Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN, INC.

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1969

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

P.O. BOX 188
400 SOUTH FOURTH STREET
ATCHISON, KS 66002-0188

2b Employer Identification Number (EIN)
30-0258772

2c Plan Sponsor's telephone number
913-367-2121

2d Business code (see instructions)
331500

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.	10/13/2015	AMBER BELOATE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2015	AMBER BELOATE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	30-2058772
a Sponsor's name HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN, INC.	**4c** PN	002
5 Total number of participants at the beginning of the plan year	**5**	646
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)**	118
a(2) Total number of active participants at the end of the plan year	**6a(2)**	107
b Retired or separated participants receiving benefits	**6b**	220
c Other retired or separated participants entitled to future benefits	**6c**	227
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	554
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	79
f Total. Add lines **6d** and **6e**.	**6f**	633
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

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

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

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

A Name of plan
HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN, INC.

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BRADKEN, INC.

D Employer Identification Number (EIN)
30-0258772

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

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

2 Assets:

a Market value	**2a**	25392077
b Actuarial value	**2b**	23209047

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	290	13057738	13057738
b For terminated vested participants	237	2539689	2539689
c For active participants	119	9166380	9332353
d Total	646	24763807	24929780

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	6.44%
6 Target normal cost	**6**	226834

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary — Date: 09/24/2015

DANIEL P. NICHOLS, F.S.A. — Type or print name of actuary

14-03073 — Most recent enrollment number

THE COTTONWOOD GROUP — Firm name

913-906-4231 — Telephone number (including area code)

6900 COLLEGE BLVD., SUITE 300
OVERLAND PARK, KS 66211

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 24.46%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		70
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.28 %		4
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		74
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	93.09 %
15	Adjusted funding target attainment percentage	15	93.09 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	88.45 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/19/2014	260879				
07/14/2014	260879				
10/14/2014	131354				
01/14/2015	217704				
09/14/2015	149390				
			Totals ► 18(b)	1020206	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	967596

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [X] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.99 %	6.32 %	6.99 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	226834
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	1720733	740739
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	967573

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	967573
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	967596

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	23
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

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

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

A Name of plan
HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN, INC.

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BRADKEN, INC.

D Employer Identification Number (EIN)
30-0258772

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

RICE, HALL, JAMES & ASSOCIATES

94-3038451

(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?
28	NONE	121257	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BMO HARRIS BANK N.A.

36-2085229

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	18530	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

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

A Name of plan
HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN, INC.

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BRADKEN, INC.

D Employer Identification Number (EIN)
30-0258772

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	390097	498448
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	6558	16135
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7473299	5691608
(2) U.S. Government securities	1c(2)	101707	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	16793862	18724064
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1042032	1025365
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	25807555	25955620
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	34585	35082
i Acquisition indebtedness	1i	373939	0
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	408524	35082
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	25399031	25920538

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)	1020206	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1020206
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	785	
(B) U.S. Government securities	2b(1)(B)	1758	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2543
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	191782	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		191782
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	18762056	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	19158335	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-396279
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	1335474	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1335474

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-16667
c Other income	2c		4593
d Total income. Add all **income** amounts in column (b) and enter total	2d		2141652
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1480176	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1480176
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	18530	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	121257	
(4) Other	2i(4)	182	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		139969
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1620145
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		521507
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: PICKETT, CHENEY & MCMULLEN **(2)** EIN: 48-1246310

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

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

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

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

A Name of plan
HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN, INC.

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BRADKEN, INC.

D Employer Identification Number (EIN)
30-0258772

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 36-2085229

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 0

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN-ATCHISON/ST. JOSEPH, INC.

FINANCIAL STATEMENTS AND
INDEPENDENT AUDITORS' REPORT
DECEMBER 31, 2014 AND 2013

Pickett, Chaney & McMullen LLP
Certified Public Accountants

PC &M

9401 W. 87th Street, Suite 200, Overland Park, Kansas 66212
913.438.5077 fax 913.438.5078

INDEPENDENT AUDITORS' REPORT

The Plan Administrator and Participants of Hourly Employees Retirement Plan
of Bradken-Atchison/St. Joseph, Inc.
Atchison, Kansas

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Hourly Employees Retirement Plan of Bradken-Atchison/St. Joseph, Inc. (the "Plan"), which comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits and changes in accumulated plan benefits for the year ended December 31, 2014, 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 audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for 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 5, which was certified by BMO Harris Bank, N.A., 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 trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2014 and 2013, and for the year ended December 31, 2014, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental Schedule of Assets as of December 31, 2014, and the supplemental Schedule of Reportable Transactions for the year ended December 31, 2014, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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

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

Pickett, Chaney & McMullen LLP

Overland Park, Kansas
October 5, 2015

HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN-ATCHISON/ST. JOSEPH, INC.

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2014 AND 2013

	2014	2013
ASSETS		
Investments, at fair value:		
Common stocks	$ 18,724,064	$ 16,793,862
Mutual fund	1,025,365	1,042,032
US Government obligations		101,707
Money market fund	5,691,608	7,473,299
Total investments	25,441,037	25,410,900
Accrued investment income	16,135	6,558
Employer contributions receivable	498,448	390,097
Total assets	25,955,620	25,807,555
LIABILITIES		
Liability for unsettled trades		373,939
Accrued expenses	35,082	34,585
Total liabilities	35,082	408,524
NET ASSETS AVAILABLE FOR BENEFITS	$ 25,920,538	$ 25,399,031

See notes to financial statements.

HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN-ATCHISON/ST. JOSEPH, INC.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2014

ADDITIONS TO NET ASSETS ATTRIBUTABLE TO:	
Investment income:	
Interest and dividends	$ 194,324
Net appreciation in fair value of investments	927,122
Total investment income	1,121,446
Employer contributions	1,020,206
Total additions	2,141,652
DEDUCTIONS FROM NET ASSETS ATTRIBUTABLE TO:	
Benefits paid to participants	1,480,176
Administrative expenses	139,969
Total deductions	1,620,145
NET INCREASE	521,507
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of Year	25,399,031
End of Year	$ 25,920,538

See notes to financial statements.

HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN-ATCHISON/ST. JOSEPH, INC.

STATEMENTS OF ACCUMULATED PLAN BENEFITS
DECEMBER 31, 2014 AND 2013

	2014	2013
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	$ 14,276,699	$ 12,395,205
Other participants	10,711,032	10,878,460
Total vested benefits	24,987,731	23,273,665
Nonvested benefits	111,747	150,079
Total actuarial present value of accumulated plan benefits	$ 25,099,478	$ 23,423,744

See notes to financial statements.

HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN-ATCHISON/ST. JOSEPH, INC.

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
YEAR ENDED DECEMBER 31, 2014

Actuarial present value of accumulated plan benefits,	
Beginning of year:	$ 23,423,744
Increase (decrease) during the year attributable to:	
Benefits accumulated and gains (losses)	189,784
Benefit payments	(1,480,176)
Increase for interest due to decrease in the discount period	1,584,352
Plan amendments	159,817
Change in assumptions	1,221,957
Net increase	1,675,734
Actuarial present value of accumulated plan benefits,	
End of year	$ 25,099,478

See notes to financial statements.

HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN-ATCHISON/ST. JOSEPH, INC.

NOTES TO FINANCIAL STATEMENTS FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

1. DESCRIPTION OF THE PLAN

The following description of the Hourly Employees Retirement Plan of Bradken-Atchison/St. Joseph, Inc. (the "Plan") provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

General – Bradken-Atchison/St. Joseph, Inc. (the "Plan Sponsor" or "Company") is a wholly owned subsidiary of Bradken, Inc. The Plan is a noncontributory, defined benefit plan for certain hourly employees of the Plan Sponsor. As of May 10, 1993, the Plan was closed to new participants. The Plan is subject to the provision of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan Sponsor also acts as the plan administrator. BMO Harris Bank, N.A., serves as the trustee and custodian for the Plan, and Rice, Hall, James & Associates manages the Plan's investment assets.

Pension Benefits – The Plan provides for normal retirement benefits upon reaching age 65 and has provisions for early retirement and disability benefits. The Plan also provides for benefits upon meeting certain other preconditions. Benefits under the Plan are determined based upon years of credited service, as defined in the Plan, multiplied by a benefit unit. Benefits are payable in the form of a joint and survivor annuity, or other optional forms. Employees with five years of vesting service, as defined by the Plan, are entitled to pension benefits upon retirement. There is no partial vesting of benefits.

The Plan was amended February 18, 2005, so that the benefit of any employee who transfers to non-covered employment, as defined by the Plan, and who terminates on or after January 1, 2005, will be based on the benefit level in effect at their termination of employment. Previously, benefits were based on the benefit level in effect at the date of transfer to non-covered employment.

Death and Disability Benefits – Beneficiaries of participants who die before retirement may receive death benefits based upon the participant's status at death. Death benefits are payable in monthly installments. Active employees who become disabled may be entitled to disability benefits payable to age 65 reduced by any benefits paid under workers' compensation. Upon retirement at age 65, these benefits are redetermined based upon the formulas for normal retirement benefits.

Expenses – Administrative expenses incurred by the Plan are paid by the Plan Sponsor, while administrative expenses incurred in connection with transactions relating to acquisition or disposition of Plan investment, or related to the Trustee, are paid by the Plan.

Termination of the Plan – Although the Company has not expressed any intent to do so, it has the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in the Plan and under ERISA. In the event that the Plan should be terminated, all participants become 100% vested in benefits earned as of the termination date. In the event that the Plan should be terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations there under and the Plan document.

The Pension Benefit Guaranty Corporation ("PBGC") insures certain benefits under the Plan if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement

benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to statutory ceiling on the amount of an individual's monthly benefit.

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The accompanying financial statements have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosures of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition – The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Funding Policy – The Sponsor's funding policy is to contribute a determined amount to the Plan in order to maintain the Plan on a sound actuarial basis and meet the minimum funding regulations. The amount of such contributions is limited to the amount that is deductible for federal tax purposes under Section 404 of the Internal Revenue Code (the "IRC"). Contributions totaled $1,020,206 in 2014. The Company's contributions for 2014 met the minimum funding requirements of ERISA.

Payment of Benefits – Benefit payments are reported in the year paid.

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

The actuarial present value of accumulated plan benefits is determined by a consulting actuary, The Cottonwood Group, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, withdrawal, or retirement) between the valuation date and the expected date of payment.

The actuarial assumptions below are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors would be applicable in determining the actuarial present value of accumulated plan benefits. In particular, in the event

of a plan termination, the use of a discount rate reflecting current settlement rates would have the effect of increasing the present value of accumulated plan benefits.

The more significant assumptions underlying the most recent actuarial computations are as follows:

Assumed rate of return on investment and discount rate	7.0% per annum, compounded annually
Mortality basis	*RP-2014 Blue Collar Static Mortality Table, projected generationally with Scale MP-2014*
Normal retirement age	65
Changes in assumptions since prior year	The mortality table changed from the *2014 Static Mortality Tables to the RP-2014 Blue Collar Static Mortality Table, projected generationally* with Scale MP-2014 The benefit rate increased from $24.25 to 24.75 for retirements on or after February 1, 2014

Date of Management's Review – Subsequent events have been evaluated through October 5, 2015, which is the date the financial statements were available to be issued.

3. FAIR VALUE MEASUREMENTS

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

Level 1 – Inputs consist of unadjusted quoted prices for identical assets in active markets that the plan has the ability to access.

Level 2 – Inputs consist of 1) quoted prices for similar assets in active markets, 2) quoted prices for identical or similar assets in inactive markets, 3) inputs other than quoted prices that are observable, and 4) inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset has a specified (contractual) term, the level 2 input must be observable for substantially the full term.

Level 3 – Inputs consist of unobservable inputs where there is little or no market activity, and the reporting entity makes estimates and assumptions related to the pricing of the asset including assumptions regarding risk.

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013:

Common stocks, mutual fund and money market fund – Valued at the closing price or the net asset value (NAV) of shares held by the plan at year end based on published quoted prices.

US Government obligations and corporate bonds – Valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar securities, the security is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields on similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

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

The Plan's investments are reported at fair value as follows at December 31, 2014 and 2013:

		Fair Value Measurements Using:		
	Fair Value	**Level 1**	**Level 2**	**Level 3**
December 31, 2014:				
Common stocks:				
Consumer discretionary	$ 4,453,782	$ 4,453,782		
Consumer staples	824,961	824,961		
Energy	134,640	134,640		
Financials	1,022,250	1,022,250		
Health care	1,736,450	1,736,450		
Industrials	3,156,164	3,156,164		
Information technology	4,840,024	4,840,024		
Materials	1,888,698	1,888,698		
Utilities	667,095	667,095		
Mutual fund - Small Cap	1,025,365	1,025,365		
Money market fund	5,691,608		$ 5,691,608	
	$ 25,441,037	$ 19,749,429	$ 5,691,608	$ -
December 31, 2013:				
Common stocks:				
Consumer discretionary	$ 2,965,737	$ 2,965,737		
Consumer staples	273,421	273,421		
Energy	1,470,021	1,470,021		
Financials	1,434,138	1,434,138		
Health care	2,076,482	2,076,482		
Industrials	2,817,940	2,817,940		
Information technology	4,555,876	4,555,876		
Materials	279,450	279,450		
Utilities	920,797	920,797		
Mutual fund - Small Cap	1,042,032	1,042,032		
US Government obligations	101,707		$ 101,707	
Money market fund	7,473,299		$ 7,473,299	
	$ 25,410,900	$ 17,835,894	$ 7,575,006	$ -

4. INVESTMENTS

The following represents fair value of investments that represent 5% or more of net assets available for plan benefits at December 31:

	2014	2013
BMO Prime Money Market	$ 5,691,608	$ 7,473,299

The plan's investments (including investments purchased, sold, as well as held during the year) appreciated (depreciated) in value for the year ended December 31, 2014, as follows:

Common stocks	$ 945,496
US Government obligations	(1,707)
Mutual fund	(16,667)
	$ 927,122

5. INFORMATION CERTIFIED BY THE TRUSTEE

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, BMO Harris Bank, N.A., the trustee of the Plan, has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate with respect to investments as of December 31, 2014 and 2013, and for the year ended December 31, 2014:

- Investments, at fair value
- Accrued investment income
- Net appreciation in fair value of investments
- Interest and dividends
- Schedule of Assets (Held at End of Year)
- Schedule of Reportable Transactions

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 schedules.

6. TAX STATUS

The Plan has received a determination letter dated January 9, 2013, in which the Internal Revenue Service ("IRS") stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The plan administrator believes the Plan is designed and operating in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in these financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Company has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no IRS audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

7. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of a money market fund managed by BMO Financial Group. BMO Harris Bank, N.A., is the trustee as defined by the Plan and part of the BMO Financial Group, therefore, these transactions qualify as party-in-interest.

Certain Plan investments are shares of a mutual fund managed by Rice, Hall, James & Associates. Rice, Hall, James & Associates is the investment adviser to the Plan, and therefore, these transactions qualify as party-in-interest.

8. RISKS AND UNCERTAINTIES

The Plan utilizes various investment instruments. 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 investment securities. It is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

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

9. SUBSEQUENT EVENTS

The Plan was amended to freeze benefits as of May 4, 2015, with a minimum credit of ½ year of service in 2015 for those participants employed on the freeze date.

* * * * * *

HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN-ATCHISON/ST. JOSEPH, INC.

FORM 5500, SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2014 – SEE FORM 5500

EIN: 30-2058772, PLAN IDENTIFICATION NUMBER: 002

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Fair Value
	Air Prods & Chems Inc	Common stock	$ 126,658	$ 216,345
	Allison Transmission Hldgs Inc	Common stock	675,172	817,329
	Bio Techne Corp	Common stock	395,319	462,000
	Bruker Corp	Common stock	268,369	422,222
	Brunswick Corporation	Common stock	483,364	590,515
	Catamaran Corp	Common stock	445,484	482,310
	CBRE Group, Inc.	Common stock	463,338	598,348
	CLARCOR Inc	Common stock	707,311	773,024
	Comerica Inc	Common stock	350,348	423,902
	Cytec Inds Inc	Common stock	479,635	425,687
	Edwards Lifesciences Corporation	Common stock	299,001	468,758
	Endo International	Common stock	746,125	784,666
	Factset Resh Sys Inc	Common stock	295,754	443,363
	Flir Sys Inc	Common stock	560,166	652,985
	Garmin Limited	Common stock	336,257	341,810
	Genesco Inc	Common stock	465,866	553,196
	Guess Inc	Common stock	465,182	365,527
	Harman Intl Inds Inc	Common stock	160,290	393,760
	IPG Photonics Corporation	Common stock	441,455	500,466
	ITC Hldgs Corp	Common stock	376,890	667,095
	Linear Technology Corp	Common stock	391,511	472,416
	Microchip Technology Inc	Common stock	368,080	490,797
	Middleby Corporation	Common stock	480,512	498,473
	National Instrs Corp	Common stock	269,848	419,715
	Nordson Corporation	Common stock	459,254	483,352
	Nordstrom Inc	Common stock	339,045	533,501
	Norwegian Cruise Line Hldgs	Common stock	347,994	508,749
	Nvidia Corp	Common stock	420,039	569,420
	Pentair Ltd Shs	Common stock	162,884	336,749
	Pinnacle Foods Inc	Common stock	708,400	824,961
	Ritchie Bros. Auctioneers	Common stock	401,166	555,816
	Sothebys	Common stock	363,274	370,916
	Steris Corporation	Common stock	369,432	363,160
	Teradyne Inc	Common stock	663,915	715,211
	Trimble Nav Ltd	Common stock	587,428	575,653
	Wabco Holdings Inc	Common stock	477,355	487,227
	Whiting Pete Corp	Common stock	192,341	134,640
	Total common stocks		15,544,462	18,724,064

(CONTINUED)

HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN-ATCHISON/ST. JOSEPH, INC.

FORM 5500, SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2014 – SEE FORM 5500

EIN: 30-2058772, PLAN IDENTIFICATION NUMBER: 002

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Fair Value
*	Rice, Hall James Micro Cap Porfolio	Mutual Fund	$ 589,542	$ 1,025,365
*	BMO Prime Money Market	Money market fund	5,691,608	5,691,608
	Total investments		$ 21,825,612	$ 25,441,037

(CONCLUDED)

* Represents a party-in-interest.

HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN-ATCHISON/ST. JOSEPH, INC.

FORM 5500, SCHEDULE H, PART IV, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS – YEAR ENDED DECEMBER 31, 2014
SEE FORM 5500

EIN: 30-2058772, PLAN IDENTIFICATION NUMBER: 002

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
	Single Transactions:						
None							
	Series Transactions:						
BMO Prime Money Market	Money market fund						
	Purchases	$ 8,207,899			$ 8,207,899	$ 8,207,899	
	Sales		$ 9,989,590		9,989,590	9,989,590	$ -

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

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

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

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

A Name of plan: Hourly Employees Retirement Plan of Bradken, Inc.

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF: Bradken, Inc.

D Employer Identification Number (EIN): 30-0258772

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2014

2 Assets:

a Market value	2a	25,392,077
b Actuarial value	2b	23,209,047

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	290	13,057,738	13,057,738
b For terminated vested participants	237	2,539,689	2,539,689
c For active participants	119	9,166,380	9,332,353
d Total	646	24,763,807	24,929,780

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	6.44 %
6 Target normal cost	6	226,834

Statement by Enrolled Actuary

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

SIGN HERE

Daniel P. Nichols

Signature of actuary

09/24/2015

Date

Daniel P. Nichols, F.S.A.

Type or print name of actuary

14-03073

Most recent enrollment number

The Cottonwood Group

Firm name

(913) 906-4231

Telephone number (including area code)

6900 College Blvd., Suite 300

Overland Park KS 66211

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 24.46%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		70
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.28%		4
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		74
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	93.09 %
15	Adjusted funding target attainment percentage	15	93.09 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	88.45 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/19/2014	260,879				
07/14/2014	260,879				
10/14/2014	131,354				
01/14/2015	217,704				
09/14/2015	149,390				
			Totals ► 18(b)	1,020,206	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	967,596

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	4.99 %	6.32 %	6.99 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	226,834
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	1,720,733	740,739
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	967,573

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	967,573
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	967,596
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	23
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected	☐ 2 plus 7 years	☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

ATTACHMENT TO 2014 SCHEDULE SB (FORM 5500) – LINE 22

Name of Plan: **Hourly Employees Retirement Plan of Bradken, Inc.**
EIN: **30-0258772**
Plan Number: **002**

Age	Retirement Rate	Weight	Age x Weight
55	2%	2.00%	1.1000
56	2%	1.96%	1.0976
57	2%	1.92%	1.0949
58	2%	1.88%	1.0918
59	2%	1.84%	1.0884
60	2%	1.81%	1.0847
61	15%	13.29%	8.1055
62	25%	18.82%	11.6710
63	20%	11.29%	7.1155
64	60%	27.11%	17.3483
65	100%	18.07%	11.7463

Weighted Average Retirement Age	62.5439
Rounded to Nearest Integer	63.0000

Attachment to 2014 Schedule SB (Form 5500) – Line 26
Hourly Employees Retirement Plan of Bradken, Inc.
EIN/PN: 30-0258772/002

Schedule of Active Participant Data

	Years of credited service:										
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	Total
Attained Age	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	0	5	0	0	0	0	5
45 to 49	0	0	0	0	1	1	9	0	0	0	11
50 to 54	0	0	0	1	1	4	19	1	1	0	27
55 to 59	0	0	0	1	1	2	3	4	13	8	32
60 to 64	0	0	0	0	0	1	3	1	7	16	28
65 to 69	0	0	0	0	0	0	0	1	2	1	4
70 & up	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	2	3	13	34	7	23	25	107

ATTACHMENT TO 2014 SCHEDULE SB (FORM 5500) - LINE 32

Schedule of Amortization Bases

Valuation Date: 1/1/2014
Client: Hourly Employees Retirement Plan of Bradken, Inc.
EIN: 30-0258772
PN: 002

	Initial Information					Annual
Type of Base	Plan Year Established	Amount to Amortize	Amortization Period	Remaining Period	Outstanding Balance	Payment This Year
Shortfall	1/1/2009	862,224	7	2	298,730	153,001
Shortfall	1/1/2010	1,680,720	7	3	808,864	282,852
Shortfall	1/1/2011	3,418,666	7	4	2,094,506	562,471
Shortfall	1/1/2012	633,705	7	5	456,473	100,395
Shortfall	1/1/2013	(1,740,964)	7	6	(1,534,949)	(290,553)
Shortfall	1/1/2014	(402,891)	7	7	(402,891)	(67,427)
Total					1,720,733	740,739

Summary of Plan Provisions

1. **Effective Date**

The Plan was effective January 1, 1969. The plan was adopted by Bradken-Atchison/St. Joseph, Inc. (the "Company"), effective December 23, 2003. The most recent plan amendment reflected in this valuation was adopted on November 6, 2012.

2. **Plan Year**

The Plan Year is the calendar year.

3. **Eligibility**

All hourly employees of the Company employed at the Atchison, Kansas plant prior to May 10, 1993, except nonresident aliens receiving no earned income from the company.

4. **Retirement Date**

The Normal Retirement Date is the first day of the calendar month coincident with or immediately following the participant's 65th birthday. Early Retirement may be elected after attaining age 55 and the completion of 5 years of Vesting Service.

5. **Credited Service**

One year of Credited Service is earned in each calendar year in which a participant completes 1,000 hours of service. If a participant works less than 1,000 hours, one-twelfth of a year of Credited Service is earned for each 84 hours of service, rounded to the nearest twelfth.

6. **Vesting Service**

One year of Vesting Service is earned in each calendar year in which a participant completes 1,000 hours of service. If a participant works less than 1,000 hours, one twelfth of a year of Vesting Service is earned for each 84 hours of service, rounded to the nearest twelfth.

Summary of Plan Provisions

7. **Normal Retirement Benefit**

A monthly benefit payable for life at Normal Retirement Date, equal to the participant's years of Credited Service multiplied by the benefit rate in effect when the participant terminates employment. Recent and future benefit rates are:

Effective 05/12/03	$20.00
Effective 05/12/04	21.00
Effective 07/01/06	21.50
Effective 07/01/08	22.00
Effective 11/21/08	22.75
Effective 02/01/10	23.25
Effective 02/01/11	23.75
Effective 02/01/12	24.25
Effective 02/01/14	24.75

8. **Accrued Benefit**

The annual Accrued Benefit shall be determined at any time using the Normal Retirement Benefit formula. Credited Service shall be computed at the date of determination.

9. **Early Retirement Benefit**

The Accrued Benefit, unreduced if the employee has attained age 62 prior to termination of employment; otherwise, the Accrued Benefit is reduced by:

(a) 6.0% for each of the first 5 years that benefit commencement precedes Normal Retirement Date, plus

(b) 4.0% for each of the next 5 years early.

10. **Normal Form of Benefits**

If a participant is married for at least 12 months on the date his retirement benefits are to commence, the retirement benefits will be paid in the form of a 50% joint-and-survivor pension. Such benefits are the actuarial equivalent of the benefits which would have been payable on the life only basis. If a participant is not married or has been married less than 12 months at the date his retirement benefits are to commence, the benefits will be paid on the basis of a life only benefit.

11. **Optional Forms of Payment**

(a) Life annuity

(b) Joint and survivor annuities (50%, 75%, 100%).

Summary of Plan Provisions

12. **Death Benefits**

If a participant dies after eligibility for Early Retirement, the surviving spouse will receive a monthly benefit equal to 50% of the amount that would have been payable if the participant had elected Early Retirement on the day preceding his death and began receiving benefits under a 50% qualified joint-and-survivor annuity.

If a participant dies before eligibility for Early Retirement, but after becoming vested, the surviving spouse shall be entitled to a benefit beginning at the time the participant would have been eligible for Early Retirement. The benefit shall be equal to 50% of the benefit determined as if the participant had terminated employment just prior to death, survived to Early Retirement, and retired with a 50% qualified joint-and-survivor annuity

13. **Termination of Employment**

The Accrued Benefit vests according to the following schedule:

Years of Vesting Service	Vesting Percentage
Less than 5	0%
5 or More	100%

The benefit paid is the Accrued Benefit, with early-retirement reduction if applicable (as described above), except that the unreduced-at-62 provision does not apply.

14. **Disability Benefits**

If a participant becomes totally disabled (eligible for Social Security disability benefits) after attaining age 45 and having at least 15 years of Vesting Service, the benefit payable is the participant's Accrued Benefit, without reduction for Early Retirement. Prior to age 65, the benefit is reduced by Workers' Compensation and other employer-paid disability benefits.

15. **Cost of Plan**

The entire cost of the Plan is paid by the employer.

Actuarial Assumptions and Methods

Actuarial Assumptions

a. Economic Assumptions

(i)	Interest Rates	
	• Funding Rate	September 2013 Segment Rates (1.37%, 4.05%, 5.06%), but not less than MAP-21 Segment Rates for 2014 (based on 90% of 25-year averages = 4.99%, 6.32%, 6.99%), effective rate of 6.44% for 2014. September 2012 Segment Rates (1.75%, 4.62%, 5.72%), but not less than MAP-21 Segment Rates for 2013 (based on 85% of 25-year averages = 4.94%, 6.15%, 6.76%), effective rate of 6.28% for 2013.
	• Discount Rate for ASC 960	7.00% for 2014 and 2013
(ii)	Salary Increases	N/A
(iii)	Administrative Expenses	$20,000 per year.
(iv)	Maximum Benefit	
	• Funding and ASC 960	$210,000 for current and future years.
(v)	Maximum Earnings	
	• Funding and ASC 960	N/A

Actuarial Assumptions and Methods

b. Demographic Assumptions

(i)	Mortality	For 2014 funding purposes, the 2014 Static Mortality Tables. For 2013 funding purposes, the 2013 Static Mortality Tables. For ASC 960, same as for funding purposes. For both Funding and ASC 960, mortality for participants disabled after 1994 based on Rev. Ruling 96-7 post-1994 Disabled Mortality Table.
(ii)	Termination of Employment	See sample rates.
(iii)	Disability	See sample rates.
(iv)	Retirement	Rates varying by age:

Age	Rate
55-60	2%
61	15%
62	25%
63	20%
64	60%
65	100%

(v)	Marital Status	For valuing death benefits, 90% of Participants are assumed to be married with males 3 years older than their female spouses.

Actuarial Assumptions and Methods

(vi) Sample Rates

	Mortality Rates			
	Pre-Commencement		After Commencement	
Age	Male	Female	Male	Female
20	0.02%	0.01%	0.02%	0.01%
25	0.03%	0.01%	0.03%	0.01%
30	0.04%	0.02%	0.04%	0.02%
40	0.09%	0.05%	0.09%	0.05%
50	0.13%	0.10%	0.37%	0.16%
55	0.17%	0.20%	0.39%	0.30%
60	0.31%	0.34%	0.58%	0.56%
70	0.64%	0.66%	1.62%	1.51%
80	5.21%	3.96%	5.21%	3.96%

	Termination Rates		Disablement	
Age	Male	Female	Male	Female
25	13.0%	13.0%	.12%	.18%
30	8.5%	8.5%	.12%	.18%
35	6.0%	6.0%	.13%	.19%
40	6.0%	6.0%	.15%	.22%
45	5.0%	5.0%	.20%	.30%
50	4.0%	4.0%	.36%	.54%
55	0.0%	0.0%	.68%	1.02%
60	0.0%	0.0%	1.38%	2.07%

c. Change in Actuarial Assumptions

All actuarial assumptions used in this valuation are the same as those used in the prior valuation, except for the required changes in the PPA funding interest rates (including the HATFA 2014 average segment rates) and mortality tables.

Actuarial Assumptions and Methods

Actuarial Methods

a. Funding Method

The actuarial cost method is the Unit Credit cost method.

On the initial valuation date, the benefit accrued to date and the anticipated benefit accrual during the plan year immediately following the initial valuation date are determined for each participant.

The present values of these benefit are then calculated. The sum of the present values of all benefits accruing during the plan year immediately following the valuation date is the normal cost for the initial plan year. The sum of the present values of all benefits accrued prior to the valuation date, less the plan assets, is the initial unfunded actuarial accrued liability.

In subsequent years, the normal cost and unfunded actuarial accrued liability are recalculated on the basis described above. Experience gains and losses (changes in the unfunded actuarial accrued liability which result from causes other than contributions by the plan sponsor and the accrual of interest and additional normal costs) are directly calculated under this cost method. Adjustments to the unfunded actuarial accrued liability can occur, for example, as a result of plan amendments or assumption changes; such adjustments are determined by computing the change in the initial unfunded actuarial accrued liability.

b. Asset Valuation Method

For funding purposes, the actuarial value of assets is defined as the smoothed market value of assets. The smoothed market value will be the market value of assets adjusted by the applicable percentage of the gain or loss calculated in each year during the smoothing period. The gain or loss is the difference between the current year's market value and prior year's market value brought forward with contributions, benefit payments, and administrative expenses, all adjusted for interest to the valuation date. The applicable percentage is 66-2/3% for the year preceding the valuation date and 33-1/3% for the second year preceding of the valuation date. The actuarial value of assets will be adjusted to be no greater than 110% and no less than 90% of the current (market) value of assets. For funding purposes, accrued contributions and expenses are included in the market value.

For pension expense purposes, the actuarial value of assets is defined as the market value of Plan assets.

c. Valuation Procedures

No actuarial liability is accrued for non-vested terminated employees, even if a break in service had not occurred as of the actuarial valuation date. An actuarial liability is accrued for all other terminated employees, even if a claim for benefits has not been made.

ATTACHMENT TO 2014 SCHEDULE SB (FORM 5500) – LINE 22

Name of Plan: **Hourly Employees Retirement Plan of Bradken, Inc.**
EIN: **30-0258772**
Plan Number: **002**

Age	Retirement Rate	Weight	Age x Weight
55	2%	2.00%	1.1000
56	2%	1.96%	1.0976
57	2%	1.92%	1.0949
58	2%	1.88%	1.0918
59	2%	1.84%	1.0884
60	2%	1.81%	1.0847
61	15%	13.29%	8.1055
62	25%	18.82%	11.6710
63	20%	11.29%	7.1155
64	60%	27.11%	17.3483
65	100%	18.07%	11.7463

Weighted Average Retirement Age	62.5439
Rounded to Nearest Integer	63.0000

Actuarial Assumptions and Methods

Actuarial Assumptions

a. Economic Assumptions

(i)	Interest Rates	
	• Funding Rate	September 2013 Segment Rates (1.37%, 4.05%, 5.06%), but not less than MAP-21 Segment Rates for 2014 (based on 90% of 25-year averages = 4.99%, 6.32%, 6.99%), effective rate of 6.44% for 2014. September 2012 Segment Rates (1.75%, 4.62%, 5.72%), but not less than MAP-21 Segment Rates for 2013 (based on 85% of 25-year averages = 4.94%, 6.15%, 6.76%), effective rate of 6.28% for 2013.
	• Discount Rate for ASC 960	7.00% for 2014 and 2013
(ii)	Salary Increases	N/A
(iii)	Administrative Expenses	$20,000 per year.
(iv)	Maximum Benefit	
	• Funding and ASC 960	$210,000 for current and future years.
(v)	Maximum Earnings	
	• Funding and ASC 960	N/A

Actuarial Assumptions and Methods

b. Demographic Assumptions

(i) Mortality

For 2014 funding purposes, the 2014 Static Mortality Tables. For 2013 funding purposes, the 2013 Static Mortality Tables. For ASC 960, same as for funding purposes. For both Funding and ASC 960, mortality for participants disabled after 1994 based on Rev. Ruling 96-7 post-1994 Disabled Mortality Table.

(ii) Termination of Employment

See sample rates.

(iii) Disability

See sample rates.

(iv) Retirement

Rates varying by age:

Age	Rate
55-60	2%
61	15%
62	25%
63	20%
64	60%
65	100%

(v) Marital Status

For valuing death benefits, 90% of Participants are assumed to be married with males 3 years older than their female spouses.

Actuarial Assumptions and Methods

(vi) Sample Rates

	Mortality Rates			
	Pre-Commencement		After Commencement	
Age	Male	Female	Male	Female
20	0.02%	0.01%	0.02%	0.01%
25	0.03%	0.01%	0.03%	0.01%
30	0.04%	0.02%	0.04%	0.02%
40	0.09%	0.05%	0.09%	0.05%
50	0.13%	0.10%	0.37%	0.16%
55	0.17%	0.20%	0.39%	0.30%
60	0.31%	0.34%	0.58%	0.56%
70	0.64%	0.66%	1.62%	1.51%
80	5.21%	3.96%	5.21%	3.96%

	Termination Rates		Disablement	
Age	Male	Female	Male	Female
25	13.0%	13.0%	.12%	.18%
30	8.5%	8.5%	.12%	.18%
35	6.0%	6.0%	.13%	.19%
40	6.0%	6.0%	.15%	.22%
45	5.0%	5.0%	.20%	.30%
50	4.0%	4.0%	.36%	.54%
55	0.0%	0.0%	.68%	1.02%
60	0.0%	0.0%	1.38%	2.07%

c. Change in Actuarial Assumptions

All actuarial assumptions used in this valuation are the same as those used in the prior valuation, except for the required changes in the PPA funding interest rates (including the HATFA 2014 average segment rates) and mortality tables.

Actuarial Assumptions and Methods

Actuarial Methods

a. Funding Method

The actuarial cost method is the Unit Credit cost method.

On the initial valuation date, the benefit accrued to date and the anticipated benefit accrual during the plan year immediately following the initial valuation date are determined for each participant.

The present values of these benefit are then calculated. The sum of the present values of all benefits accruing during the plan year immediately following the valuation date is the normal cost for the initial plan year. The sum of the present values of all benefits accrued prior to the valuation date, less the plan assets, is the initial unfunded actuarial accrued liability.

In subsequent years, the normal cost and unfunded actuarial accrued liability are recalculated on the basis described above. Experience gains and losses (changes in the unfunded actuarial accrued liability which result from causes other than contributions by the plan sponsor and the accrual of interest and additional normal costs) are directly calculated under this cost method. Adjustments to the unfunded actuarial accrued liability can occur, for example, as a result of plan amendments or assumption changes; such adjustments are determined by computing the change in the initial unfunded actuarial accrued liability.

b. Asset Valuation Method

For funding purposes, the actuarial value of assets is defined as the smoothed market value of assets. The smoothed market value will be the market value of assets adjusted by the applicable percentage of the gain or loss calculated in each year during the smoothing period. The gain or loss is the difference between the current year's market value and prior year's market value brought forward with contributions, benefit payments, and administrative expenses, all adjusted for interest to the valuation date. The applicable percentage is 66-2/3% for the year preceding the valuation date and 33-1/3% for the second year preceding of the valuation date. The actuarial value of assets will be adjusted to be no greater than 110% and no less than 90% of the current (market) value of assets. For funding purposes, accrued contributions and expenses are included in the market value.

For pension expense purposes, the actuarial value of assets is defined as the market value of Plan assets.

c. Valuation Procedures

No actuarial liability is accrued for non-vested terminated employees, even if a break in service had not occurred as of the actuarial valuation date. An actuarial liability is accrued for all other terminated employees, even if a claim for benefits has not been made.

Summary of Plan Provisions

1. **Effective Date**

The Plan was effective January 1, 1969. The plan was adopted by Bradken-Atchison/St. Joseph, Inc. (the "Company"), effective December 23, 2003. The most recent plan amendment reflected in this valuation was adopted on November 6, 2012.

2. **Plan Year**

The Plan Year is the calendar year.

3. **Eligibility**

All hourly employees of the Company employed at the Atchison, Kansas plant prior to May 10, 1993, except nonresident aliens receiving no earned income from the company.

4. **Retirement Date**

The Normal Retirement Date is the first day of the calendar month coincident with or immediately following the participant's 65th birthday. Early Retirement may be elected after attaining age 55 and the completion of 5 years of Vesting Service.

5. **Credited Service**

One year of Credited Service is earned in each calendar year in which a participant completes 1,000 hours of service. If a participant works less than 1,000 hours, one-twelfth of a year of Credited Service is earned for each 84 hours of service, rounded to the nearest twelfth.

6. **Vesting Service**

One year of Vesting Service is earned in each calendar year in which a participant completes 1,000 hours of service. If a participant works less than 1,000 hours, one twelfth of a year of Vesting Service is earned for each 84 hours of service, rounded to the nearest twelfth.

Summary of Plan Provisions

7. **Normal Retirement Benefit**

A monthly benefit payable for life at Normal Retirement Date, equal to the participant's years of Credited Service multiplied by the benefit rate in effect when the participant terminates employment. Recent and future benefit rates are:

Effective 05/12/03	$20.00
Effective 05/12/04	21.00
Effective 07/01/06	21.50
Effective 07/01/08	22.00
Effective 11/21/08	22.75
Effective 02/01/10	23.25
Effective 02/01/11	23.75
Effective 02/01/12	24.25
Effective 02/01/14	24.75

8. **Accrued Benefit**

The annual Accrued Benefit shall be determined at any time using the Normal Retirement Benefit formula. Credited Service shall be computed at the date of determination.

9. **Early Retirement Benefit**

The Accrued Benefit, unreduced if the employee has attained age 62 prior to termination of employment; otherwise, the Accrued Benefit is reduced by:

(a) 6.0% for each of the first 5 years that benefit commencement precedes Normal Retirement Date, plus

(b) 4.0% for each of the next 5 years early.

10. **Normal Form of Benefits**

If a participant is married for at least 12 months on the date his retirement benefits are to commence, the retirement benefits will be paid in the form of a 50% joint-and-survivor pension. Such benefits are the actuarial equivalent of the benefits which would have been payable on the life only basis. If a participant is not married or has been married less than 12 months at the date his retirement benefits are to commence, the benefits will be paid on the basis of a life only benefit.

11. **Optional Forms of Payment**

(a) Life annuity

(b) Joint and survivor annuities (50%, 75%, 100%).

Summary of Plan Provisions

12. **Death Benefits**

If a participant dies after eligibility for Early Retirement, the surviving spouse will receive a monthly benefit equal to 50% of the amount that would have been payable if the participant had elected Early Retirement on the day preceding his death and began receiving benefits under a 50% qualified joint-and-survivor annuity.

If a participant dies before eligibility for Early Retirement, but after becoming vested, the surviving spouse shall be entitled to a benefit beginning at the time the participant would have been eligible for Early Retirement. The benefit shall be equal to 50% of the benefit determined as if the participant had terminated employment just prior to death, survived to Early Retirement, and retired with a 50% qualified joint-and-survivor annuity

13. **Termination of Employment**

The Accrued Benefit vests according to the following schedule:

Years of Vesting Service	Vesting Percentage
Less than 5	0%
5 or More	100%

The benefit paid is the Accrued Benefit, with early-retirement reduction if applicable (as described above), except that the unreduced-at-62 provision does not apply.

14. **Disability Benefits**

If a participant becomes totally disabled (eligible for Social Security disability benefits) after attaining age 45 and having at least 15 years of Vesting Service, the benefit payable is the participant's Accrued Benefit, without reduction for Early Retirement. Prior to age 65, the benefit is reduced by Workers' Compensation and other employer-paid disability benefits.

15. **Cost of Plan**

The entire cost of the Plan is paid by the employer.

Attachment to 2014 Schedule SB (Form 5500) – Line 26
Hourly Employees Retirement Plan of Bradken, Inc.
EIN/PN: 30-0258772/002

Schedule of Active Participant Data

	Years of credited service:										
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	Total
Attained Age	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	0	5	0	0	0	0	5
45 to 49	0	0	0	0	1	1	9	0	0	0	11
50 to 54	0	0	0	1	1	4	19	1	1	0	27
55 to 59	0	0	0	1	1	2	3	4	13	8	32
60 to 64	0	0	0	0	0	1	3	1	7	16	28
65 to 69	0	0	0	0	0	0	0	1	2	1	4
70 & up	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	2	3	13	34	7	23	25	107

HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN-ATCHISON/ST. JOSEPH, INC.

FORM 5500, SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2014 – SEE FORM 5500

EIN: 30-2058772, PLAN IDENTIFICATION NUMBER: 002

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Fair Value
	Air Prods & Chems Inc	Common stock	$ 126,658	$ 216,345
	Allison Transmission Hldgs Inc	Common stock	675,172	817,329
	Bio Techne Corp	Common stock	395,319	462,000
	Bruker Corp	Common stock	268,369	422,222
	Brunswick Corporation	Common stock	483,364	590,515
	Catamaran Corp	Common stock	445,484	482,310
	CBRE Group, Inc.	Common stock	463,338	598,348
	CLARCOR Inc	Common stock	707,311	773,024
	Comerica Inc	Common stock	350,348	423,902
	Cytec Inds Inc	Common stock	479,635	425,687
	Edwards Lifesciences Corporation	Common stock	299,001	468,758
	Endo International	Common stock	746,125	784,666
	Factset Resh Sys Inc	Common stock	295,754	443,363
	Flir Sys Inc	Common stock	560,166	652,985
	Garmin Limited	Common stock	336,257	341,810
	Genesco Inc	Common stock	465,866	553,196
	Guess Inc	Common stock	465,182	365,527
	Harman Intl Inds Inc	Common stock	160,290	393,760
	IPG Photonics Corporation	Common stock	441,455	500,466
	ITC Hldgs Corp	Common stock	376,890	667,095
	Linear Technology Corp	Common stock	391,511	472,416
	Microchip Technology Inc	Common stock	368,080	490,797
	Middleby Corporation	Common stock	480,512	498,473
	National Instrs Corp	Common stock	269,848	419,715
	Nordson Corporation	Common stock	459,254	483,352
	Nordstrom Inc	Common stock	339,045	533,501
	Norwegian Cruise Line Hldgs	Common stock	347,994	508,749
	Nvidia Corp	Common stock	420,039	569,420
	Pentair Ltd Shs	Common stock	162,884	336,749
	Pinnacle Foods Inc	Common stock	708,400	824,961
	Ritchie Bros. Auctioneers	Common stock	401,166	555,816
	Sothebys	Common stock	363,274	370,916
	Steris Corporation	Common stock	369,432	363,160
	Teradyne Inc	Common stock	663,915	715,211
	Trimble Nav Ltd	Common stock	587,428	575,653
	Wabco Holdings Inc	Common stock	477,355	487,227
	Whiting Pete Corp	Common stock	192,341	134,640
	Total common stocks		15,544,462	18,724,064

(CONTINUED)

HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN-ATCHISON/ST. JOSEPH, INC.

FORM 5500, SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2014 – SEE FORM 5500

EIN: 30-2058772, PLAN IDENTIFICATION NUMBER: 002

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Fair Value
*	Rice, Hall James Micro Cap Porfolio	Mutual Fund	$ 589,542	$ 1,025,365
*	BMO Prime Money Market	Money market fund	5,691,608	5,691,608
	Total investments		$ 21,825,612	$ 25,441,037

(CONCLUDED)

* Represents a party-in-interest.

HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN-ATCHISON/ST. JOSEPH, INC.

FORM 5500, SCHEDULE H, PART IV, LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS – YEAR ENDED DECEMBER 31, 2014
SEE FORM 5500

EIN: 30-2058772, PLAN IDENTIFICATION NUMBER: 002

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
	Single Transactions:						
None							
	Series Transactions:						
BMO Prime Money Market	Money market fund						
	Purchases	$ 8,207,899			$ 8,207,899	$ 8,207,899	
	Sales		$ 9,989,590		9,989,590	9,989,590	$ -

ATTACHMENT TO 2014 SCHEDULE SB (FORM 5500) - LINE 32

Schedule of Amortization Bases

Valuation Date: 1/1/2014
Client: Hourly Employees Retirement Plan of Bradken, Inc.
EIN: 30-0258772
PN: 002

	Initial Information					Annual
	Plan Year	Amount to	Amortization	Remaining	Outstanding	Payment
Type of Base	Established	Amortize	Period	Period	Balance	This Year
Shortfall	1/1/2009	862,224	7	2	298,730	153,001
Shortfall	1/1/2010	1,680,720	7	3	808,864	282,852
Shortfall	1/1/2011	3,418,666	7	4	2,094,506	562,471
Shortfall	1/1/2012	633,705	7	5	456,473	100,395
Shortfall	1/1/2013	(1,740,964)	7	6	(1,534,949)	(290,553)
Shortfall	1/1/2014	(402,891)	7	7	(402,891)	(67,427)
Total					1,720,733	740,739