

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>ANSALDO STS USA RETIREMENT SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>08/01/1988</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>08/01/1988</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>08/01/1988</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>ANSALDO STS USA</u> <u>1000 TECHNOLOGY DRIVE</u> <u>PITTSBURGH, PA 15219</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>25-1579001</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>412-688-2427</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>335900</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>25-1579001</u>	2c Plan Sponsor's telephone number <u>412-688-2427</u>	2d Business code (see instructions) <u>335900</u>	
2b Employer Identification Number (EIN) <u>25-1579001</u>					
2c Plan Sponsor's telephone number <u>412-688-2427</u>					
2d Business code (see instructions) <u>335900</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2015	SANDRA TURLEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2015	SANDRA TURLEY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	1205
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	845
a(2) Total number of active participants at the end of the plan year		6a(2)	724
b Retired or separated participants receiving benefits		6b	5
c Other retired or separated participants entitled to future benefits.....		6c	347
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1076
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	1076
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	1076
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	31
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 3F 2R 2T 3D 2S			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

<div><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
<div>A Name of plan</div> <div>ANSALDO STS USA RETIREMENT SAVINGS PLAN</div>	<div>B Three-digit plan number (PN)</div> <div>▶</div> <div>001</div>	
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>ANSALDO STS USA</div>	<div>D Employer Identification Number (EIN)</div> <div>25-1579001</div>	

Part I	<div>Information Concerning Insurance Contract Coverage, Fees, and Commissions</div> <div>Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.</div>
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1 Coverage Information:

<div>(a) Name of insurance carrier</div> <div>PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY</div>

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	041208	1076	01/01/2014	12/31/2014

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.
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(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end.....	4	27965282
5 Current value of plan's interest under this contract in separate accounts at year end	5	1408998

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

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

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GUARANTEED GENERAL ACCOUNT CONTRACT**

b Balance at the end of the previous year.....	7b	26339827
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c Additions: (1) Contributions deposited during the year	7c(1)	1198786	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	696196	
(4) Transferred from separate account.....	7c(4)	779263	
(5) Other (specify below)	7c(5)	4415452	
▶ LOAN REPAYMENTS TRANSFER AND MISC IN			

(6) Total additions.....	7c(6)	7089697
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d Total of balance and additions (add lines 7b and 7c(6))	7d	33429524
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2389759	
(2) Administration charge made by carrier	7e(2)	1084	
(3) Transferred to separate account.....	7e(3)	14	
(4) Other (specify below)	7e(4)	3073385	
▶ NEW LOANS TRANSFER AND MISC OUT FORFEITURES OUT			

(5) Total deductions.....	7e(5)	5464242
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	27965282
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan ANSALDO STS USA RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ANSALDO STS USA	D Employer Identification Number (EIN) 25-1579001	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

06-1050034

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

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

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

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

JANNEY MONTGOMERY SCOTT, LLC

23-0731260

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	154121	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRUDENTIAL RETIREMENT INSURANCE AND

06-1050034

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 37 50 64	NONE	6850	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

PRUDENTIAL INVESTMENT MANAGEMENT SE

13-4122960

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
63 71	NONE	5314	Yes ☒ No ☐	Yes ☒ No ☐	59	Yes ☒ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PRUDENTIAL RETIREMENT INSURANCE AND	15 64	0
(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.	
PRUDENTIAL RETIREMENT INSURANCE AND 06-1050034	5.000 BPS AND \$0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2014 TO 12/31/2014 GUARANTEED INCOME FUND	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2014 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>ANSALDO STS USA RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ► <u>001</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ANSALDO STS USA</u>	D Employer Identification Number (EIN) <u>25-1579001</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>IFX LT INC AND EQUITY FD</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS</u>		
c EIN-PN <u>06-1050034-515</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>61658</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>IFX LT BALANCED FUND</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS</u>		
c EIN-PN <u>06-1050034-513</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1161778</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>IFX LT CONSERVATIVE FD</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS</u>		
c EIN-PN <u>06-1050034-514</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>32936</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRU DAY ONE IFX TARG BAL</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL RETIREMENT INS</u>		
c EIN-PN <u>06-1050034-697</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>152626</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>ANSALDO STS USA RETIREMENT SAVINGS PLAN</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ANSALDO STS USA</u>		D Employer Identification Number (EIN) <u>25-1579001</u>

Part I	Asset and Liability Statement	
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.		
	Assets	<div style="display: flex; justify-content: space-between;"> (a) Beginning of Year (b) End of Year </div>
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions.....	1b(1)	
(2) Participant contributions.....	1b(2)	
(3) Other.....	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common.....	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property).....	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans.....	1c(8)	1848566
(9) Value of interest in common/collective trusts	1c(9)	1930409
(10) Value of interest in pooled separate accounts	1c(10)	3104577
(11) Value of interest in master trust investment accounts	1c(11)	1408998
(12) Value of interest in 103-12 investment entities.....	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	99204693
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	26339827
(15) Other.....	1c(15)	3096176
		3481306

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	133593839	137312211

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	133593839	137312211
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2349360	
(B) Participants	2a(1)(B)	4768281	
(C) Others (including rollovers)	2a(1)(C)	156768	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7274409
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	72791	
(F) Other	2b(1)(F)	696196	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		768987
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1170878	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1170878
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		87171
(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)		4682797
c Other income.....	2c		354599
d Total income. Add all income amounts in column (b) and enter total.....	2d		14338841

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	10377625	
(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)		10377625
f Corrective distributions (see instructions).....	2f		80422
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	162422	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		162422
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		10620469

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		3718372
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: **URISH POPECK & CO., LLC**

(2) EIN: **25-1306171**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
4d			
e Was this plan covered by a fidelity bond?	X		1000000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>ANSALDO STS USA RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ANSALDO STS USA</u>	D Employer Identification Number (EIN) <u>25-1579001</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>22-1211670</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Independent Auditors' Report

To the Participants and Plan Administrator of the
Ansaldo STS USA Retirement/Savings Plan
Pittsburgh, Pennsylvania

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Ansaldo STS USA Retirement/Savings Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Prudential Retirement Insurance and Annuity Company, the custodian of the Plan, and Prudential Bank & Trust, F.S.B., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian and trustee hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from the custodian and trustee as of December 31, 2014 and 2013, and for the years then ended, that the information provided to the plan administrator by the custodian and trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

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

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



October 7, 2015
Pittsburgh, Pennsylvania

Ansaldo STS USA Retirement/Savings Plan

Financial Statements
As of and for the Years Ended
December 31, 2014 and 2013
Supplemental Schedule
As of December 31, 2014

Ansaldo STS USA Retirement/Savings Plan

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Independent Auditors' Report

To the Participants and Plan Administrator of the
Ansaldo STS USA Retirement/Savings Plan
Pittsburgh, Pennsylvania

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Ansaldo STS USA Retirement/Savings Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Prudential Retirement Insurance and Annuity Company, the custodian of the Plan, and Prudential Bank & Trust, F.S.B., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian and trustee hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from the custodian and trustee as of December 31, 2014 and 2013, and for the years then ended, that the information provided to the plan administrator by the custodian and trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

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

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



October 7, 2015
Pittsburgh, Pennsylvania

Ansaldo STS USA Retirement/Savings Plan

Statements of Net Assets Available for Benefits

<i>December 31,</i>	2014	2013
Assets		
Investments, at fair value		
Mutual funds	\$ 102,526,216	\$ 99,204,693
Pooled separate accounts	1,408,998	3,104,577
Guaranteed income fund	27,965,282	26,339,827
Self-directed brokerage accounts	3,481,306	3,096,176
Total investments	135,381,802	131,745,273
Receivables		
Employer	116,873	102,283
Participants	153,011	127,741
Participant notes receivable	1,930,409	1,848,566
Total receivables	2,200,293	2,078,590
Net assets available for benefits	\$ 137,582,095	\$ 133,823,863

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

Ansaldo STS USA Retirement/Savings Plan

Statements of Changes in Net Assets Available for Benefits

<i>Years ended December 31,</i>	2014	2013
Additions:		
Investment income:		
Net appreciation in fair value of investments	\$ 4,970,445	\$ 21,284,796
Dividends and interest	1,867,074	1,715,065
Total investment income	6,837,519	22,999,861
Interest income on participant notes	72,791	73,411
Contributions:		
Employer	2,363,950	2,380,682
Participants	4,793,551	4,707,128
Rollovers	156,768	339,904
Total contributions	7,314,269	7,427,714
Total additions	14,224,579	30,500,986
Deductions:		
Benefits paid to participants	10,458,047	9,464,943
Administrative expenses	8,300	13,003
Total deductions	10,466,347	9,477,946
Net increase	3,758,232	21,023,040
Net assets available for benefits, beginning of year	133,823,863	112,800,823
Net assets available for benefits, end of year	\$ 137,582,095	\$ 133,823,863

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

Ansaldo STS USA Retirement/Savings Plan

Notes to Financial Statements

December 31, 2014 and 2013

1. Plan Description

The following description of the Ansaldo STS USA Retirement/Savings Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement or Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution retirement plan covering substantially all employees of Ansaldo STS USA, Inc. (the Company) who become eligible to participate upon their date of hire. The Company is a wholly-owned subsidiary of Ansaldo STS S.p.A. (ASTS), an Italian corporation. The Plan is sponsored and administered by the Company and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Prudential Bank & Trust, FSB (Prudential) is the trustee of the Plan and holds the Plan's mutual fund investments, self-directed brokerage accounts and participant notes receivable. The Plan was amended and restated to adopt the prototype defined contribution plan sponsored by Prudential Insurance Company of America (PICA), along with appointing Prudential Retirement Insurance and Annuity Company (PRIAC) as the new third-party administrator and custodian for specific investments of the Plan.

The custodian holds the Plan's pooled separate accounts and guaranteed income fund and is responsible for executing investment transactions and making distributions to participants according to the Plan's provisions. PRIAC also provides recordkeeping and reporting services for the Plan. Certain expenses incurred by the Plan, including fees and expenses of the recordkeeper for participant note administration and other administrative costs, are paid directly by the Plan.

Ansaldo STS USA Retirement/Savings Plan

Notes to Financial Statements

December 31, 2014 and 2013

1. Plan Description (cont.)

Contributions

Participants may elect to contribute to the Plan based on a percentage of their annual compensation. A participant may defer from 1% and not more than 75% of eligible compensation. The elective deferrals are subject to the maximum dollar amount under the Internal Revenue Code (IRC). In addition, a participant may also “opt-in” to elect to have an automatic 1% annual deferral escalation feature apply that is limited to a maximum of 12% of eligible compensation.

Participants may direct the investment of their contributions into various investment options offered by the Plan. The Plan also permits catch-up contributions, Roth elective deferrals and rollover contributions from other qualified plans.

The Company makes three types of contributions to the Plan: 1) basic contributions of 2% of the participant’s annual compensation; 2) matching contributions equal to 100% of the first \$250 contributed by the participant and 50% of the remaining participant contributions, up to 6% of the participant’s annual compensation; and 3) contributions at the discretion of the Company. There were no discretionary contributions in 2014 and 2013.

Investment Options

Contributions to the Plan are invested, at the direction of the participants, in a variety of investment options (Note 3). Participants determine the amount to be invested and may make changes in their investment elections at any time.

Participant Accounts

The plan administrator maintains separate participant accounts for each participant. Each participant’s account is credited with their voluntary contribution and with an allocation of the Company’s contributions and plan earnings and expenses (Note 7). Allocations of the Company’s contributions are based on employee contributions or compensation, as applicable. Allocations of plan earnings and expenses are based on the investment income of the elected investment funds. The benefit to which a participant is entitled is the benefit that can be provided from his or her vested account.

Ansaldo STS USA Retirement/Savings Plan

Notes to Financial Statements

December 31, 2014 and 2013

1. Plan Description (cont.)

Vesting

Participants are immediately vested in their voluntary and rollover contributions and actual earnings thereon. Vesting in the employer contribution portion of their accounts plus earnings thereon is based on years of continuous service. Participants vest 25% per year beginning after 2 years of service and are 100% vested after 5 years of service.

Forfeitures

The unvested portion of the account balance of a participant who leaves the Company is forfeited. If the participant is re-employed by the Company within a five-year period and repays the full amount of his or her distribution, the amount forfeited is reinstated and the participant continues normal vesting. Forfeited nonvested amounts may be used to reduce employer contributions to the Plan. Forfeitures reduced employer contributions by approximately \$330,000 and \$313,000 in 2014 and 2013, respectively. The balance remaining in the forfeiture account at December 31, 2014 and 2013 was approximately \$9,000 and \$173,000 respectively.

Benefits

Terminated or retired plan participants with vested account balances of less than \$1,000 automatically receive a lump-sum distribution. Terminated or retired plan participants with vested account balances equal to or greater than the applicable automatic distribution amount may elect to receive either a lump-sum benefit payment equal to the value of their account or annual benefit payment installments. During active employment, participants may withdraw their contributions for financial hardship upon approval by the Retirement Committee. Participants who are at least 59½ years old may also make in-service withdrawals of all contributions in their account.

Ansaldo STS USA Retirement/Savings Plan

Notes to Financial Statements

December 31, 2014 and 2013

1. Plan Description (cont.)

Participant Notes Receivable

Participants may borrow from their fund accounts up to a maximum equal to the lesser of \$50,000 or one-half of their vested account balance, reduced by the participants' highest outstanding note balance during the prior 12 months. The minimum amount that participants may borrow is \$1,000. Note repayment terms may not exceed 60 months unless the note is granted for the purpose of acquiring the principal residence of the participant. In that case, repayment is required over a reasonable period of time, not to exceed 180 months. Interest on notes is charged at a commercially acceptable rate as published by the custodian on a monthly basis. Interest rates range from 4.25% to 6.25%. Participant notes are valued at their outstanding balances, which approximate fair value.

Plan Expenses

Certain administrative expenses of the Plan are paid directly by the Company. To the extent the Company does not pay Plan expenses, the Plan generally will pay the expenses of Plan administration and will assess the expenses paid against the accounts of all participants in the Plan. The Plan will assess against an individual participant's account the applicable fees which are attributable to a particular participant based on the use of a selected Plan feature.

In addition, the Company entered into an Administrative Services Agreement (the Agreement) with PRIAC. This agreement includes a revenue-sharing arrangement whereby PRIAC shares revenue generated by the Plan in excess of their fee. Deposits relating to the revenue-sharing arrangement are invested in the guaranteed income fund, and are used to pay other Plan expenses with any remaining amounts reallocated to participants.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination or partial termination, participants become 100% vested in their accounts.

Reclassifications

Certain amounts in the financial statements of prior year periods have been reclassified to conform to the current period's presentation.

Ansaldo STS USA Retirement/Savings Plan

Notes to Financial Statements

December 31, 2014 and 2013

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting generally accepted in the United States of America.

Investment Valuation and Income Recognition

The investments of the Plan are stated at fair value. The fair value of a financial instrument is the amount 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.

Purchases and sales of the investments within the Plan are reflected on a trade-date basis. Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Changes in the fair value of investments between years are included in net appreciation in fair value of investments in the statements of changes in net assets available for benefits.

ASC 962, *Plan Accounting Defined Contribution Pension Plans*, requires investment contracts that are held by a defined-contribution plan to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Plan invests in investment contracts through the Guaranteed Income Fund. The Statement of Net Assets Available for Benefits would normally present the fair value of the investment contract as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. However, the fair value of such investment equals contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Payment of Benefits

Benefits to participants are recorded when paid.

Ansaldo STS USA Retirement/Savings Plan

Notes to Financial Statements

December 31, 2014 and 2013

**2. Summary of
Significant
Accounting Policies
(cont.)**

Use of Estimates

The preparation of the financial statements in accordance with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could materially differ from those estimates.

Risks and Uncertainties

The Plan invests in various investment funds. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of the investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

Related Party Transactions

Plan investments consist of shares of mutual funds and self-directed brokerage accounts, which are held by Prudential, the trustee, and pooled separate accounts and a guaranteed interest account, which are held by PRIAC, the custodian of the Plan.

**3. Investments Certified
by the Plan's
Custodian and
Trustee**

The assets of the Plan are managed in accordance with a custodial agreement with Prudential. The Plan's participants direct all investments, including investments into self-directed brokerage accounts. The self-directed brokerage account invests in a variety of investments including corporate stock-common, mutual funds, interest bearing cash, partnership/joint venture interests, and corporate debt instruments.

There are no non-participant directed investments as of December 31, 2014 and 2013.

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the custodian and trustee have certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate. Investments that represent five percent (5%) or more of the Plan's net assets are separately identified with an asterisk (*) in the following table:

Ansaldo STS USA Retirement/Savings Plan

Notes to Financial Statements

December 31, 2014 and 2013

3. Investments Certified by the Plan's Custodian and Trustee (cont.)	<i>December 31</i>	2014	2013
	<i>Mutual Funds</i>		
	T Rowe Price Blue Chip Growth Adv	\$ 25,557,972*	\$ 25,654,065*
	Ridgeworth Large Cap Value Fund I	15,872,586*	14,594,840*
	American Funds Europacific Growth Fund R4	11,596,169*	12,207,706*
	PIMCO Total Return Bond Admin	9,120,575*	8,463,219*
	MFS International Value Fund R4	6,696,873	5,890,832
	Blackrock Small Cap Growth Equity	4,278,816	4,858,583
	Allianz NFJ Small Cap Value Admin	4,246,171	4,670,608
	Franklin US Government Securities Advisory	5,717,248	4,168,910
	Spartan 500 Index Fund	4,897,700	4,157,236
	Oakmark Equity and Income	4,084,831	4,062,777
	Morgan Stanley Inst Mid Cap	2,789,954	3,070,937
	John Hancock Disciplined Value Mid Cap I	2,936,431	2,386,618
	Eaton Vance Small-Mid Cap A	1,874,096	2,299,142
	JP Morgan US Equity Fund Select Class	2,083,245	1,848,376
	Templeton Global Bond A	639,545	637,720
	Ivy Asset Strategy Y	134,004	233,124
	Total mutual funds	102,526,216	99,204,693
	<i>Pooled Separate Accounts</i>		
	IFX LT Balanced Fund I	1,161,778	2,338,384
	Day One IFX Target Balance	152,626	-
	IFX LT Income & Equity Fund I	61,658	692,191
	IFX LT Conservative Fund I	32,936	74,002
	Total pooled separate accounts	1,408,998	3,104,577
	Guaranteed Income Fund	27,965,282*	26,339,827*
	Self-Directed Brokerage Accounts	3,481,306	3,096,176
	Total investments, at fair value	\$ 135,381,802	\$ 131,745,273
	Participant notes receivable	\$ 1,930,409	\$ 1,848,566

Ansaldo STS USA Retirement/Savings Plan

Notes to Financial Statements

December 31, 2014 and 2013

3. Investments Certified by the Plan's Custodian and Trustee (cont.)	<i>December 31</i>	2014	2013
	Dividend and interest income:		
	Dividend income	\$ 1,170,878	\$ 1,007,778
	Interest income	696,196	707,287
	Interest income on participant notes	72,791	73,411
	Total	\$ 1,939,865	\$ 1,788,476

During 2014 and 2013, the Plan's investments, including investments bought, sold and held during the year, appreciated in value as follows:

<i>Years Ended December 31</i>	2014	2013
Mutual Funds	\$ 4,682,797	\$ 20,405,650
Pooled separate accounts	87,171	388,529
Self-directed brokerage accounts	200,477	490,617
Net appreciation in fair value of investments	\$ 4,970,445	\$ 21,284,796

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

4. **Fair Value Measurements**
- ASC 820, *Fair Value Measurements and Disclosures*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

Ansaldo STS USA Retirement/Savings Plan

Notes to Financial Statements

December 31, 2014 and 2013

4. Fair Value Measurements (cont.)

Basis of Fair Value Measurement

Level 1 – Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

Level 2 – Quoted prices of securities in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly,

Level 3 – Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Valuation methodologies maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation methodologies used at December 31, 2014 and 2013.

Mutual Funds and Self-Directed Brokerage Accounts

Mutual funds represent investments with various investment managers. The fair value of these investments are determined by reference to the fund's underlying assets, which are principally marketable equity and fixed income securities. Shares held in mutual funds and the self-directed brokerage accounts traded on national securities exchanges are valued at the net asset value and/or prices per share as of December 31, 2014 and 2013.

There are no trading restrictions on the funds as of December 31, 2014 or 2013.

Pooled Separate Accounts

Pooled separate accounts represent investments with various investment managers. Units held in the accounts are valued at their net unit value which is based upon the value of the underlying securities at year end as determined by the custodian as of December 31, 2014 and 2013.

Ansaldo STS USA Retirement/Savings Plan

Notes to Financial Statements

December 31, 2014 and 2013

4. Fair Value Measurements (cont.)

Guaranteed Income Fund

The Plan has a guaranteed income account with PRIAC which is considered to be fully benefit responsive. PRIAC maintains the participant contributions in a general account. This account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed income account is obligated to repay the principal and interest and a specified interest rate that is guaranteed to the Plan.

Participants may direct withdrawal or transfers of all or a portion of their account balance at contract value within reasonable time frames.

The crediting interest rate is based on a formula agreed upon with the issuer. The interest rates on the fund are established semi-annually, effective on January 1 and July 1. Interest rates for the first half of 2014 and 2013 were 2.65% and 2.85%, while interest rates for the second half of 2014 and 2013 were 2.55% and 2.75%. The rate averaged 2.55% and 2.75% at December 31, 2014 and 2013 for the account. The fund has no known cash flows that could be discounted; as a result, the fair value equals the contract value for the guaranteed income fund at December 31, 2014 and 2013, which is \$27,965,282 and \$26,339,827, respectively.

The following table sets forth by level within the fair value hierarchy the Plan investment assets and investment liabilities at fair value, as of December 31, 2014 and 2013. As required by ASC 820, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Fund had no material financial liabilities as of December 31, 2014 and 2013.

Total Plan investment assets at fair value classified within level 3 were \$27,965,282 and \$26,339,827 as of December 31, 2014 and 2013, which consists of the Plan's guaranteed income account holdings. Such amounts were 21% and 20% of "Total investments" on the Plan's statements of net assets available for benefits at fair value as of December 31, 2014 and 2013, respectively. The assets held in the guaranteed income account were valued at the discontinuance value of the account. The discontinuance value is the estimated amount that would have been available if the Plan had terminated its participation in the guaranteed income account as of the valuation date.

Ansaldo STS USA Retirement/Savings Plan

Notes to Financial Statements

December 31, 2014 and 2013

**4. Fair Value
Measurements (cont.)**

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

Investment Assets at Fair Value as of December 31, 2014				
	Level 1	Level 2	Level 3	Total
Mutual funds				
Growth	\$ 48,314,256	\$ -	\$ -	\$ 48,314,256
Blend	15,679,404	-	-	15,679,404
Value	23,055,188	-	-	23,055,188
Bond	15,477,368	-	-	15,477,368
Self-directed brokerage				
Corporate stock – common	1,774,359	-	-	1,774,359
Mutual funds				
Growth	349,035	-	-	349,035
Blend	373,243	-	-	373,243
Bond	145,064	-	-	145,064
Commodities	6,936	-	-	6,936
Interest bearing cash	826,780	-	-	807,290
Other	5,889	-	-	5,889
Pooled separate accounts				
Retirement Income	-	1,408,998	-	1,408,998
Guaranteed income	-	-	27,965,282	27,965,282
Total investments at fair value	\$ 106,007,522	\$ 1,408,998	\$ 27,965,282	\$ 135,381,802

Ansaldo STS USA Retirement/Savings Plan

Notes to Financial Statements

December 31, 2014 and 2013

4. Fair Value Measurements (cont.)

		Investment Assets at Fair Value as of December 31, 2013			
		Level 1	Level 2	Level 3	Total
Mutual funds					
Growth	\$ 50,171,935	\$ -	\$ -	\$ -	\$ 50,171,935
Blend	14,110,845	-	-	-	14,110,845
Value	21,652,066	-	-	-	21,652,066
Bond	13,269,847	-	-	-	13,269,847
Self-directed brokerage					
Corporate stock – common	1,957,344	-	-	-	1,957,344
Mutual funds					
Growth	389,073	-	-	-	389,073
Blend	271,536	-	-	-	271,536
Bond	25,704	-	-	-	25,704
Commodities	8,464	-	-	-	8,464
Interest bearing cash	405,837	-	-	-	405,837
Other	38,218	-	-	-	38,218
Pooled separate accounts					
Retirement Income	-	3,104,577	-	-	3,104,577
Guaranteed income	-	-	-	26,339,827	26,339,827
Total investments at fair value	\$ 102,300,869	\$ 3,104,577	\$ 26,339,827	\$ 131,745,273	

The investment strategy for the investment that uses the Net Asset Value practical expedient under ASU 2009-12, *Investments in Certain Entities That Calculate Net Asset per Share (or Its Equivalent)*, is as follows:

Pooled Separate Accounts: to provide safety of principal using the fundamentals of asset allocation with a moderate investing style. There is no assurance the objective will be met.

Participants have no restrictions or redemption period requirements. There are no unfunded commitments relating to the pooled separate accounts.

Ansaldo STS USA Retirement/Savings Plan

Notes to Financial Statements

December 31, 2014 and 2013

- 4. Fair Value Measurements (cont.)** The tables below set forth a summary of changes in the fair value of the Plan's level 3 investment assets for the years ended December 31, 2014 and 2013:

	Level 3 Investment Assets	
	Guaranteed Income	
	2014	2013
Balance, beginning of year	\$ 26,339,827	\$ 25,313,676
Purchases	1,978,049	1,259,954
Interest credited	696,196	707,287
Transfers in	4,415,452	3,885,554
Settlements	(2,390,843)	(2,777,039)
Transfers to separate account	(14)	(26,536)
Transfers out	(3,073,385)	(2,023,069)
Balance, end of year	\$ 27,965,282	\$ 26,339,827

Purchases for the years ended December 31, 2014 and 2013 include revenue-sharing deposits from the custodian and trustee of \$154,122 and \$135,742, respectively. Transfers out for the years ended December 31, 2014 and 2013 include assets sold to pay direct fees of \$154,122 and \$135,742.

At December 31, 2014 and 2013, approximately \$6,000 was invested in the guaranteed income fund and was available to pay Plan expenses or to be remitted to Plan participants on a pro-rata basis.

Ansaldo STS USA Retirement/Savings Plan

Notes to Financial Statements

December 31, 2014 and 2013

4. Fair Value Measurements (cont.)

The following tables set forth the valuation techniques used to measure the fair value of the guaranteed income fund and the significant unobservable inputs and the ranges of values for those inputs.

As of and for the year ended December 31, 2014:

Type	Fair Value	Valuation Technique	Unobservable Inputs	Range of Significant Input Values
Guaranteed income fund	\$27,965,282	Discontinuance value	Guaranteed crediting rate	2.55% - 2.65%

As of and for the year ended December 31, 2013:

Type	Fair Value	Valuation Technique	Unobservable Inputs	Range of Significant Input Values
Guaranteed income fund	\$26,339,827	Discontinuance value	Guaranteed crediting rate	2.75% - 2.85%

5. Terminated Participants

When participants terminate employment with the Plan sponsor, they may choose to leave their investments in the Plan, as long as their balance is greater than \$1,000. As of December 31, 2014 and 2013, there were 355 terminated participants who had not withdrawn their account balances totaling \$33,487,056 and \$33,664,276, respectively.

6. Tax Status

The Plan is a non-standardized prototype plan of PICA. The Plan obtained its latest opinion letter on April 29, 2014, in which the Internal Revenue Service (IRS) stated that the Plan, as designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since the last opinion letter; however, the plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore, management has determined that no provision for income taxes is to be included in the accompanying financial statements.

Ansaldo STS USA Retirement/Savings Plan

Notes to Financial Statements

December 31, 2014 and 2013

- 6. Tax Status (cont.)** Generally accepted accounting principles require plan management to evaluate 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 relevant taxing authority. The tax positions taken include the Plan status as a qualified plan. Management believes that the Plan is operating in a manner that does not jeopardize its tax status. Therefore, no provision for income taxes has been included in the Plan's financial statements.
- The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Management believes the Plan is no longer subject to income tax examinations for years prior to 2011.
- 7. Party-In-Interest Transactions** Certain plan investments are managed by PRIAC and Prudential, the custodian and trustee of the Plan; therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for custodial and recordkeeping services, including participant note administration, were \$8,300 and \$13,003 for the years ended December 31, 2014 and 2013, respectively.

Ansaldo STS USA Retirement/Savings Plan

Notes to Financial Statements

December 31, 2014 and 2013

8. Reconciliation of Financial Statements to Schedule H of Form 5500

Certain contributions receivable are recorded at different amounts on Schedule H of Form 5500, when compared to the financial statement amounts, which were prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

The following is a reconciliation of net assets available for plan benefits per the financial statements as of December 31, 2014 and 2013 to Schedule H of Form 5500:

<i>December 31</i>	2014	2013
Net assets available for plan benefits per the financial statements	\$ 137,582,095	\$ 133,823,863
Contributions receivable from:		
Employer	(116,873)	(102,283)
Participants	(153,011)	(127,741)
Net assets available for plan benefits per Schedule H of Form 5500	\$ 137,312,211	\$ 133,593,839

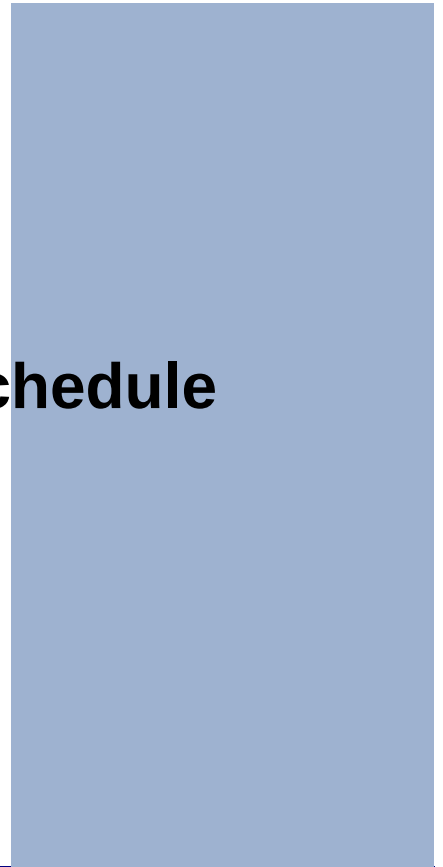
The following is a reconciliation of the net increase per the financial statements for the years ended December 31, 2014 and 2013 to the net increase on Schedule H of the Form 5500.

<i>December 31</i>	2014	2013
Net increase per the financial statements	\$ 3,758,232	\$ 21,023,040
Difference in contributions receivable from:		
Employer	(14,590)	(11,325)
Participants	(25,270)	(18,776)
Net increase per Schedule H of Form 5500	\$ 3,718,372	\$ 20,992,939

9. Subsequent Events

Subsequent events have been evaluated through October 7, 2015, which is the date financial statements were available to be issued. Management did not identify any events requiring recording in or disclosure to the financial statements as of and for the year ended December 31, 2014.

Supplemental Schedule



Ansaldo STS USA Retirement/Savings Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 25-1579001
Plan Number: 001

December 31, 2014

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Number of Shares/Units	(e) Cost	(f) Current Value
		Prudential Guaranteed			
*	Guaranteed Income Fund	Income Account	900,663.82	a	\$ 27,965,282
	T Rowe Price Blue Chip Growth Adv	Mutual Funds	382,890.96	a	25,557,972
	Ridgeworth Large Cap Value Fund I	Mutual Funds	938,096.07	a	15,872,586
	American Funds Europacific Growth Fund R4	Mutual Funds	250,673.77	a	11,596,169
	PIMCO Total Return Bond Admin	Mutual Funds	855,588.62	a	9,120,575
	MFS International Value Fund R4	Mutual Funds	202,078.25	a	6,696,873
	Franklin US Government Securities Advisory	Mutual Funds	876,878.59	a	5,717,248
	Spartan 500 Index Fund	Mutual Funds	67,229.92	a	4,897,700
	Blackrock Small Cap Growth Equity	Mutual Funds	231,412.45	a	4,278,816
	Allianz NFJ Small Cap Value Admin	Mutual Funds	165,349.34	a	4,246,171
	Oakmark Equity and Income	Mutual Funds	128,011.00	a	4,084,831
	Self-Directed Brokerage	Self-directed Brokerage Accounts	3,481,306.12	a	3,481,306
	John Hancock Disciplined Value Mid Cap I	Mutual Funds	147,042.12	a	2,936,431
	Morgan Stanley Inst Mid Cap	Mutual Funds	74,717.57	a	2,789,954
	JP Morgan US Equity Fund Select Class	Mutual Funds	143,375.46	a	2,083,245
	Eaton Vance Small-Mid Cap A	Mutual Funds	80,364.31	a	1,874,096
*	IFX LT Balanced Fund I	Pooled Separate Account	81,949.55	a	1,161,778
	Templeton Global Bond A	Mutual Funds	51,327.83	a	639,545
*	Day One IFX Target Balance	Pooled Separate Account	9,356.96	a	152,626
	Ivy Asset Strategy Y	Mutual Funds	5,244.81	a	134,004
*	IFX LT Income and Equity Fund I	Pooled Separate Account	4,406.50	a	61,658
*	IFX LT Conservative Fund I	Pooled Separate Account	2,311.97	a	32,936
*	Participant Notes Receivable	Notes receivable from Plan participants. The notes have maturity dates which vary between one and fifteen years. Interest rates are prime plus 1% and are collateralized by the participants' balances in the Plan. Maturity value is principal plus accrued interest. Interest rates range from 4.25% - 6.25%.	-		1,930,409
Total Assets Held					\$ 137,312,211

* Represents a party-in-interest to the Plan

a The cost of participant directed investments is not required to be disclosed.

See the accompanying Independent Auditors' Report.

Ansaldo STS USA Retirement/Savings Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 25-1579001
Plan Number: 001

December 31, 2014

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