                                |           |                  |
|                                                    | Federal Home Loan Mortgage Corp. dtd 06/01/07 5.50% due 07/01/37 | 7,361                          | 3,415     | 8,229            |
|                                                    | Federal Home Loan Mortgage Corp. dtd 12/01/06 5.50% due 12/01/36 | 44,728                         | 35,003    | 50,054           |
|                                                    | Federal Home Loan Mortgage Corp. dtd 10/01/07 5.50% due 10/01/37 | 34,390                         | 28,545    | 38,398           |
|                                                    | Federal Home Loan Mortgage Corp. dtd 12/01/08 6.00% due 12/01/23 | 32,797                         | 39,750    | 36,562           |
|                                                    | Federal Home Loan Mortgage Corp. dtd 05/01/03 6.00% due 04/01/33 | 15,231                         | 28,056    | 17,443           |
|                                                    | Federal Home Loan Mortgage Corp. dtd 12/01/03 5.50% due 12/01/33 | 40,780                         | 43,363    | 45,907           |
|                                                    | Federal Home Loan Mortgage Corp. dtd 11/01/04 5.50% due 12/01/19 | 14,482                         | 19,392    | 15,555           |
|                                                    | Federal Home Loan Mortgage Corp. dtd 07/01/07 7.00% due 08/01/37 | 9,125                          | 16,531    | 10,095           |
|                                                    | Federal Home Loan Mortgage Corp. dtd 07/01/02 5.50% due 08/01/17 | 4,815                          | 11,278    | 5,083            |
|                                                    | Federal Home Loan Mortgage Corp. dtd 12/01/02 5.50% due 12/01/17 | 5,212                          | 7,305     | 5,506            |
|                                                    | Federal Home Loan Mortgage Corp. dtd 09/01/06 6.00% due 09/01/36 | 13,849                         | 14,256    | 15,750           |
|                                                    | Freddie Mac 12/01/10 3.5% 3/15/25 Series 3378 CL D               | 45,705                         | 49,149    | 47,448           |
|                                                    | Freddie Mac 10/1/09 4.00% 10/15/21                               | 18,306                         | 22,352    | 18,828           |
|                                                    | United States Treasury Bds dtd 09/17/12 0.875% due 09/15/15      | 120,000                        | 120,136   | 120,066          |
|                                                    | United States Treasury Bds dtd 11/15/12 2.75% due 11/15/42       | 110,000                        | 95,937    | 109,888          |
|                                                    | United States Treasury Nts dtd 03/31/14 0.375% due 03/31/16      | 35,000                         | 35,018    | 34,994           |

Northwest Ohio Area Industries UAW Retirement Income Plan  
 EIN #34-4437724; Plan #001  
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 December 31, 2014

| (a)                | (b)                                                             | (c )                                  | (d)         | (e)                     |
|--------------------|-----------------------------------------------------------------|---------------------------------------|-------------|-------------------------|
|                    | Identity of Issue, Borrower,<br><u>Lessor, or Similar Party</u> | Principal<br>Amount/<br><u>Shares</u> | <u>Cost</u> | Current<br><u>Value</u> |
|                    | United States Treasury Nts dtd 03/31/14 0.000% due 03/31/19     | 35,000                                | 35,020      | 35,156                  |
|                    | United States Treasury Nts dtd 05/15/14 0.875% due 05/15/17     | 120,000                               | 120,013     | 120,066                 |
|                    | United States Treasury Nts dtd 08/15/14 2.375% due 08/15/24     | 30,000                                | 29,738      | 30,555                  |
|                    | United States Treasury Nts dtd 09/30/14 1.750% due 09/30/19     | 145,000                               | 145,945     | 145,850                 |
|                    | Total U.S. Government securities and agency obligations         |                                       | 900,202     | 911,433                 |
| Equity securities: |                                                                 |                                       |             |                         |
|                    | Adobe Sys Inc                                                   | 4,000                                 | 283,595     | 290,800                 |
|                    | Advent Software Inc                                             | 1,419                                 | 46,047      | 43,478                  |
|                    | AES Corp                                                        | 5,359                                 | 80,002      | 73,793                  |
|                    | Aflac                                                           | 3,586                                 | 223,855     | 219,069                 |
|                    | Akorn Inc                                                       | 1,978                                 | 54,617      | 71,604                  |
|                    | Albermale Corp                                                  | 639                                   | 39,661      | 38,423                  |
|                    | Alexion Pharmaceuticals Inc                                     | 1,400                                 | 51,488      | 259,042                 |
|                    | Alibaba Gorup Holding Ltd Sponsored ADS                         | 3,975                                 | 357,981     | 413,162                 |
|                    | Align Technology Inc                                            | 1,065                                 | 59,600      | 59,544                  |
|                    | Allegheny Technologies Inc.                                     | 1,910                                 | 62,639      | 66,411                  |
|                    | Altria Group Inc                                                | 4,853                                 | 171,022     | 239,107                 |
|                    | AMDOCS Limited                                                  | 1,320                                 | 64,049      | 61,585                  |
|                    | Apache Corp                                                     | 2,904                                 | 212,868     | 181,994                 |
|                    | Apartment Investment & Management                               | 5,476                                 | 154,971     | 203,433                 |
|                    | Apple Inc                                                       | 2,865                                 | 200,926     | 316,239                 |
|                    | ARM Holdings                                                    | 5,175                                 | 211,941     | 239,603                 |

Northwest Ohio Area Industries UAW Retirement Income Plan  
 EIN #34-4437724; Plan #001  
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 December 31, 2014

| (a) | (b)                                                             | (c )                                  | (d)         | (e)                     |
|-----|-----------------------------------------------------------------|---------------------------------------|-------------|-------------------------|
|     | Identity of Issue, Borrower,<br><u>Lessor, or Similar Party</u> | Principal<br>Amount/<br><u>Shares</u> | <u>Cost</u> | Current<br><u>Value</u> |
|     | ASML Holding NV NY Registry SHS                                 | 2,025                                 | 80,525      | 218,356                 |
|     | Athenahealth Inc.                                               | 1,275                                 | 117,179     | 185,768                 |
|     | Atwood Oceanics Inc                                             | 6,334                                 | 258,644     | 179,696                 |
|     | Autoliv Inc                                                     | 891                                   | 61,412      | 94,553                  |
|     | Axis Capital Holdings Ltd                                       | 1,290                                 | 64,420      | 65,906                  |
|     | Baidu Inc                                                       | 2,525                                 | 261,583     | 575,624                 |
|     | BE Aerospace                                                    | 688                                   | 34,512      | 39,918                  |
|     | Biogen Idec Inc                                                 | 1,000                                 | 179,274     | 339,450                 |
|     | Biomarin Pharm Inc.                                             | 2,400                                 | 112,376     | 216,960                 |
|     | Bitauto Holdings Ltd                                            | 818                                   | 32,419      | 57,595                  |
|     | Bruker Biosciences Corp                                         | 3,290                                 | 64,502      | 64,550                  |
|     | Campbell Soup Co                                                | 1,627                                 | 69,431      | 71,588                  |
|     | Carrizo Oil & Gas Inc                                           | 1,259                                 | 50,609      | 52,374                  |
|     | Caterpillar Inc                                                 | 1,813                                 | 184,945     | 165,944                 |
|     | CBOE Holdings                                                   | 4,366                                 | 198,329     | 276,892                 |
|     | CBRE Group Inc                                                  | 2,822                                 | 70,804      | 96,654                  |
|     | Centene Corp                                                    | 589                                   | 43,913      | 61,168                  |
|     | Cerner Corp                                                     | 3,775                                 | 144,623     | 244,092                 |
|     | CF Industries Holdings                                          | 644                                   | 134,593     | 175,516                 |
|     | Chipotle Mexican Grill Inc.                                     | 525                                   | 142,077     | 359,368                 |
|     | Ciena Corp                                                      | 2,631                                 | 60,711      | 51,068                  |
|     | CIT Group Inc                                                   | 1,310                                 | 62,871      | 62,657                  |
|     | Colgate Palmolive Co                                            | 3,060                                 | 190,696     | 211,721                 |
|     | Conocophillips                                                  | 3,489                                 | 246,627     | 240,950                 |

Northwest Ohio Area Industries UAW Retirement Income Plan  
 EIN #34-4437724; Plan #001  
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 December 31, 2014

| (a) | (b)                                                             | (c )                                  | (d)         | (e)                     |
|-----|-----------------------------------------------------------------|---------------------------------------|-------------|-------------------------|
|     | Identity of Issue, Borrower,<br><u>Lessor, or Similar Party</u> | Principal<br>Amount/<br><u>Shares</u> | <u>Cost</u> | Current<br><u>Value</u> |
|     | Constellium Hold Co B V CL A                                    | 844                                   | 21,476      | 13,867                  |
|     | Continental Res Inc.                                            | 4,872                                 | 219,163     | 186,890                 |
|     | Copa Holdings SA-Class A                                        | 468                                   | 70,263      | 48,504                  |
|     | Core Laboratories N.V.                                          | 273                                   | 45,009      | 32,853                  |
|     | COTY Inc                                                        | 3,190                                 | 64,558      | 65,905                  |
|     | Crane Co                                                        | 1,140                                 | 65,789      | 66,918                  |
|     | Darling Ingredients Inc                                         | 3,470                                 | 63,459      | 63,015                  |
|     | Deckers Outdoor Corp                                            | 604                                   | 59,607      | 54,988                  |
|     | Dexcom Inc                                                      | 796                                   | 35,939      | 43,820                  |
|     | Dillard's Inc                                                   | 396                                   | 31,097      | 49,571                  |
|     | Discover Financial Services                                     | 3,625                                 | 185,950     | 237,401                 |
|     | Dolby Laboratories                                              | 1,130                                 | 37,708      | 48,726                  |
|     | Eaton Vance Corp                                                | 3,956                                 | 159,920     | 161,919                 |
|     | Enanta Pharmaceuticals Inc                                      | 745                                   | 34,503      | 37,883                  |
|     | Entegris Inc                                                    | 3,442                                 | 33,868      | 45,469                  |
|     | Expedia Inc.                                                    | 1,453                                 | 80,909      | 124,028                 |
|     | Expeditors Intl Wash Inc                                        | 1,370                                 | 62,702      | 61,116                  |
|     | Exxon Mobil Corp                                                | 1,735                                 | 152,576     | 160,401                 |
|     | F5 Networks Inc                                                 | 683                                   | 64,175      | 89,108                  |
|     | Facebook Inc.                                                   | 6,900                                 | 215,887     | 538,338                 |
|     | FEI Co                                                          | 607                                   | 39,276      | 54,842                  |
|     | First Rep Bank San Francisco                                    | 1,354                                 | 55,826      | 70,570                  |
|     | FMC Technologies Inc                                            | 3,725                                 | 114,634     | 174,479                 |
|     | Foot Locker Inc                                                 | 1,421                                 | 67,798      | 79,832                  |

Northwest Ohio Area Industries UAW Retirement Income Plan  
 EIN #34-4437724; Plan #001  
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 December 31, 2014

| (a) | (b)                                                             | (c )                                  | (d)         | (e)                      |
|-----|-----------------------------------------------------------------|---------------------------------------|-------------|--------------------------|
|     | Identity of Issue, Borrower,<br><u>Lessor, or Similar Party</u> | Principal<br>Amount/<br><u>Shares</u> | <u>Cost</u> | <u>Current<br/>Value</u> |
|     | Fossil Group Inc                                                | 575                                   | 63,300      | 63,676                   |
|     | Gartner Inc                                                     | 1,102                                 | 59,684      | 92,799                   |
|     | Gentex Corp                                                     | 1,364                                 | 40,655      | 49,281                   |
|     | Gilead Sciences Inc                                             | 1,614                                 | 136,754     | 152,136                  |
|     | Global PMTS Inc                                                 | 930                                   | 66,641      | 75,079                   |
|     | Google Inc CL C                                                 | 460                                   | 103,489     | 242,144                  |
|     | Google Inc-CL A                                                 | 600                                   | 134,633     | 318,396                  |
|     | Hain Celestian Group Inc                                        | 1,030                                 | 59,832      | 60,039                   |
|     | HD Supply Holdings Inc                                          | 4,331                                 | 129,075     | 127,721                  |
|     | Health Net Inc                                                  | 1,270                                 | 64,526      | 67,983                   |
|     | Heartland Payment Systems Inc                                   | 1,226                                 | 40,441      | 66,143                   |
|     | Huntsman Corp                                                   | 2,530                                 | 63,362      | 57,633                   |
|     | IAC Interactive Corp                                            | 2,471                                 | 129,706     | 150,212                  |
|     | ICON PLC SHS                                                    | 910                                   | 46,501      | 46,401                   |
|     | Informatica Corp                                                | 2,771                                 | 99,374      | 105,672                  |
|     | Insulet Corp                                                    | 650                                   | 25,840      | 29,939                   |
|     | Interactive Brokers Gro-CI                                      | 844                                   | 19,899      | 24,611                   |
|     | ISIS Pharmaceuticals                                            | 1,327                                 | 51,412      | 81,929                   |
|     | Jabil Circuit Inc                                               | 3,100                                 | 62,923      | 67,673                   |
|     | Jazz Pharmaceuticals Plc                                        | 395                                   | 49,109      | 64,673                   |
|     | Kapstone Paper & Packaging                                      | 2,120                                 | 29,394      | 62,137                   |
|     | Keryx Biopharmaceuticals                                        | 2,200                                 | 34,066      | 31,130                   |
|     | Kirby Corp                                                      | 765                                   | 68,934      | 61,766                   |
|     | Las Vegas Sands Corp                                            | 3,975                                 | 143,293     | 231,186                  |

Northwest Ohio Area Industries UAW Retirement Income Plan  
 EIN #34-4437724; Plan #001  
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 December 31, 2014

| (a) | (b)                                                             | (c )                                  | (d)         | (e)                     |
|-----|-----------------------------------------------------------------|---------------------------------------|-------------|-------------------------|
|     | Identity of Issue, Borrower,<br><u>Lessor, or Similar Party</u> | Principal<br>Amount/<br><u>Shares</u> | <u>Cost</u> | Current<br><u>Value</u> |
|     | Lendingclub Corp                                                | 2,625                                 | 54,189      | 66,413                  |
|     | LinkedIn Corp                                                   | 1,975                                 | 395,171     | 453,677                 |
|     | Lockheed Martin Corp                                            | 1,462                                 | 187,896     | 281,537                 |
|     | Lyondellbasell Industries                                       | 2,774                                 | 212,991     | 220,228                 |
|     | Manhattan Associates                                            | 730                                   | 20,851      | 29,726                  |
|     | ManpowerGroup, Inc                                              | 960                                   | 63,979      | 65,443                  |
|     | Marathon Pete Corp                                              | 2,631                                 | 169,951     | 237,474                 |
|     | Marketaxess Holdings                                            | 297                                   | 20,491      | 21,298                  |
|     | Maxim Integrated Prods Inc                                      | 2,180                                 | 63,711      | 69,477                  |
|     | Maximus Inc                                                     | 1,220                                 | 64,239      | 66,905                  |
|     | McGraw-Hill Financial                                           | 2,183                                 | 145,180     | 194,243                 |
|     | Medivation Inc                                                  | 812                                   | 63,327      | 80,883                  |
|     | Microsoft Corp                                                  | 4,814                                 | 129,061     | 223,610                 |
|     | Momenta                                                         | 1,164                                 | 20,368      | 14,015                  |
|     | Monsanto Co                                                     | 2,575                                 | 268,616     | 307,635                 |
|     | Moody's Corp                                                    | 1,930                                 | 170,045     | 184,913                 |
|     | Mylan Inc.                                                      | 4,249                                 | 162,795     | 239,516                 |
|     | National-Oilwell Inc                                            | 2,925                                 | 156,098     | 191,675                 |
|     | Nationstar Mtg Holdings Inc                                     | 5,106                                 | 176,291     | 143,938                 |
|     | Navient Corp                                                    | 3,070                                 | 64,612      | 66,343                  |
|     | Netscout Sys Inc                                                | 1,006                                 | 38,946      | 36,759                  |
|     | Neustar Inc                                                     | 1,306                                 | 53,533      | 36,307                  |
|     | Newmarket Corp                                                  | 468                                   | 132,185     | 188,852                 |
|     | Nike Inc                                                        | 2,725                                 | 98,969      | 262,009                 |

Northwest Ohio Area Industries UAW Retirement Income Plan  
 EIN #34-4437724; Plan #001  
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 December 31, 2014

| (a) | (b)                                                             | (c )                                  | (d)         | (e)                     |
|-----|-----------------------------------------------------------------|---------------------------------------|-------------|-------------------------|
|     | Identity of Issue, Borrower,<br><u>Lessor, or Similar Party</u> | Principal<br>Amount/<br><u>Shares</u> | <u>Cost</u> | Current<br><u>Value</u> |
|     | Nordson Corp                                                    | 760                                   | 51,137      | 59,250                  |
|     | Nordstrom Inc                                                   | 840                                   | 63,728      | 66,688                  |
|     | Oasis Pete Inc.                                                 | 6,061                                 | 235,336     | 100,249                 |
|     | Oil States International                                        | 4,325                                 | 240,175     | 211,493                 |
|     | Old Dominion                                                    | 1,260                                 | 70,217      | 97,826                  |
|     | Outfront Media Inc                                              | 2,380                                 | 64,674      | 63,879                  |
|     | Perkinelmer Inc                                                 | 1,410                                 | 64,117      | 61,659                  |
|     | Petsmart Inc.                                                   | 1,335                                 | 85,078      | 108,529                 |
|     | Philip Morris International Inc                                 | 1,774                                 | 108,107     | 144,492                 |
|     | Polaris Inds Inc.                                               | 628                                   | 54,501      | 94,979                  |
|     | Power Integrations Inc                                          | 834                                   | 52,879      | 43,151                  |
|     | Priceline.com Inc                                               | 315                                   | 186,645     | 359,166                 |
|     | Proto Labs Inc                                                  | 313                                   | 22,610      | 21,021                  |
|     | PTC Inc                                                         | 1,750                                 | 62,261      | 64,138                  |
|     | PVH Corp                                                        | 505                                   | 62,471      | 64,726                  |
|     | Regeneron Pharmaceuticals Inc                                   | 1,075                                 | 199,546     | 441,019                 |
|     | Reinsurance Group Amer Inc                                      | 745                                   | 63,369      | 65,277                  |
|     | Robert Half Intl Inc                                            | 2,060                                 | 79,795      | 120,263                 |
|     | Rockwell Collins                                                | 1,969                                 | 143,483     | 166,341                 |
|     | Ross Stores Inc                                                 | 2,125                                 | 153,226     | 200,303                 |
|     | Rovi Corp                                                       | 1,519                                 | 35,040      | 34,314                  |
|     | Sabre Corp                                                      | 3,430                                 | 62,689      | 69,526                  |
|     | Salesforce.com Inc                                              | 8,750                                 | 163,078     | 518,963                 |
|     | Schlumberger LTD                                                | 3,375                                 | 243,200     | 288,259                 |

Northwest Ohio Area Industries UAW Retirement Income Plan  
 EIN #34-4437724; Plan #001  
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 December 31, 2014

| (a) | (b)                                                             | (c )                                  | (d)         | (e)                     |
|-----|-----------------------------------------------------------------|---------------------------------------|-------------|-------------------------|
|     | Identity of Issue, Borrower,<br><u>Lessor, or Similar Party</u> | Principal<br>Amount/<br><u>Shares</u> | <u>Cost</u> | Current<br><u>Value</u> |
|     | Schwab Charles Corp                                             | 7,950                                 | 188,993     | 240,011                 |
|     | Scotts Miracle-Gro Company                                      | 1,060                                 | 64,074      | 66,059                  |
|     | Signet Jewelers                                                 | 1,011                                 | 68,193      | 133,017                 |
|     | Silgan Holdings Inc                                             | 1,129                                 | 53,706      | 60,514                  |
|     | SM Energy Co                                                    | 2,612                                 | 226,375     | 100,771                 |
|     | Southwestern Energy Co                                          | 5,900                                 | 211,442     | 161,011                 |
|     | Splunk Inc                                                      | 4,649                                 | 231,571     | 274,059                 |
|     | SPX Corp                                                        | 775                                   | 66,123      | 66,588                  |
|     | Synopsys Inc                                                    | 1,490                                 | 64,118      | 64,770                  |
|     | Tableau Software Inc Cl A                                       | 770                                   | 44,032      | 65,265                  |
|     | Tandem Diabetes Care Inc Common                                 | 843                                   | 11,433      | 10,706                  |
|     | Tesoro Corporation                                              | 840                                   | 62,952      | 62,454                  |
|     | TJX Cos Inc                                                     | 4,034                                 | 224,479     | 276,652                 |
|     | Total System Services                                           | 2,624                                 | 64,714      | 89,111                  |
|     | Towers Watson & Co                                              | 647                                   | 44,954      | 73,221                  |
|     | Triumph Group Inc New                                           | 950                                   | 63,605      | 63,859                  |
|     | Twenty First Century Fox Inc A                                  | 6,350                                 | 231,175     | 243,872                 |
|     | Umpqua Holdings Corp                                            | 3,800                                 | 63,074      | 64,638                  |
|     | United Parcel Service                                           | 1,579                                 | 144,650     | 175,537                 |
|     | United Rentals                                                  | 1,046                                 | 56,974      | 106,702                 |
|     | United Therapeutics Corp                                        | 257                                   | 15,649      | 33,279                  |
|     | Universal Health Services                                       | 1,004                                 | 64,065      | 111,705                 |
|     | Urban Outfitters Inc                                            | 1,990                                 | 62,805      | 69,909                  |
|     | Valero Energy                                                   | 3,508                                 | 168,487     | 173,646                 |

Northwest Ohio Area Industries UAW Retirement Income Plan  
 EIN #34-4437724; Plan #001  
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 December 31, 2014

| (a) | (b)                                                             | (c )                                  | (d)         | (e)                      |
|-----|-----------------------------------------------------------------|---------------------------------------|-------------|--------------------------|
|     | Identity of Issue, Borrower,<br><u>Lessor, or Similar Party</u> | Principal<br>Amount/<br><u>Shares</u> | <u>Cost</u> | <u>Current<br/>Value</u> |
|     | Valmont                                                         | 366                                   | 58,003      | 46,482                   |
|     | Vantiv Inc                                                      | 1,910                                 | 63,955      | 64,787                   |
|     | Verint Sys Inc                                                  | 791                                   | 46,111      | 46,099                   |
|     | Verisk Analytics Inc                                            | 1,365                                 | 82,501      | 87,428                   |
|     | Verzon Communications                                           | 1,754                                 | 82,488      | 82,052                   |
|     | Visa Inc                                                        | 2,725                                 | 176,074     | 714,495                  |
|     | Wabtec                                                          | 1,173                                 | 59,378      | 101,922                  |
|     | Waddell & Reed Financial                                        | 3,430                                 | 178,334     | 170,883                  |
|     | Western Digital Corp                                            | 2,514                                 | 162,530     | 278,300                  |
|     | Western Union Co                                                | 10,465                                | 172,883     | 187,428                  |
|     | Whiting Petroleum Corp                                          | 2,657                                 | 114,396     | 87,681                   |
|     | Whole Foods Market Inc                                          | 4,550                                 | 202,261     | 229,411                  |
|     | Williams Sonoma Inc.                                            | 1,092                                 | 52,356      | 82,643                   |
|     | Wuxi Pharmatech Cayman Inc ADR                                  | 1,395                                 | 43,982      | 46,970                   |
|     | Wyndham Worldwide Corp                                          | 850                                   | 54,762      | 72,896                   |
|     | XL Group                                                        | 1,985                                 | 60,205      | 68,224                   |
|     | Yelp Inc                                                        | 669                                   | 43,829      | 36,614                   |
|     | YUM! Brands Inc                                                 | 2,047                                 | 148,092     | 149,123                  |
|     | YY Inc ADS Repstg Com CL A                                      | 854                                   | 55,668      | 53,237                   |
|     | Zions Bancorp                                                   | 2,300                                 | 61,975      | 65,572                   |
|     | Zulily Inc CL A                                                 | 915                                   | 35,410      | 21,410                   |
|     |                                                                 |                                       | <hr/>       | <hr/>                    |
|     | Total equity securities                                         |                                       | 18,800,965  | 24,355,855               |

Northwest Ohio Area Industries UAW Retirement Income Plan  
 EIN #34-4437724; Plan #001  
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 December 31, 2014

| (a)                              | (b)                                                             | (c )                                  | (d)                  | (e)                     |
|----------------------------------|-----------------------------------------------------------------|---------------------------------------|----------------------|-------------------------|
|                                  | Identity of Issue, Borrower,<br><u>Lessor, or Similar Party</u> | Principal<br>Amount/<br><u>Shares</u> | <u>Cost</u>          | Current<br><u>Value</u> |
| Registered investment companies: |                                                                 |                                       |                      |                         |
|                                  | Templeton Global Bond Fund Advantage                            | 338,258                               | 4,363,676            | 4,197,785               |
|                                  | American Funds High Income Fund                                 | 312,395                               | 3,562,194            | 3,358,243               |
|                                  | Harding Loevner Funds International Equity Fund                 | 186,491                               | 3,205,558            | 3,274,780               |
|                                  | Voya Real Estate Fund                                           | 174,664                               | <u>3,037,566</u>     | <u>3,708,123</u>        |
|                                  | Total registered investment companies                           |                                       | <u>14,168,995</u>    | <u>14,538,931</u>       |
|                                  | Total Assets Held                                               |                                       | \$ <u>37,842,807</u> | <u>43,812,911</u>       |

Northwest Ohio Area Industries UAW Retirement Income Plan  
 EIN #34-4437724; Plan #001  
 Schedule H, Item 4j - Schedule of Reportable Transactions  
 Year Ended December 31, 2014

| (a)                                                                          | (b)                         |           | (c )                      | (d)                      | (g)                      | (h)                             | (i)                           |
|------------------------------------------------------------------------------|-----------------------------|-----------|---------------------------|--------------------------|--------------------------|---------------------------------|-------------------------------|
|                                                                              |                             |           |                           |                          |                          | Current<br>Value of<br>Asset on |                               |
| <u>Identity of Party Involved</u>                                            | <u>Description of Asset</u> |           | <u>Purchase<br/>Price</u> | <u>Selling<br/>Price</u> | <u>Cost of<br/>Asset</u> | <u>Transactio<br/>n Date</u>    | <u>Net Gain or<br/>(Loss)</u> |
| <u>Category (iii) - Series of Transactions in Excess of 5% of Net Assets</u> |                             |           |                           |                          |                          |                                 |                               |
| * Fifth Third BankSafe Trust                                                 | Money market fund           | Purchases | 4,561,210                 | -                        | 4,561,210                | 4,561,210                       | -                             |
|                                                                              | Money market fund           | Sales     | -                         | 4,926,105                | 4,926,105                | 4,926,105                       | -                             |
| * Fifth Third Banksafe Premium                                               | Money market fund           | Purchases | 1,610,835                 | -                        | 1,610,835                | 1,610,835                       | -                             |
|                                                                              | Money market fund           | Sales     | -                         | 1,618,377                | 1,618,377                | 1,618,377                       | -                             |

\* Party-in-interest.

There were no reportable category (i), (ii), or (iv) transactions for the year ended December 31, 2014.

Note: "Reportable Transactions" are defined in Section 2520.103-6 of the Department of Labor's Regulations.



At Clark Schaefer Hackett, we are the sum of our individuals. Each team member's training, experience and drive is well-suited to each client's needs and goals. We are committed to providing insightful and flexible service – from efficient compliance to sophisticated consulting – to help each client prosper today and plan for future success.

Northwest Ohio Area Industries UAW Retirement Income Plan  
 EIN #34-4437724; Plan #001  
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 December 31, 2014

| (a)                    | (b)                                                               | (c )                           | (d)          | (e)              |
|------------------------|-------------------------------------------------------------------|--------------------------------|--------------|------------------|
|                        | Identity of Issue, Borrower,<br>Lessor, or Similar Party          | Principal<br>Amount/<br>Shares | Cost         | Current<br>Value |
| Money market funds:    |                                                                   |                                |              |                  |
| *                      | Fifth Third Banksafe Trust                                        | 2,301,689                      | \$ 2,301,689 | 2,301,689        |
|                        | Total Money market funds                                          |                                | 2,301,689    | 2,301,689        |
| Corporate Obligations: |                                                                   |                                |              |                  |
|                        | Abbvie Inc 05/06/13 1.75% due 11/06/17                            | 15,000                         | 15,106       | 15,033           |
|                        | American Intl Group 07/16/14 4.50% due 07/16/44                   | 15,000                         | 14,969       | 15,848           |
|                        | Americredit Auto Recv 06/27/12 .96% due 01/09/17                  | 7,274                          | 7,505        | 7,277            |
|                        | AMGEN Inc. 05/22/14 3.63% due 05/22/24                            | 20,000                         | 19,962       | 20,329           |
|                        | Anheuser Busch Inbev 01/27/14 2.15% due 02/01/19                  | 20,000                         | 20,042       | 20,081           |
|                        | AT&T Inc 06/14/12 1.70% due 06/01/17                              | 15,000                         | 15,060       | 15,060           |
|                        | AT&T Inc Sr NT 06/15/13 4.30% due 12/15/42                        | 20,000                         | 16,674       | 19,014           |
|                        | Bank of America Corp dtd 01/24/12 5.70% due 01/24/22              | 25,000                         | 29,407       | 28,961           |
|                        | Bank of America Credit Card Tr dtd 02/13/14 Various% due 06/15/21 | 30,000                         | 30,000       | 29,976           |
|                        | BB&T Corp Sr Medium Term NTS 03/22/12 2.15% due 03/22/17          | 25,000                         | 25,769       | 25,361           |
|                        | Bed Bath & Beyond Inc 07/17/14 5.17% due 08/01/44                 | 25,000                         | 25,146       | 26,157           |
|                        | Berkshire Hathaway dtd 01/11/11 4.25% due 01/15/21                | 25,000                         | 24,911       | 27,486           |
|                        | BHP Billiton Fin Ltd 09/30/13 5.00 09/30/43                       | 15,000                         | 15,257       | 17,003           |
|                        | BNP Paribas Mtn                                                   | 30,000                         | 29,971       | 30,286           |
|                        | California St 10/15/09 6.20% due 10/01/19                         | 50,000                         | 61,530       | 58,535           |
|                        | Capital One Multi-Asset dtd 04/10/14 VAR 01/18/22                 | 30,000                         | 30,034       | 29,976           |
|                        | Carmax Auto Owner Tr dtd 02/12/14 0.79% due 10/15/18              | 25,000                         | 24,997       | 24,926           |
|                        | Caterpillar Finl Svcs Corp 05/30/12 2.85% due 06/01/22            | 20,000                         | 19,946       | 20,008           |

Northwest Ohio Area Industries UAW Retirement Income Plan  
 EIN #34-4437724; Plan #001  
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 December 31, 2014

| (a) | (b)                                                             | (c )                                  | (d)         | (e)                      |
|-----|-----------------------------------------------------------------|---------------------------------------|-------------|--------------------------|
|     | Identity of Issue, Borrower,<br><u>Lessor, or Similar Party</u> | Principal<br>Amount/<br><u>Shares</u> | <u>Cost</u> | <u>Current<br/>Value</u> |
|     | Caterpillar Finl Svcs Corp 08/30/13 var due 08/28/15            | 35,000                                | 35,000      | 35,012                   |
|     | CCCIT 2003-A7 A7 dtd 06/30/03 4.15% due 07/07/17                | 30,000                                | 30,807      | 30,566                   |
|     | Citigroup Inc dtd 05/12/08 6.13% due 05/15/18                   | 30,000                                | 28,346      | 33,950                   |
|     | Comcast Corp New 06/18/09 6.55% due 07/01/39                    | 20,000                                | 23,323      | 27,314                   |
|     | COMM 2012-LC4 Mtg TR dtd 03/01/12 3.29% due 12/10/44            | 20,000                                | 20,199      | 20,676                   |
|     | COMM Mortgage Trust dtd 07/01/14 3.69% due 08/10/47             | 20,000                                | 20,602      | 20,831                   |
|     | COMM Mortgage Trust dtd 11/01/12 2.85% due 10/15/45             | 15,000                                | 15,375      | 15,013                   |
|     | COMM MTG TR 07/01/13 VAR 7/10/45                                | 15,000                                | 15,715      | 16,475                   |
|     | COMM MTG TR 09/01/13 4.21% 9/10/23                              | 20,000                                | 20,598      | 21,814                   |
|     | Duke Energy Ohio 9/06/13 var due 3/06/15                        | 40,000                                | 40,000      | 39,995                   |
|     | EQVA 1996-4 dtd 11/01/96 Various% due 01/25/28                  | 2,175                                 | 2,175       | 2,172                    |
|     | GE Equipment Midticket LLC dtd 09/26/12 .60% due 05/22/15       | 12,290                                | 12,285      | 12,288                   |
|     | General Electric Cap Corp dtd 03/20/02 6.75% due 03/15/32       | 20,000                                | 26,089      | 27,318                   |
|     | General Electric Cap Corp Medium 01/04/11 4.63% due 01/07/21    | 20,000                                | 21,920      | 22,292                   |
|     | General Mills Inc 03/17/08 5.20% due 03/17/15                   | 25,000                                | 26,749      | 25,235                   |
|     | Goldman Sachs Group Inc dtd 01/24/12 5.75% due 01/24/22         | 20,000                                | 22,296      | 23,136                   |
|     | Goldman Sachs Group Inc Medium 03/08/10 5.38% due 03/15/20      | 35,000                                | 39,051      | 39,225                   |
|     | GS MTG SECS TR 2013 %                                           | 30,000                                | 30,900      | 31,131                   |
|     | GS MTG SECS TR 5/1/13 3.14% due 6/12/46                         | 15,000                                | 14,016      | 15,180                   |
|     | GS MTG SECS TR 8/1/13 4.24% due 8/10/46                         | 15,000                                | 15,450      | 16,410                   |
|     | GSMS dtd 10/01/06 various% due 11/10/39                         | 14,751                                | 16,013      | 15,616                   |
|     | Hewlett Packard Co 09/19/11 6.00% due 09/15/41                  | 15,000                                | 17,270      | 16,871                   |
|     | Home Equity Asset TR 7/01/05 Var 10/25/35                       | 9,300                                 | 9,209       | 9,262                    |
|     | HSBC Finance Corp dtd 06/27/05 5.00% due 06/30/15               | 25,000                                | 26,106      | 25,505                   |

Northwest Ohio Area Industries UAW Retirement Income Plan  
 EIN #34-4437724; Plan #001  
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 December 31, 2014

| (a) | (b)                                                             | (c )                                  | (d)         | (e)                      |
|-----|-----------------------------------------------------------------|---------------------------------------|-------------|--------------------------|
|     | Identity of Issue, Borrower,<br><u>Lessor, or Similar Party</u> | Principal<br>Amount/<br><u>Shares</u> | <u>Cost</u> | <u>Current<br/>Value</u> |
|     | Hyundai Auto Receivables dtd 01/30/13 0.56% due 03/15/16        | 24,230                                | 24,229      | 24,239                   |
|     | JPMBB Coml Mtg Secs Tr dtd 005/01/14 3.05% due 04/15/47         | 35,000                                | 36,477      | 36,260                   |
|     | JPMBB Coml Mtg Secs Tr dtd 08/01/13 3.02% due 08/15/46          | 15,000                                | 15,627      | 15,541                   |
|     | JPMCC dtd 05/15/13 1.63% due 05/15/18                           | 25,000                                | 24,960      | 24,725                   |
|     | JPMCC dtd 05/22/08 6.40% due 05/15/38                           | 30,000                                | 38,525      | 39,196                   |
|     | JPMCC dtd 07/22/10 4.40% due 07/22/20                           | 20,000                                | 21,694      | 21,680                   |
|     | JPMCC dtd 10/01/12 2.83% due 10/15/45                           | 50,000                                | 50,390      | 49,895                   |
|     | LBUBS dtd 11/11/06 5.35% due 11/15/38                           | 15,000                                | 16,290      | 15,954                   |
|     | Mississippi Pwr Co 10/19/11 4.75% due 10/15/41                  | 15,000                                | 14,868      | 16,561                   |
|     | Missouri St Hwys & Trans 09/30/09 5.45% due 05/01/33            | 50,000                                | 50,000      | 60,824                   |
|     | Morgan Stanley Capital I dtd 01/01/06 various% due 10/12/52     | 15,533                                | 16,716      | 15,514                   |
|     | Nissan Auto Receivables dtd 12/11/13 0.67%S due 08/15/18        | 35,000                                | 34,930      | 34,915                   |
|     | Oracle Corp dtd 07/15/11 5.38% due 07/15/40                     | 25,000                                | 24,710      | 29,990                   |
|     | Petroleos Mexicanos NT 07/30/13 3.500 01/30/23                  | 25,000                                | 24,247      | 23,913                   |
|     | Phillip Morris Intl Inc Sr Nt 08/21/12 1.13% due 08/21/17       | 20,000                                | 19,925      | 19,916                   |
|     | Prudential Finl Inc 06/08/09 7.38 due 06/15/19                  | 20,000                                | 24,964      | 24,043                   |
|     | San Diego Gas & Elec Co 08/26/10 4.50% due 08/15/40             | 15,000                                | 15,697      | 16,694                   |
|     | Schlumberger Invt SA 12/03/13 3.650 12/01/23                    | 15,000                                | 15,455      | 15,680                   |
|     | Sequoia Mtg Trust 1/01/12 3.47% 1/25/42                         | 31,501                                | 32,257      | 32,010                   |
|     | Simon Property Group dtd 01/25/10 5.65% due 02/01/20            | 45,000                                | 49,955      | 51,654                   |
|     | St Paul Travelers Inc dtd 06/20/06 6.25% due 06/20/16           | 35,000                                | 38,630      | 37,674                   |
|     | Verizon Communications Inc 09/18/13 5.15% due 09/15/23          | 15,000                                | 16,128      | 16,563                   |
|     | Wachovia Bank dtd 12/13/06 5.31% due 11/15/48                   | 14,599                                | 15,452      | 15,471                   |
|     | WAMU dtd 09/01/03 5.00% due 10/25/18                            | 9,428                                 | 11,397      | 9,687                    |

Northwest Ohio Area Industries UAW Retirement Income Plan  
 EIN #34-4437724; Plan #001  
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 December 31, 2014

| (a)                                                | (b)                                                              | (c )                           | (d)       | (e)              |
|----------------------------------------------------|------------------------------------------------------------------|--------------------------------|-----------|------------------|
|                                                    | Identity of Issue, Borrower,<br>Lessor, or Similar Party         | Principal<br>Amount/<br>Shares | Cost      | Current<br>Value |
|                                                    | Wells Fargo & Co. dtd 02/13/13 3.45% due 02/13/23                | 15,000                         | 15,051    | 15,202           |
|                                                    | Wells Fargo & Co. dtd 05/07/12 2.10% due 05/08/17                | 25,000                         | 25,729    | 25,424           |
|                                                    | WFRBS Coml Mtg Tr dtd 08/01/13 4.15% due 08/15/46                | 15,000                         | 15,449    | 16,337           |
|                                                    | World Finl Network Cr Card 10/5/12 2.15% due 4/15/23             | 25,000                         | 25,424    | 24,837           |
|                                                    |                                                                  |                                | <hr/>     | <hr/>            |
|                                                    | Total Corporate Obligations                                      |                                | 1,670,956 | 1,705,003        |
|                                                    |                                                                  |                                | <hr/>     | <hr/>            |
| U.S. Government securities and agency obligations: |                                                                  |                                |           |                  |
|                                                    | Federal Home Loan Mortgage Corp. dtd 06/01/07 5.50% due 07/01/37 | 7,361                          | 3,415     | 8,229            |
|                                                    | Federal Home Loan Mortgage Corp. dtd 12/01/06 5.50% due 12/01/36 | 44,728                         | 35,003    | 50,054           |
|                                                    | Federal Home Loan Mortgage Corp. dtd 10/01/07 5.50% due 10/01/37 | 34,390                         | 28,545    | 38,398           |
|                                                    | Federal Home Loan Mortgage Corp. dtd 12/01/08 6.00% due 12/01/23 | 32,797                         | 39,750    | 36,562           |
|                                                    | Federal Home Loan Mortgage Corp. dtd 05/01/03 6.00% due 04/01/33 | 15,231                         | 28,056    | 17,443           |
|                                                    | Federal Home Loan Mortgage Corp. dtd 12/01/03 5.50% due 12/01/33 | 40,780                         | 43,363    | 45,907           |
|                                                    | Federal Home Loan Mortgage Corp. dtd 11/01/04 5.50% due 12/01/19 | 14,482                         | 19,392    | 15,555           |
|                                                    | Federal Home Loan Mortgage Corp. dtd 07/01/07 7.00% due 08/01/37 | 9,125                          | 16,531    | 10,095           |
|                                                    | Federal Home Loan Mortgage Corp. dtd 07/01/02 5.50% due 08/01/17 | 4,815                          | 11,278    | 5,083            |
|                                                    | Federal Home Loan Mortgage Corp. dtd 12/01/02 5.50% due 12/01/17 | 5,212                          | 7,305     | 5,506            |
|                                                    | Federal Home Loan Mortgage Corp. dtd 09/01/06 6.00% due 09/01/36 | 13,849                         | 14,256    | 15,750           |
|                                                    | Freddie Mac 12/01/10 3.5% 3/15/25 Series 3378 CL D               | 45,705                         | 49,149    | 47,448           |
|                                                    | Freddie Mac 10/1/09 4.00% 10/15/21                               | 18,306                         | 22,352    | 18,828           |
|                                                    | United States Treasury Bds dtd 09/17/12 0.875% due 09/15/15      | 120,000                        | 120,136   | 120,066          |
|                                                    | United States Treasury Bds dtd 11/15/12 2.75% due 11/15/42       | 110,000                        | 95,937    | 109,888          |
|                                                    | United States Treasury Nts dtd 03/31/14 0.375% due 03/31/16      | 35,000                         | 35,018    | 34,994           |

Northwest Ohio Area Industries UAW Retirement Income Plan  
 EIN #34-4437724; Plan #001  
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 December 31, 2014

| (a)                | (b)                                                             | (c )                                  | (d)         | (e)                     |
|--------------------|-----------------------------------------------------------------|---------------------------------------|-------------|-------------------------|
|                    | Identity of Issue, Borrower,<br><u>Lessor, or Similar Party</u> | Principal<br>Amount/<br><u>Shares</u> | <u>Cost</u> | Current<br><u>Value</u> |
|                    | United States Treasury Nts dtd 03/31/14 0.000% due 03/31/19     | 35,000                                | 35,020      | 35,156                  |
|                    | United States Treasury Nts dtd 05/15/14 0.875% due 05/15/17     | 120,000                               | 120,013     | 120,066                 |
|                    | United States Treasury Nts dtd 08/15/14 2.375% due 08/15/24     | 30,000                                | 29,738      | 30,555                  |
|                    | United States Treasury Nts dtd 09/30/14 1.750% due 09/30/19     | 145,000                               | 145,945     | 145,850                 |
|                    |                                                                 |                                       |             |                         |
|                    | Total U.S. Government securities and agency obligations         |                                       | 900,202     | 911,433                 |
|                    |                                                                 |                                       |             |                         |
| Equity securities: |                                                                 |                                       |             |                         |
|                    | Adobe Sys Inc                                                   | 4,000                                 | 283,595     | 290,800                 |
|                    | Advent Software Inc                                             | 1,419                                 | 46,047      | 43,478                  |
|                    | AES Corp                                                        | 5,359                                 | 80,002      | 73,793                  |
|                    | Aflac                                                           | 3,586                                 | 223,855     | 219,069                 |
|                    | Akorn Inc                                                       | 1,978                                 | 54,617      | 71,604                  |
|                    | Albermale Corp                                                  | 639                                   | 39,661      | 38,423                  |
|                    | Alexion Pharmaceuticals Inc                                     | 1,400                                 | 51,488      | 259,042                 |
|                    | Alibaba Gorup Holding Ltd Sponsored ADS                         | 3,975                                 | 357,981     | 413,162                 |
|                    | Align Technology Inc                                            | 1,065                                 | 59,600      | 59,544                  |
|                    | Allegheny Technologies Inc.                                     | 1,910                                 | 62,639      | 66,411                  |
|                    | Altria Group Inc                                                | 4,853                                 | 171,022     | 239,107                 |
|                    | AMDOCS Limited                                                  | 1,320                                 | 64,049      | 61,585                  |
|                    | Apache Corp                                                     | 2,904                                 | 212,868     | 181,994                 |
|                    | Apartment Investment & Management                               | 5,476                                 | 154,971     | 203,433                 |
|                    | Apple Inc                                                       | 2,865                                 | 200,926     | 316,239                 |
|                    | ARM Holdings                                                    | 5,175                                 | 211,941     | 239,603                 |

Northwest Ohio Area Industries UAW Retirement Income Plan  
 EIN #34-4437724; Plan #001  
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 December 31, 2014

| (a) | (b)                                                             | (c )                                  | (d)         | (e)                     |
|-----|-----------------------------------------------------------------|---------------------------------------|-------------|-------------------------|
|     | Identity of Issue, Borrower,<br><u>Lessor, or Similar Party</u> | Principal<br>Amount/<br><u>Shares</u> | <u>Cost</u> | Current<br><u>Value</u> |
|     | ASML Holding NV NY Registry SHS                                 | 2,025                                 | 80,525      | 218,356                 |
|     | Athenahealth Inc.                                               | 1,275                                 | 117,179     | 185,768                 |
|     | Atwood Oceanics Inc                                             | 6,334                                 | 258,644     | 179,696                 |
|     | Autoliv Inc                                                     | 891                                   | 61,412      | 94,553                  |
|     | Axis Capital Holdings Ltd                                       | 1,290                                 | 64,420      | 65,906                  |
|     | Baidu Inc                                                       | 2,525                                 | 261,583     | 575,624                 |
|     | BE Aerospace                                                    | 688                                   | 34,512      | 39,918                  |
|     | Biogen Idec Inc                                                 | 1,000                                 | 179,274     | 339,450                 |
|     | Biomarin Pharm Inc.                                             | 2,400                                 | 112,376     | 216,960                 |
|     | Bitauto Holdings Ltd                                            | 818                                   | 32,419      | 57,595                  |
|     | Bruker Biosciences Corp                                         | 3,290                                 | 64,502      | 64,550                  |
|     | Campbell Soup Co                                                | 1,627                                 | 69,431      | 71,588                  |
|     | Carrizo Oil & Gas Inc                                           | 1,259                                 | 50,609      | 52,374                  |
|     | Caterpillar Inc                                                 | 1,813                                 | 184,945     | 165,944                 |
|     | CBOE Holdings                                                   | 4,366                                 | 198,329     | 276,892                 |
|     | CBRE Group Inc                                                  | 2,822                                 | 70,804      | 96,654                  |
|     | Centene Corp                                                    | 589                                   | 43,913      | 61,168                  |
|     | Cerner Corp                                                     | 3,775                                 | 144,623     | 244,092                 |
|     | CF Industries Holdings                                          | 644                                   | 134,593     | 175,516                 |
|     | Chipotle Mexican Grill Inc.                                     | 525                                   | 142,077     | 359,368                 |
|     | Ciena Corp                                                      | 2,631                                 | 60,711      | 51,068                  |
|     | CIT Group Inc                                                   | 1,310                                 | 62,871      | 62,657                  |
|     | Colgate Palmolive Co                                            | 3,060                                 | 190,696     | 211,721                 |
|     | Conocophillips                                                  | 3,489                                 | 246,627     | 240,950                 |

Northwest Ohio Area Industries UAW Retirement Income Plan  
 EIN #34-4437724; Plan #001  
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 December 31, 2014

| (a) | (b)                                                             | (c )                                  | (d)         | (e)                     |
|-----|-----------------------------------------------------------------|---------------------------------------|-------------|-------------------------|
|     | Identity of Issue, Borrower,<br><u>Lessor, or Similar Party</u> | Principal<br>Amount/<br><u>Shares</u> | <u>Cost</u> | Current<br><u>Value</u> |
|     | Constellium Hold Co B V CL A                                    | 844                                   | 21,476      | 13,867                  |
|     | Continental Res Inc.                                            | 4,872                                 | 219,163     | 186,890                 |
|     | Copa Holdings SA-Class A                                        | 468                                   | 70,263      | 48,504                  |
|     | Core Laboratories N.V.                                          | 273                                   | 45,009      | 32,853                  |
|     | COTY Inc                                                        | 3,190                                 | 64,558      | 65,905                  |
|     | Crane Co                                                        | 1,140                                 | 65,789      | 66,918                  |
|     | Darling Ingredients Inc                                         | 3,470                                 | 63,459      | 63,015                  |
|     | Deckers Outdoor Corp                                            | 604                                   | 59,607      | 54,988                  |
|     | Dexcom Inc                                                      | 796                                   | 35,939      | 43,820                  |
|     | Dillard's Inc                                                   | 396                                   | 31,097      | 49,571                  |
|     | Discover Financial Services                                     | 3,625                                 | 185,950     | 237,401                 |
|     | Dolby Laboratories                                              | 1,130                                 | 37,708      | 48,726                  |
|     | Eaton Vance Corp                                                | 3,956                                 | 159,920     | 161,919                 |
|     | Enanta Pharmaceuticals Inc                                      | 745                                   | 34,503      | 37,883                  |
|     | Entegris Inc                                                    | 3,442                                 | 33,868      | 45,469                  |
|     | Expedia Inc.                                                    | 1,453                                 | 80,909      | 124,028                 |
|     | Expeditors Intl Wash Inc                                        | 1,370                                 | 62,702      | 61,116                  |
|     | Exxon Mobil Corp                                                | 1,735                                 | 152,576     | 160,401                 |
|     | F5 Networks Inc                                                 | 683                                   | 64,175      | 89,108                  |
|     | Facebook Inc.                                                   | 6,900                                 | 215,887     | 538,338                 |
|     | FEI Co                                                          | 607                                   | 39,276      | 54,842                  |
|     | First Rep Bank San Francisco                                    | 1,354                                 | 55,826      | 70,570                  |
|     | FMC Technologies Inc                                            | 3,725                                 | 114,634     | 174,479                 |
|     | Foot Locker Inc                                                 | 1,421                                 | 67,798      | 79,832                  |

Northwest Ohio Area Industries UAW Retirement Income Plan  
 EIN #34-4437724; Plan #001  
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 December 31, 2014

| (a) | (b)                                                             | (c )                                  | (d)         | (e)                      |
|-----|-----------------------------------------------------------------|---------------------------------------|-------------|--------------------------|
|     | Identity of Issue, Borrower,<br><u>Lessor, or Similar Party</u> | Principal<br>Amount/<br><u>Shares</u> | <u>Cost</u> | <u>Current<br/>Value</u> |
|     | Fossil Group Inc                                                | 575                                   | 63,300      | 63,676                   |
|     | Gartner Inc                                                     | 1,102                                 | 59,684      | 92,799                   |
|     | Gentex Corp                                                     | 1,364                                 | 40,655      | 49,281                   |
|     | Gilead Sciences Inc                                             | 1,614                                 | 136,754     | 152,136                  |
|     | Global PMTS Inc                                                 | 930                                   | 66,641      | 75,079                   |
|     | Google Inc CL C                                                 | 460                                   | 103,489     | 242,144                  |
|     | Google Inc-CL A                                                 | 600                                   | 134,633     | 318,396                  |
|     | Hain Celestian Group Inc                                        | 1,030                                 | 59,832      | 60,039                   |
|     | HD Supply Holdings Inc                                          | 4,331                                 | 129,075     | 127,721                  |
|     | Health Net Inc                                                  | 1,270                                 | 64,526      | 67,983                   |
|     | Heartland Payment Systems Inc                                   | 1,226                                 | 40,441      | 66,143                   |
|     | Huntsman Corp                                                   | 2,530                                 | 63,362      | 57,633                   |
|     | IAC Interactive Corp                                            | 2,471                                 | 129,706     | 150,212                  |
|     | ICON PLC SHS                                                    | 910                                   | 46,501      | 46,401                   |
|     | Informatica Corp                                                | 2,771                                 | 99,374      | 105,672                  |
|     | Insulet Corp                                                    | 650                                   | 25,840      | 29,939                   |
|     | Interactive Brokers Gro-CI                                      | 844                                   | 19,899      | 24,611                   |
|     | ISIS Pharmaceuticals                                            | 1,327                                 | 51,412      | 81,929                   |
|     | Jabil Circuit Inc                                               | 3,100                                 | 62,923      | 67,673                   |
|     | Jazz Pharmaceuticals Plc                                        | 395                                   | 49,109      | 64,673                   |
|     | Kapstone Paper & Packaging                                      | 2,120                                 | 29,394      | 62,137                   |
|     | Keryx Biopharmaceuticals                                        | 2,200                                 | 34,066      | 31,130                   |
|     | Kirby Corp                                                      | 765                                   | 68,934      | 61,766                   |
|     | Las Vegas Sands Corp                                            | 3,975                                 | 143,293     | 231,186                  |

Northwest Ohio Area Industries UAW Retirement Income Plan  
 EIN #34-4437724; Plan #001  
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 December 31, 2014

| (a) | (b)                                                             | (c )                                  | (d)         | (e)                     |
|-----|-----------------------------------------------------------------|---------------------------------------|-------------|-------------------------|
|     | Identity of Issue, Borrower,<br><u>Lessor, or Similar Party</u> | Principal<br>Amount/<br><u>Shares</u> | <u>Cost</u> | Current<br><u>Value</u> |
|     | Lendingclub Corp                                                | 2,625                                 | 54,189      | 66,413                  |
|     | LinkedIn Corp                                                   | 1,975                                 | 395,171     | 453,677                 |
|     | Lockheed Martin Corp                                            | 1,462                                 | 187,896     | 281,537                 |
|     | Lyondellbasell Industries                                       | 2,774                                 | 212,991     | 220,228                 |
|     | Manhattan Associates                                            | 730                                   | 20,851      | 29,726                  |
|     | ManpowerGroup, Inc                                              | 960                                   | 63,979      | 65,443                  |
|     | Marathon Pete Corp                                              | 2,631                                 | 169,951     | 237,474                 |
|     | Marketaxess Holdings                                            | 297                                   | 20,491      | 21,298                  |
|     | Maxim Integrated Prods Inc                                      | 2,180                                 | 63,711      | 69,477                  |
|     | Maximus Inc                                                     | 1,220                                 | 64,239      | 66,905                  |
|     | McGraw-Hill Financial                                           | 2,183                                 | 145,180     | 194,243                 |
|     | Medivation Inc                                                  | 812                                   | 63,327      | 80,883                  |
|     | Microsoft Corp                                                  | 4,814                                 | 129,061     | 223,610                 |
|     | Momenta                                                         | 1,164                                 | 20,368      | 14,015                  |
|     | Monsanto Co                                                     | 2,575                                 | 268,616     | 307,635                 |
|     | Moody's Corp                                                    | 1,930                                 | 170,045     | 184,913                 |
|     | Mylan Inc.                                                      | 4,249                                 | 162,795     | 239,516                 |
|     | National-Oilwell Inc                                            | 2,925                                 | 156,098     | 191,675                 |
|     | Nationstar Mtg Holdings Inc                                     | 5,106                                 | 176,291     | 143,938                 |
|     | Navient Corp                                                    | 3,070                                 | 64,612      | 66,343                  |
|     | Netscout Sys Inc                                                | 1,006                                 | 38,946      | 36,759                  |
|     | Neustar Inc                                                     | 1,306                                 | 53,533      | 36,307                  |
|     | Newmarket Corp                                                  | 468                                   | 132,185     | 188,852                 |
|     | Nike Inc                                                        | 2,725                                 | 98,969      | 262,009                 |

Northwest Ohio Area Industries UAW Retirement Income Plan  
 EIN #34-4437724; Plan #001  
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 December 31, 2014

| (a) | (b)                                                             | (c )                                  | (d)         | (e)                     |
|-----|-----------------------------------------------------------------|---------------------------------------|-------------|-------------------------|
|     | Identity of Issue, Borrower,<br><u>Lessor, or Similar Party</u> | Principal<br>Amount/<br><u>Shares</u> | <u>Cost</u> | Current<br><u>Value</u> |
|     | Nordson Corp                                                    | 760                                   | 51,137      | 59,250                  |
|     | Nordstrom Inc                                                   | 840                                   | 63,728      | 66,688                  |
|     | Oasis Pete Inc.                                                 | 6,061                                 | 235,336     | 100,249                 |
|     | Oil States International                                        | 4,325                                 | 240,175     | 211,493                 |
|     | Old Dominion                                                    | 1,260                                 | 70,217      | 97,826                  |
|     | Outfront Media Inc                                              | 2,380                                 | 64,674      | 63,879                  |
|     | Perkinelmer Inc                                                 | 1,410                                 | 64,117      | 61,659                  |
|     | Petsmart Inc.                                                   | 1,335                                 | 85,078      | 108,529                 |
|     | Philip Morris International Inc                                 | 1,774                                 | 108,107     | 144,492                 |
|     | Polaris Inds Inc.                                               | 628                                   | 54,501      | 94,979                  |
|     | Power Integrations Inc                                          | 834                                   | 52,879      | 43,151                  |
|     | Priceline.com Inc                                               | 315                                   | 186,645     | 359,166                 |
|     | Proto Labs Inc                                                  | 313                                   | 22,610      | 21,021                  |
|     | PTC Inc                                                         | 1,750                                 | 62,261      | 64,138                  |
|     | PVH Corp                                                        | 505                                   | 62,471      | 64,726                  |
|     | Regeneron Pharmaceuticals Inc                                   | 1,075                                 | 199,546     | 441,019                 |
|     | Reinsurance Group Amer Inc                                      | 745                                   | 63,369      | 65,277                  |
|     | Robert Half Intl Inc                                            | 2,060                                 | 79,795      | 120,263                 |
|     | Rockwell Collins                                                | 1,969                                 | 143,483     | 166,341                 |
|     | Ross Stores Inc                                                 | 2,125                                 | 153,226     | 200,303                 |
|     | Rovi Corp                                                       | 1,519                                 | 35,040      | 34,314                  |
|     | Sabre Corp                                                      | 3,430                                 | 62,689      | 69,526                  |
|     | Salesforce.com Inc                                              | 8,750                                 | 163,078     | 518,963                 |
|     | Schlumberger LTD                                                | 3,375                                 | 243,200     | 288,259                 |

Northwest Ohio Area Industries UAW Retirement Income Plan  
 EIN #34-4437724; Plan #001  
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 December 31, 2014

| (a) | (b)                                                             | (c )                                  | (d)         | (e)                     |
|-----|-----------------------------------------------------------------|---------------------------------------|-------------|-------------------------|
|     | Identity of Issue, Borrower,<br><u>Lessor, or Similar Party</u> | Principal<br>Amount/<br><u>Shares</u> | <u>Cost</u> | Current<br><u>Value</u> |
|     | Schwab Charles Corp                                             | 7,950                                 | 188,993     | 240,011                 |
|     | Scotts Miracle-Gro Company                                      | 1,060                                 | 64,074      | 66,059                  |
|     | Signet Jewelers                                                 | 1,011                                 | 68,193      | 133,017                 |
|     | Silgan Holdings Inc                                             | 1,129                                 | 53,706      | 60,514                  |
|     | SM Energy Co                                                    | 2,612                                 | 226,375     | 100,771                 |
|     | Southwestern Energy Co                                          | 5,900                                 | 211,442     | 161,011                 |
|     | Splunk Inc                                                      | 4,649                                 | 231,571     | 274,059                 |
|     | SPX Corp                                                        | 775                                   | 66,123      | 66,588                  |
|     | Synopsys Inc                                                    | 1,490                                 | 64,118      | 64,770                  |
|     | Tableau Software Inc Cl A                                       | 770                                   | 44,032      | 65,265                  |
|     | Tandem Diabetes Care Inc Common                                 | 843                                   | 11,433      | 10,706                  |
|     | Tesoro Corporation                                              | 840                                   | 62,952      | 62,454                  |
|     | TJX Cos Inc                                                     | 4,034                                 | 224,479     | 276,652                 |
|     | Total System Services                                           | 2,624                                 | 64,714      | 89,111                  |
|     | Towers Watson & Co                                              | 647                                   | 44,954      | 73,221                  |
|     | Triumph Group Inc New                                           | 950                                   | 63,605      | 63,859                  |
|     | Twenty First Century Fox Inc A                                  | 6,350                                 | 231,175     | 243,872                 |
|     | Umpqua Holdings Corp                                            | 3,800                                 | 63,074      | 64,638                  |
|     | United Parcel Service                                           | 1,579                                 | 144,650     | 175,537                 |
|     | United Rentals                                                  | 1,046                                 | 56,974      | 106,702                 |
|     | United Therapeutics Corp                                        | 257                                   | 15,649      | 33,279                  |
|     | Universal Health Services                                       | 1,004                                 | 64,065      | 111,705                 |
|     | Urban Outfitters Inc                                            | 1,990                                 | 62,805      | 69,909                  |
|     | Valero Energy                                                   | 3,508                                 | 168,487     | 173,646                 |

Northwest Ohio Area Industries UAW Retirement Income Plan  
 EIN #34-4437724; Plan #001  
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 December 31, 2014

| (a) | (b)                                                             | (c )                                  | (d)         | (e)                      |
|-----|-----------------------------------------------------------------|---------------------------------------|-------------|--------------------------|
|     | Identity of Issue, Borrower,<br><u>Lessor, or Similar Party</u> | Principal<br>Amount/<br><u>Shares</u> | <u>Cost</u> | <u>Current<br/>Value</u> |
|     | Valmont                                                         | 366                                   | 58,003      | 46,482                   |
|     | Vantiv Inc                                                      | 1,910                                 | 63,955      | 64,787                   |
|     | Verint Sys Inc                                                  | 791                                   | 46,111      | 46,099                   |
|     | Verisk Analytics Inc                                            | 1,365                                 | 82,501      | 87,428                   |
|     | Verzon Communications                                           | 1,754                                 | 82,488      | 82,052                   |
|     | Visa Inc                                                        | 2,725                                 | 176,074     | 714,495                  |
|     | Wabtec                                                          | 1,173                                 | 59,378      | 101,922                  |
|     | Waddell & Reed Financial                                        | 3,430                                 | 178,334     | 170,883                  |
|     | Western Digital Corp                                            | 2,514                                 | 162,530     | 278,300                  |
|     | Western Union Co                                                | 10,465                                | 172,883     | 187,428                  |
|     | Whiting Petroleum Corp                                          | 2,657                                 | 114,396     | 87,681                   |
|     | Whole Foods Market Inc                                          | 4,550                                 | 202,261     | 229,411                  |
|     | Williams Sonoma Inc.                                            | 1,092                                 | 52,356      | 82,643                   |
|     | Wuxi Pharmatech Cayman Inc ADR                                  | 1,395                                 | 43,982      | 46,970                   |
|     | Wyndham Worldwide Corp                                          | 850                                   | 54,762      | 72,896                   |
|     | XL Group                                                        | 1,985                                 | 60,205      | 68,224                   |
|     | Yelp Inc                                                        | 669                                   | 43,829      | 36,614                   |
|     | YUM! Brands Inc                                                 | 2,047                                 | 148,092     | 149,123                  |
|     | YY Inc ADS Repstg Com CL A                                      | 854                                   | 55,668      | 53,237                   |
|     | Zions Bancorp                                                   | 2,300                                 | 61,975      | 65,572                   |
|     | Zulily Inc CL A                                                 | 915                                   | 35,410      | 21,410                   |
|     |                                                                 |                                       | <hr/>       | <hr/>                    |
|     | Total equity securities                                         |                                       | 18,800,965  | 24,355,855               |

Northwest Ohio Area Industries UAW Retirement Income Plan  
 EIN #34-4437724; Plan #001  
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
 December 31, 2014

| (a)                              | (b)                                                             | (c )                                  | (d)                  | (e)                     |
|----------------------------------|-----------------------------------------------------------------|---------------------------------------|----------------------|-------------------------|
|                                  | Identity of Issue, Borrower,<br><u>Lessor, or Similar Party</u> | Principal<br>Amount/<br><u>Shares</u> | <u>Cost</u>          | Current<br><u>Value</u> |
| Registered investment companies: |                                                                 |                                       |                      |                         |
|                                  | Templeton Global Bond Fund Advantage                            | 338,258                               | 4,363,676            | 4,197,785               |
|                                  | American Funds High Income Fund                                 | 312,395                               | 3,562,194            | 3,358,243               |
|                                  | Harding Loevner Funds International Equity Fund                 | 186,491                               | 3,205,558            | 3,274,780               |
|                                  | Voya Real Estate Fund                                           | 174,664                               | <u>3,037,566</u>     | <u>3,708,123</u>        |
|                                  | Total registered investment companies                           |                                       | <u>14,168,995</u>    | <u>14,538,931</u>       |
|                                  | Total Assets Held                                               |                                       | <u>\$ 37,842,807</u> | <u>43,812,911</u>       |

Northwest Ohio Area Industries UAW Retirement Income Plan  
 EIN #34-4437724; Plan #001  
 Schedule H, Item 4j - Schedule of Reportable Transactions  
 Year Ended December 31, 2014

| (a)                                                                          | (b)                         |           | (c )              | (d)              | (g)              | (h)                             | (i)                   |
|------------------------------------------------------------------------------|-----------------------------|-----------|-------------------|------------------|------------------|---------------------------------|-----------------------|
|                                                                              |                             |           |                   |                  |                  | Current<br>Value of<br>Asset on |                       |
|                                                                              |                             |           | Purchase<br>Price | Selling<br>Price | Cost of<br>Asset | Transactio<br>n Date            | Net Gain or<br>(Loss) |
| <u>Identity of Party Involved</u>                                            | <u>Description of Asset</u> |           |                   |                  |                  |                                 |                       |
| <u>Category (iii) - Series of Transactions in Excess of 5% of Net Assets</u> |                             |           |                   |                  |                  |                                 |                       |
| * Fifth Third BankSafe Trust                                                 | Money market fund           | Purchases | 4,561,210         | -                | 4,561,210        | 4,561,210                       | -                     |
|                                                                              | Money market fund           | Sales     | -                 | 4,926,105        | 4,926,105        | 4,926,105                       | -                     |
| * Fifth Third Banksafe Premium                                               | Money market fund           | Purchases | 1,610,835         | -                | 1,610,835        | 1,610,835                       | -                     |
|                                                                              | Money market fund           | Sales     | -                 | 1,618,377        | 1,618,377        | 1,618,377                       | -                     |

\* Party-in-interest.

There were no reportable category (i), (ii), or (iv) transactions for the year ended December 31, 2014.

Note: "Reportable Transactions" are defined in Section 2520.103-6 of the Department of Labor's Regulations.

|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE MB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service<br/>Department of Labor<br/>Employee Benefits Security Administration<br/>Pension Benefit Guaranty Corporation</small> | <b>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</b><br><br><small>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</small><br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | <small>OMB No. 1210-0110</small><br><br><b>2014</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

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

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

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

|                                                                                                                                                         |                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A Name of plan</b><br><b>Northwest Ohio Area Industries UAW Retirement Income Plan</b>                                                               | <b>B Three-digit plan number (PN)</b> ► <b>001</b>                 |
| <b>C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF</b><br><b>Board of trustees Northwest Ohio Area Industries UAW Retirement Inco</b> | <b>D Employer Identification Number (EIN)</b><br><b>34-4437724</b> |

**E Type of plan:** (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

**1a** Enter the valuation date: Month 01 Day 01 Year 2014

**b Assets:**

|                                                                                                               |          |            |
|---------------------------------------------------------------------------------------------------------------|----------|------------|
| (1) Current value of assets . . . . .                                                                         | 1b(1)    | 44,736,095 |
| (2) Actuarial value of assets for funding standard account . . . . .                                          | 1b(2)    | 46,828,047 |
| <b>c</b> (1) Accrued liability for plan using immediate gain methods . . . . .                                | 1c(1)    | 43,445,494 |
| (2) Information for plans using spread gain methods:                                                          |          |            |
| (a) Unfunded liability for methods with bases . . . . .                                                       | 1c(2)(a) |            |
| (b) Accrued liability under entry age normal method . . . . .                                                 | 1c(2)(b) |            |
| (c) Normal cost under entry age normal method . . . . .                                                       | 1c(2)(c) |            |
| (3) Accrued liability under unit credit cost method . . . . .                                                 | 1c(3)    | 43,445,494 |
| <b>d</b> Information on current liabilities of the plan:                                                      |          |            |
| (1) Amount excluded from current liability attributable to pre-participation service (see instructions) . . . | 1d(1)    | 0          |
| (2) "RPA '94" information:                                                                                    |          |            |
| (a) Current liability . . . . .                                                                               | 1d(2)(a) | 65,212,095 |
| (b) Expected increase in current liability due to benefits accruing during the plan year . . . . .            | 1d(2)(b) | 0          |
| (c) Expected release from "RPA '94" current liability for the plan year . . . . .                             | 1d(2)(c) | 3,365,487  |
| (3) Expected plan disbursements for the plan year . . . . .                                                   | 1d(3)    | 3,555,487  |

**Statement by Enrolled Actuary**

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

|                                                                                            |                                                                 |
|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">SIGN HERE</div> | <b>07/08/2015</b><br>Date                                       |
| <b>Jason C. Birkle</b><br>Type or print name of actuary                                    | <b>14-07856</b><br>Most recent enrollment number                |
| <b>Cuni, Rust &amp; Strenk</b><br>Firm name                                                | <b>(513) 891-0270</b><br>Telephone number (including area code) |
| <b>4555 Lake Forest Drive - Suite 620</b><br>Firm name                                     |                                                                 |
| <b>US Cincinnati OH 45242-3760</b><br>Address of the firm                                  |                                                                 |

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

**2** Operational information as of beginning of this plan year:

|                                                                                                                                         |                                   |                              |
|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Current value of assets (see instructions) . . . . .                                                                           | <b>2a</b>                         | <b>44,736,095</b>            |
| <b>b</b> "RPA '94" current liability/participant count breakdown:                                                                       | <b>(1) Number of participants</b> | <b>(2) Current liability</b> |
| (1) For retired participants and beneficiaries receiving payment . . . . .                                                              | <b>937</b>                        | <b>35,313,104</b>            |
| (2) For terminated vested participants . . . . .                                                                                        | <b>564</b>                        | <b>20,485,005</b>            |
| (3) For active participants:                                                                                                            |                                   |                              |
| (a) Non-vested benefits . . . . .                                                                                                       |                                   | <b>366,601</b>               |
| (b) Vested benefits . . . . .                                                                                                           |                                   | <b>9,047,385</b>             |
| (c) Total active . . . . .                                                                                                              | <b>152</b>                        | <b>9,413,986</b>             |
| (4) Total . . . . .                                                                                                                     | <b>1,653</b>                      | <b>65,212,095</b>            |
| <b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage . . . . . | <b>2c</b>                         | <b>68.60 %</b>               |

**3** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 01/01/2014               | 0                                 |                                 |                          |                                   |                                 |
| 12/31/2014               | 202,967                           |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>3(b)</b>              | <b>202,967</b>                    | <b>3(c)</b>                     |

**4** Information on plan status:

|                                                                                                                                                                                                                                                                                                                        |                              |                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>a</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to line 5 . . . . .                                                                                                                                                        | <b>4a</b>                    | <b>N</b>                    |
| <b>b</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) . . . . .                                                                                                                                                                                                                   | <b>4b</b>                    | <b>%</b>                    |
| <b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? . . . . .                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>d</b> If the plan is in critical status, were any adjustable benefits reduced? . . . . .                                                                                                                                                                                                                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in adjustable benefits, measured as of the valuation date . . . . .                                                                                                                                                         | <b>4e</b>                    |                             |
| <b>f</b> If the rehabilitation plan projects emergence from critical status, enter the plan year in which it is projected to emerge.<br>If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> . . . . . | <b>4f</b>                    |                             |

**5** Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

|                                                                                                                                                                                        |                                                            |                                                                            |                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------|
| <b>a</b> <input type="checkbox"/> Attained age normal                                                                                                                                  | <b>b</b> <input type="checkbox"/> Entry age normal         | <b>c</b> <input checked="" type="checkbox"/> Accrued benefit (unit credit) | <b>d</b> <input type="checkbox"/> Aggregate |
| <b>e</b> <input type="checkbox"/> Frozen initial liability                                                                                                                             | <b>f</b> <input type="checkbox"/> Individual level premium | <b>g</b> <input type="checkbox"/> Individual aggregate                     | <b>h</b> <input type="checkbox"/> Shortfall |
| <b>i</b> <input type="checkbox"/> Reorganization                                                                                                                                       | <b>j</b> <input type="checkbox"/> Other (specify):         |                                                                            |                                             |
| <b>k</b> If box h is checked, enter period of use of shortfall method . . . . .                                                                                                        |                                                            |                                                                            |                                             |
| <b>5k</b>                                                                                                                                                                              |                                                            |                                                                            |                                             |
| <b>l</b> Has a change been made in funding method for this plan year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                    |                                                            |                                                                            |                                             |
| <b>m</b> If line l is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                            |                                                                            |                                             |
| <b>n</b> If line l is "Yes," and line m is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method . . . . .               |                                                            |                                                                            |                                             |
| <b>5n</b>                                                                                                                                                                              |                                                            |                                                                            |                                             |

**6** Checklist of certain actuarial assumptions:

|                                                                      |                                                                                                  |                                                                                                  |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>a</b> Interest rate for "RPA '94" current liability . . . . .     | <b>6a</b>                                                                                        | <b>3.64 %</b>                                                                                    |
| <b>b</b> Rates specified in insurance or annuity contracts . . . . . | Pre-retirement                                                                                   | Post-retirement                                                                                  |
| <b>c</b> Mortality table code for valuation purposes:                | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |

|                                                                                                            |       |         |        |
|------------------------------------------------------------------------------------------------------------|-------|---------|--------|
| (1) Males . . . . .                                                                                        | 6c(1) | A       | A      |
| (2) Females . . . . .                                                                                      | 6c(2) | A       | A      |
| d Valuation liability interest rate . . . . .                                                              | 6d    | 7.25 %  | 7.25 % |
| e Expense loading . . . . .                                                                                | 6e    | 100.0 % | N/A    |
| f Salary scale . . . . .                                                                                   | 6f    | %       | N/A    |
| g Estimated investment return on actuarial value of assets for year ending on the valuation date . . . . . | 6g    | 8.6 %   |        |
| h Estimated investment return on current value of assets for year ending on the valuation date . . . . .   | 6h    | 21.8 %  |        |

**7** New amortization bases established in the current plan year:

| (1) Type of base | (2) Initial Balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 1                | 158,189             | 14,194                         |
|                  |                     |                                |
|                  |                     |                                |

**8** Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval . . . . . 8a

b Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach schedule. ☒ Yes ☐ No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? . . . . . ☒ Yes ☐ No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code? . . . . . ☒ Yes ☐ No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended . . . . . 8d(2) 5

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? . . . . . ☐ Yes ☒ No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)) . . . . . 8d(4)

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension . . . . . 8d(5)

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? . . . . . ☐ Yes ☐ No

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s) . . . . . 8e 0

**9** Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any . . . . . 9a 0

b Employer's normal cost for plan year as of valuation date . . . . . 9b 190,000

c Amortization charges as of valuation date:

|                                                                                                                      |       |            |           |
|----------------------------------------------------------------------------------------------------------------------|-------|------------|-----------|
| (1) All bases except funding waivers and certain bases for which the amortization period has been extended . . . . . | 9c(1) | 29,197,577 | 3,044,757 |
| (2) Funding waivers . . . . .                                                                                        | 9c(2) | 0          | 0         |
| (3) Certain bases for which the amortization period has been extended . . . . .                                      | 9c(3) | 0          | 0         |

d Interest as applicable on lines 9a, 9b, and 9c . . . . . 9d 234,520

e Total charges. Add lines 9a through 9d . . . . . 9e 3,469,277

**Credits to funding standard account:**

f Prior year credit balance, if any . . . . . 9f 7,970,662

g Employer contributions. Total from column (b) of line 3 . . . . . 9g 202,967

h Amortization credits as of valuation date . . . . . 9h 21,226,915 3,981,674

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h . . . . . 9i 873,773

j Full funding limitation (FFL) and credits:

|                                                 |       |           |
|-------------------------------------------------|-------|-----------|
| (1) ERISA FFL (accrued liability FFL) . . . . . | 9j(1) | 7,368,141 |
|-------------------------------------------------|-------|-----------|

|                                                                                                 |  |             |                   |                   |
|-------------------------------------------------------------------------------------------------|--|-------------|-------------------|-------------------|
| <b>(2)</b> "RPA '94" override (90% current liability FFL) . . . . .                             |  | <b>9(2)</b> | <b>11,183,157</b> |                   |
| <b>(3)</b> FFL credit . . . . .                                                                 |  |             | <b>9j(3)</b>      | <b>0</b>          |
| <b>k (1)</b> Waived funding deficiency . . . . .                                                |  |             | <b>9k(1)</b>      | <b>0</b>          |
| <b>(2)</b> Other credits . . . . .                                                              |  |             | <b>9k(2)</b>      | <b>0</b>          |
| <b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) . . . . .              |  |             | <b>9l</b>         | <b>13,029,076</b> |
| <b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference . . . . .     |  |             | <b>9m</b>         | <b>9,559,799</b>  |
| <b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference . . . . . |  |             | <b>9n</b>         |                   |

**9o** Current year's accumulated reconciliation account:

|                                                                                                                 |  |                 |          |
|-----------------------------------------------------------------------------------------------------------------|--|-----------------|----------|
| (1) Due to waived funding deficiency accumulated prior to the 2014 plan year . . . . .                          |  | <b>9o(1)</b>    |          |
| (2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code: |  |                 |          |
| (a) Reconciliation outstanding balance as of valuation date . . . . .                                           |  | <b>9o(2)(a)</b> | <b>0</b> |
| (b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)) . . . . .                                    |  | <b>9o(2)(b)</b> | <b>0</b> |
| (3) Total as of valuation date . . . . .                                                                        |  | <b>9o(3)</b>    | <b>0</b> |

|                                                                                                            |           |          |
|------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (See instructions.) . . . . . | <b>10</b> | <b>0</b> |
|------------------------------------------------------------------------------------------------------------|-----------|----------|

|                                                                                                                               |                                         |                             |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------|
| <b>11</b> Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions . . . . . | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------|

**Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods**

Plan Name: Northwest Ohio Area Industries UAW Retirement Income Plan

EIN: 34-4437724

PN: 001

1. Interest Rates: 7.25%/3.64% (Funding/Current Liability).
  
2. Mortality Rates:
  - a. Funding
    - i. Non-Disabled RP-2000 Table with Blue Collar adjustment.
    - ii. Disabled RP-2000 Disabled Retiree Disability Table.
    - iii. Future Mortality Projection 24-year projection using Scale AA.
  - b. Current Liability 2014 Static Mortality Table.
  
3. Actuarial Cost Method: Unit Credit.
  
4. Hours Worked: 2,080 per year.
  
5. Expense Load: \$190,000 per year.
  
6. Retirement Age:
  - a. Actives 100% at age 62.  
  
The weighted average retirement age is 62.5.
  - b. Terminated Vested Age 62 if eligible for early retirement, else 65.
  
7. Percent Married/Spousal Age: 80% with husbands 3 years older than their wives.

**Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods**

Plan Name: Northwest Ohio Area Industries UAW Retirement Income Plan

EIN: 34-4437724

PN: 001

8. Pop-Up Load: 2.5% of accrued liability for married participants.

9. Termination Rates:

| <u>Age</u> | <u>Years of Service</u> |            |              |
|------------|-------------------------|------------|--------------|
|            | <u>&lt;1</u>            | <u>1-2</u> | <u>&gt;2</u> |
| 25         | 0.347                   | 0.261      | 0.055        |
| 35         | 0.242                   | 0.182      | 0.045        |
| 45         | 0.137                   | 0.103      | 0.025        |
| 55         | 0.032                   | 0.024      | 0.005        |
| 65         | 0.005                   | 0.005      | 0.005        |
| 75         | 0.000                   | 0.000      | 0.000        |

10. Disability Rates:

| <u>Age</u> | <u>Rate</u> |
|------------|-------------|
| 25         | 0.0004      |
| 35         | 0.0004      |
| 45         | 0.0014      |
| 55         | 0.0086      |
| 65         | 0.0289      |
| 75         | 0.0289      |
| 85         | 0.0289      |
| 95         | 0.0000      |

11. Actuarial Value of Assets:

Market Value of Assets minus a decreasing fraction ( $\frac{4}{5}$ ,  $\frac{3}{5}$ ,  $\frac{2}{5}$  and  $\frac{1}{5}$ ) of each of the preceding 4 years' gains and (losses). A gain/(loss) for a year is equal to the actual return minus the expected return using the funding interest rate. The Actuarial Value of Assets is adjusted to be within 80% and 120% of the Market Value of Assets.

12. Changes Since Last Year:

The expense load and hours worked assumptions were increased, the percent married assumption was updated, and the Current Liability mortality and interest rates were updated as mandated by the IRS.

**Schedule MB, line 6 – Summary of Plan Provisions**

Plan Name: Northwest Ohio Area Industries UAW Retirement Income Plan

EIN: 34-4437724

PN: 001

1. Effective Date: November 1, 1950.
2. Plan Year: January 1<sup>st</sup> through December 31<sup>st</sup>.
3. Employees Covered: All employees covered by the Collective Bargaining Agreement.
4. Eligibility: Immediate.
5. Service: 1 Year for each Plan Year in which 1,000 or more Hours are worked.
6. Credited Service: 1 Year for each Plan Year in which 1,530 or more Hours are worked with  $\frac{1}{12}$  of a Year for each Plan Year in which  $133\frac{1}{3}$  Hours are worked.
7. Normal Retirement:
  - a. Eligibility Age 65 and 5<sup>th</sup> anniversary of date of participation.
  - b. Monthly Benefit Benefit Credit per Year of Credited Service.

| <u>Retirement Date</u> | <u>Benefit Credit</u> |
|------------------------|-----------------------|
| Before 1/1/1998        | \$22                  |
| 1/1/1998 – 12/31/1998  | \$25                  |
| 1/1/1999 – 12/31/1999  | \$30                  |
| 1/1/2000 – 12/31/2000  | \$33                  |
| 1/1/2001 – 3/31/2009   | \$35                  |
| After 4/1/2009         | \$0                   |

**Schedule MB, line 6 – Summary of Plan Provisions**

Plan Name: Northwest Ohio Area Industries UAW Retirement Income Plan

EIN: 34-4437724

PN: 001

8. One-Time Payments: December 2000 - \$400; December 2001 - \$350;  
Both for participants in pay status.

9. Early Retirement:

a. Eligibility Age 57 and 10 Years of Service.

b. Monthly Benefit Calculated as for Normal Retirement reduced  $\frac{4}{10}$  of  
1% per month from age 65 ( $\frac{2}{10}$  of 1% per month if  
at least age 62 at retirement).

10. Vested Retirement:

a. Eligibility 5 Years of Service.

b. Monthly Benefit Calculated as for Normal Retirement reduced  $\frac{4}{10}$  of  
1% per month from age 65 if age 57 with 10 Years  
of Credited Service.

11. Pre-Retirement Death:

a. Eligibility 5 Years of Service.

b. Monthly Benefit Calculated as for Early or Normal Retirement  
reflecting a 55% Joint & Survivor Annuity payment  
form with death immediately after Retirement.

12. Post-Retirement Death:

a. Eligibility Payment status.

b. Benefit \$2,500 one-time payment.

**Schedule MB, line 6 – Summary of Plan Provisions**

Plan Name: Northwest Ohio Area Industries UAW Retirement Income Plan

EIN: 34-4437724

PN: 001

13. Disability Benefit:

- |                    |                                                                                                  |
|--------------------|--------------------------------------------------------------------------------------------------|
| a. Eligibility     | Active participant with Total and Permanent Disability and 10 Years of Credited Service.         |
| b. Monthly Benefit | Calculated as for Normal Retirement payable immediately offset by any other disability payments. |

14. Actuarial Equivalency:

417(e)(3)(B) Applicable Mortality Table at 5.00%. (55% Joint & Survivor Annuity is equal to 95% of the Single Life Annuity and the 75% Joint & Survivor Annuity is Actuarially Equivalent to the 55% Joint & Survivor Annuity).

15. Payment Forms:

- |             |                                                                                                                       |
|-------------|-----------------------------------------------------------------------------------------------------------------------|
| a. Normal   | Life Annuity for single participants and a reduced 55% Joint & Survivor Annuity with Pop-Up for married participants. |
| b. Optional | Actuarially Equivalent 75% Joint & Survivor Annuity with Pop-Up (QOSA).                                               |

16. Hourly Contribution Rate:

\$0.62 effective January 1, 2010.

17. Changes Since Last Year:

None.

## PN: 001

[illegible]

**Schedule MB, line 9c and 9h – Schedule of Funding Standard Account Bases**

Plan Name: Northwest Ohio Area Industries UAW Retirement Income Plan

EIN: 34-4437724

PN: 001

**Charge Bases:**

| <u>Date</u><br><u>Established</u> | <u>Type</u> | <u>Initial</u><br><u>Balance</u> | <u>Rem.</u><br><u>Years</u> | <u>Payment</u> | <u>Remaining</u><br><u>Balance</u> |
|-----------------------------------|-------------|----------------------------------|-----------------------------|----------------|------------------------------------|
| 01/01/1993                        | Assumption  | \$ 1,208,043                     | 14                          | \$ 65,860      | \$ 608,577                         |
| 01/01/1993                        | Combined    | 3,046,634                        | 7                           | 109,472        | 627,271                            |
| 01/01/1994                        | Amendment   | 3,354,681                        | 15                          | 189,877        | 1,825,827                          |
| 01/01/1997                        | Amendment   | 291,429                          | 18                          | 17,923         | 189,918                            |
| 01/01/1997                        | Assumption  | 710,423                          | 18                          | 43,691         | 462,970                            |
| 01/01/1998                        | Assumption  | 817,513                          | 19                          | 51,339         | 558,576                            |
| 01/01/1998                        | Amendment   | 2,439,772                        | 19                          | 153,216        | 1,667,008                          |
| 01/01/1999                        | Amendment   | 5,047,725                        | 20                          | 323,253        | 3,602,531                          |
| 01/01/2000                        | Assumption  | 1,083,797                        | 21                          | 70,632         | 804,582                            |
| 01/01/2000                        | Amendment   | 5,059,555                        | 21                          | 329,732        | 3,756,064                          |
| 01/01/2001                        | Assumption  | 4,455,054                        | 22                          | 294,952        | 3,427,699                          |
| 01/01/2003                        | Experience  | 9,232,546                        | 9                           | 485,429        | 3,356,195                          |
| 01/01/2005                        | Experience  | 2,632,377                        | 11                          | 171,090        | 1,358,986                          |
| 01/01/2006                        | Experience  | 2,366,279                        | 12                          | 164,897        | 1,386,155                          |
| 01/01/2009                        | Experience  | 6,534,035                        | 15                          | 524,059        | 5,039,270                          |
| 01/01/2011                        | Experience  | 228,490                          | 17                          | 19,408         | 199,746                            |
| 01/01/2012                        | Experience  | 128,176                          | 18                          | 11,118         | 117,806                            |
| 01/01/2013                        | Experience  | 52,246                           | 19                          | 4,615          | 50,207                             |
| 01/01/2014                        | Experience  | 158,189                          | 20                          | 14,194         | 158,189                            |
| Total Charges                     |             |                                  |                             | \$ 3,044,757   | \$29,197,577                       |

**Schedule MB, line 9c and 9h – Schedule of Funding Standard Account Bases**

Plan Name: Northwest Ohio Area Industries UAW Retirement Income Plan

EIN: 34-4437724

PN: 001

**Credit Bases:**

| Date               |                                                               | Initial        | Rem.         |                | Remaining      |
|--------------------|---------------------------------------------------------------|----------------|--------------|----------------|----------------|
| <u>Established</u> | <u>Type</u>                                                   | <u>Balance</u> | <u>Years</u> | <u>Payment</u> | <u>Balance</u> |
| 01/01/2000         | Experience                                                    | \$ 5,902,838   | 1            | \$ 582,897     | \$ 582,897     |
| 01/01/2001         | Experience                                                    | 4,897,166      | 2            | 486,158        | 939,452        |
| 01/01/2002         | Experience                                                    | 926,928        | 3            | 92,654         | 259,594        |
| 01/01/2004         | Assumption                                                    | 4,513,197      | 20           | 341,903        | 3,810,380      |
| 01/01/2004         | Experience                                                    | 4,091,708      | 5            | 414,457        | 1,810,426      |
| 01/01/2006         | Assumption                                                    | 304,113        | 22           | 23,176         | 269,334        |
| 01/01/2007         | Experience                                                    | 38,376         | 8            | 3,941          | 24,994         |
| 01/01/2008         | Experience                                                    | 2,529,227      | 9            | 260,851        | 1,803,488      |
| 01/01/2009         | Asset Method                                                  | 3,121,961      | 5            | 417,292        | 1,822,805      |
| 01/01/2009         | Method                                                        | 1,854,114      | 5            | 247,827        | 1,082,556      |
| 01/01/2010         | Assumption                                                    | 6,313,418      | 11           | 656,564        | 5,215,172      |
| 01/01/2010         | Experience                                                    | 4,365,153      | 11           | 453,954        | 3,605,817      |
|                    | Total Credits                                                 |                |              | \$ 3,981,674   | \$21,226,915   |
| 1.                 | Net Amortization                                              |                |              |                | \$ 7,970,662   |
| 2.                 | Credit Balance                                                |                |              |                | \$ 7,970,662   |
| 3.                 | Balance Test: [(1) - (2)]                                     |                |              |                | \$ 0           |
| 4.                 | Unfunded Accrued Liability:                                   |                |              |                |                |
|                    | a. Accrued Liability                                          |                |              |                | \$43,445,494   |
|                    | b. Actuarial Value of Assets                                  |                |              |                | 46,828,047     |
|                    | c. Unfunded Accrued Liability: [(a) - (b), not less than \$0] |                |              |                | \$ 0           |

**Schedule MB, line 11 – Justification for Change in Actuarial Assumptions**

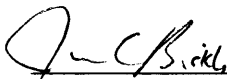
Plan Name: Northwest Ohio Area Industries UAW Retirement Income Plan

EIN: 34-4437724

PN: 001

Effective with the January 1, 2014 valuation, the following assumptions were changed based upon historical Plan and industry data as an indicator of anticipated future experience:

- The percent married assumption was changed from 85% to 80%.
- The expense load was increased from \$150,000 to \$190,000 per year.
- The hours worked assumption was increased from 1,530 to 2,080.

 (signed)

Jason C. Birkle

Enrollment # 14-07856