

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 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>MARMON CONSOLIDATED DEFINED BENEFIT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>11/02/1988</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>11/02/1988</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>11/02/1988</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>MARMON ENGINEERED INDUSTRIAL & METAL COMPONENTS, INC.</u> <u>181 W MADISON STREET, 26TH FLOOR</u> <u>CHICAGO, IL 60602</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>32-0023596</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>312-372-9500</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>332900</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>32-0023596</u>	2c Plan Sponsor's telephone number <u>312-372-9500</u>	2d Business code (see instructions) <u>332900</u>	
2b Employer Identification Number (EIN) <u>32-0023596</u>					
2c Plan Sponsor's telephone number <u>312-372-9500</u>					
2d Business code (see instructions) <u>332900</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2015	JAMES DENOR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor MARMON RETIREMENT ADMINISTRATIVE COMMITTEE 181 WEST MADISON STREET, 26TH FLOOR CHICAGO, IL 60602	3b Administrator's EIN 38-3257463 3c Administrator's telephone number 312-372-9500 <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 542
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 13 6a(2) 10 6b 265 6c 202 6d 477 6e 51 6f 528 6g 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: 1A 1I 3H 1D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div>
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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 MARMON CONSOLIDATED DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MARMON ENGINEERED INDUSTRIAL & METAL COMPONENTS, INC.	D Employer Identification Number (EIN) 32-0023596
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2014			
2	Assets:			
a	Market value	2a	24656289	
b	Actuarial value	2b	24435992	
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	315	17591970	17591970
b	For terminated vested participants	214	6862983	6862983
c	For active participants	13	325279	325640
d	Total	542	24780232	24780593
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	6.38%	
6	Target normal cost	6	192889	

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		09/24/2015
	Signature of actuary	Date
	THERESA E. LONG, A.S.A., E.A.	14-05758
	Type or print name of actuary	Most recent enrollment number
	AON CONSULTING, INC.	410-547-2800
	Firm name	Telephone number (including area code)
	500 EAST PRATT ST. BALTIMORE, MD 21202	
	Address of the firm	

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	1047066
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	1047066
10 Interest on line 9 using prior year's actual return of <u>4.95</u> %	0	51830
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		13641
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 <u>6.22</u> %		848
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		14489
d Portion of (c) to be added to prefunding balance		14489
12 Other reductions in balances due to elections or deemed elections	0	1113385
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	98.60 %
15 Adjusted funding target attainment percentage	15	98.60 %
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	92.09 %
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
04/07/2014	253789		09/01/2015	245649	
07/08/2014	253789				
10/06/2014	155674				
01/07/2015	221084				
04/02/2015	245649				
07/14/2015	245649				
Totals ▶			18(b)	1621283	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	1524085
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
0	0	0
		(4) 4th
		0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
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	192889	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	344601	789657	
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		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	982546	
	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	982546	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	1524085	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	541539	
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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan MARMON CONSOLIDATED DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 MARMON ENGINEERED INDUSTRIAL & METAL COMPONENTS, INC.	D Employer Identification Number (EIN) 32-0023596	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

(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 ☐

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.	

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:	KRISTINE COOGAN	b EIN:	36-3051915
c Position:	ENROLLED ACTUARY		
d Address:	200 E RANDOLPH STREET SUITE 1400 CHICAGO, IL 60601	e Telephone:	312-381-1000

Explanation: REALLOCATION OF WORK WITHIN THE ACTUARIAL FIRM.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">2014</div> This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan MARMON CONSOLIDATED DEFINED BENEFIT PLAN	B Three-digit plan number (PN) ►	002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 MARMON ENGINEERED INDUSTRIAL & METAL COMPONENTS, INC.	D Employer Identification Number (EIN) 32-0023596	

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

b	Name of sponsor of entity listed in (a): MARMON RETIREMENT MASTER TRUST
---	---

c EIN-PN 36-2720574-008	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24279995
--	--	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>MARMON CONSOLIDATED DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MARMON ENGINEERED INDUSTRIAL & METAL COMPONENTS, INC.</u>	D Employer Identification Number (EIN) <u>32-0023596</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	388410	958031
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(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)	24274481	24279995
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	24662891	25238026

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	24662891	25238026
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1621283	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1621283

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		1218731
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2840014

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2074875	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		2074875
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2074875

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		765139
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		190004

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: PLANTE & MORAN, PLLC

(2) EIN: 38-1357951

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?	X		20000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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.			

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)
MARMON RETIREMENT MASTER TRUST	36-2720574	008

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

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

A Name of plan <u>MARMON CONSOLIDATED DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MARMON ENGINEERED INDUSTRIAL & METAL COMPONENTS, INC.</u>	D Employer Identification Number (EIN) <u>32-0023596</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>94-1347393</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Marmon Consolidated Defined Benefit Plan

Financial Report
December 31, 2014

Marmon Consolidated Defined Benefit Plan

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Independent Auditor's Report

To the Plan Administrator
Marmon Consolidated Defined Benefit Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Marmon Consolidated Defined Benefit Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2014 and 2013 and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's 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 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Wells Fargo Bank, N.A. (the "Trustee"), 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 related transactions. The plan administrator has obtained certifications from the Trustee as of and for the years ended December 31, 2014 and 2013 that the information provided to the plan administrator by the Trustee is complete and accurate.

To the Plan Administrator
Marmon Consolidated Defined Benefit Plan

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.

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

The form and content of the information included in the financial statements, 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 ERISA.

Plante & Moreau, PLLC

Elgin, Illinois
October 6, 2015

Marmon Consolidated Defined Benefit Plan

Statement of Net Assets Available for Benefits

	December 31, 2014	December 31, 2013
Assets		
Plan interest in Marmon Retirement Master Trust - At fair value (Note 5)	\$ 24,279,995	\$ 24,274,481
Employer contribution receivable	958,031	388,410
Net Assets Available for Benefits	\$ 25,238,026	\$ 24,662,891

Marmon Consolidated Defined Benefit Plan

Statement of Changes in Net Assets Available for Benefits

	Year Ended	
	December 31, 2014	December 31, 2013
Additions to Net Assets		
Employer contributions	\$ 1,621,283	\$ 1,075,278
Investment income - Plan interest in Marmon Retirement Master Trust net investment income (Note 5)	<u>1,218,731</u>	<u>1,174,270</u>
Total additions	2,840,014	2,249,548
Deductions from Net Assets		
Benefits paid directly to participants or beneficiaries	2,074,875	2,024,249
Administrative expenses	<u>190,004</u>	<u>192,889</u>
Total deductions	<u>2,264,879</u>	<u>2,217,138</u>
Net Increase	575,135	32,410
Net Assets Available for Benefits		
Beginning of year	<u>24,662,891</u>	<u>24,630,481</u>
End of year	<u>\$ 25,238,026</u>	<u>\$ 24,662,891</u>

Marmon Consolidated Defined Benefit Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 1 - Plan Description

The following description of Marmon Consolidated Defined Benefit Plan (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General - The Plan is a noncontributory defined benefit plan covering certain employees designated by the Participating Employers, as defined in the plan document with Participating Employers' supplements. Participating Employers' supplements of the plan document establish or modify various rights and features attributable to the Participating Employers. Participation into the plan was frozen or effectively frozen due to a plant closure on a date ranging from June 30, 2001 to December 31, 2007 in accordance with the terms of the applicable Participating Employer's supplement and any individual who was not a participant in the Plan on or before such date shall not become a participant in the Plan at any time. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Vesting - Prior to the Plan being frozen, participants became fully vested in accordance with the terms of the applicable Participating Employer's supplement. Each participant has a nonforfeitable right to his or her plan benefit.

Pension Benefits - Plan benefits are provided as follows:

- **Normal Retirement** - A participant's normal retirement date shall be in accordance with the applicable Participating Employer's supplement with his or her attainment of age 65. A participant shall be entitled to normal retirement benefits determined in accordance with the terms of the applicable Participating Employer's supplement.
- **Early Retirement** - Retirement benefits prior to age 65 are determined based on formulas established in the Plan that vary based on the applicable Participating Employer's supplement.

Certain Participating Employer's supplements also allow for disability and deferred retirement benefits.

Benefits are based on each employee's Participating Employer's supplement and range from being based on years of credited service multiplied by a fixed rate specified by the applicable Participating Employer's supplement to being based on a multiple of the participant's final average compensation.

Funding - All contributions are made by the plan sponsor in actuarially determined amounts to provide the Plan with assets sufficient to meet the projected benefits to be paid to Plan participants. The plan sponsor's policy is to make contributions necessary to satisfy ERISA funding standards. Annual contributions meet the minimum funding requirements of ERISA. No participant contributions are permitted.

Marmon Consolidated Defined Benefit Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 1 - Plan Description (Continued)

Party-in-interest Transactions - Certain plan assets are in investment funds managed by Wells Fargo Bank, N.A. or its affiliates. Wells Fargo Bank, N.A. is the trustee of the Plan; therefore, these transactions qualify as party-in-interest transactions as defined under ERISA guidelines.

Administration - Certain employees of an affiliate of the plan sponsor provide administrative and trustee services to the Plan. These employees do not receive any compensation from the Plan for their services.

Note 2 - Summary of Significant Accounting Policies

Investment Valuation - The fair value of the Plan's interest in the Marmon Retirement Master Trust (the "Master Trust") is based on the beginning of year value of the Plan's interest in the Master Trust plus actual contributions and allocated investment income less actual distributions and allocated administrative expenses. The common collective trust funds are valued at net asset value per share (or its equivalent) of the funds, which is based on the fair value of the funds' underlying net assets. The money market fund is valued at fair value based on its outstanding balance. All other investments are valued based on quoted market prices. See Notes 5 and 6 for additional information.

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

Benefit Payments - Benefits are recorded when paid.

Administrative Expenses - Various administrative costs are paid by the plan sponsor.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable, under the Plan's provisions, to the service employees have rendered by participants to the valuation date. These include benefits expected to be paid to:

- a. Retired or terminated employees or their beneficiaries
- b. Beneficiaries of employees who have died
- c. Present employees or their beneficiaries

Marmon Consolidated Defined Benefit Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 2 - Summary of Significant Accounting Policies (Continued)

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

The significant actuarial assumptions used in the valuation of the Plan at December 31, 2013 and 2012 are summarized as follows:

- Assumed rate of return - 2013 and 2012 - 5.75%
- Mortality basis
 - 2013 - RP-2014 Generational Mortality Table with Scale MP2014 improvement
 - 2012 - 2013 Combined Static Mortality Table for Small Plans per §1.430(h)(3)-I(e)
- Average retirement age - Age 65 for 2013 and 2012

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

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

Risks and Uncertainties - Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee compensation and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements. Investment securities are exposed to various risks such as interest rate, market, and credit risks. It is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the statement of net assets available for benefits.

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including October 6, 2015, which is the date the financial statements were available to be issued.

Marmon Consolidated Defined Benefit Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 3 - Unaudited Information

Wells Fargo Bank, N.A. (the "Trustee") holds the Plan's investments and executes all investment transactions. The investment balances and related investment results included in the accompanying financial statements, including the Master Trust information included in Note 5, is based solely on information provided by the Trustee.

Note 4 - Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by consulting actuaries from AON Hewitt. The calculation of the estimated present value of accumulated plan benefits attributable to participants in the Plan, which was made as of and for the year ended December 31, 2013, the most recent actuarial valuation, is as follows:

Actuarial present value of accumulated plan benefits	
Vested benefits:	
Participants currently receiving benefit payments	\$ 19,646,071
Other vested participants	<u>8,610,070</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 28,256,141</u>
Actuarial present value of accumulated plan benefits - Beginning of year	\$ 26,156,498
Increase (decrease) during the year attributable to:	
Interest	1,446,615
Changes in actuarial assumptions*	2,115,159
Benefits accumulated	562,118
Benefits paid	<u>(2,024,249)</u>
Net increase	<u>2,099,643</u>
Actuarial present value of accumulated plan benefits - End of year	<u>\$ 28,256,141</u>

* Changes in actuarial assumptions mainly relates to the change in the mortality table. See Note 2 for additional information.

Marmon Consolidated Defined Benefit Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 5 - Interest in Master Trust

The Plan's investments are in the Marmon Retirement Master Trust (the "Master Trust"), which was established for the investment of assets of the Plan and the Union Tank Car Company East Chicago, Indiana Hourly Employees' Retirement Plan. Each participating benefit plan has an undivided interest in the Master Trust. The assets of the Master Trust are held by Wells Fargo Bank, N.A. (the "Trustee"). At December 31, 2014 and 2013, the Plan's interest in the net assets of the Master Trust was approximately 77 and 76 percent, respectively. Investment income and administrative expenses relating to the Master Trust are allocated to the individual plans based upon average monthly balances invested by each plan, except for certain administrative expenses that are attributable and charged specifically to the Plan.

The assets of the Master Trust are as follows at December 31:

	2014	2013
Investments - At fair value:		
Mutual funds	\$ 28,641,980	\$ 28,581,243
Common collective trust funds	2,825,493	2,866,187
Money market fund	10,955	93,036
Total investments	31,478,428	31,540,466
Proceeds receivable from securities sold	228,000	218,002
Total assets	<u>\$ 31,706,428</u>	<u>\$ 31,758,468</u>

The net investment income of the Master Trust is as follows for the years ended December 31:

	2014	2013
Net investment income:		
Interest and dividends	\$ 832,243	\$ 670,065
Net realized and unrealized gains on investments:		
Mutual funds	80,029	390,337
Common collective trust funds	680,804	477,963
Net investment income	<u>\$ 1,593,076</u>	<u>\$ 1,538,365</u>

Note 6 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the inputs and valuation techniques used to measure fair value.

Marmon Consolidated Defined Benefit Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 6 - Fair Value Measurements (Continued)

The following tables present information about the Master Trust's assets measured at fair value on a recurring basis at December 31, 2014 and 2013.

Level 1 - Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Master Trust has the ability to access.

Level 2 - Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets and other inputs such as interest rates and yield curves that are observable at commonly quoted intervals.

Level 3 - Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

In instances whereby inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Master Trust's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

Assets Measured at Fair Value on a Recurring Basis at December 31, 2014

	Level 1	Level 2	Balance at December 31, 2014
Mutual funds:			
Equity investments	\$ 3,990,420	\$ -	\$ 3,990,420
Fixed-income investments	24,651,560	-	24,651,560
Money market fund (a)	-	10,955	10,955
Common collective trust funds - Equity investment (b)	-	2,825,493	2,825,493
Total	<u>\$ 28,641,980</u>	<u>\$ 2,836,448</u>	<u>\$ 31,478,428</u>

Marmon Consolidated Defined Benefit Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 6 - Fair Value Measurements (Continued)

Assets Measured at Fair Value on a Recurring Basis at December 31, 2013

	Level 1	Level 2	Balance at December 31, 2013
Mutual funds:			
Equity investments	\$ 4,066,092	\$ -	\$ 4,066,092
Fixed-income investments	24,515,151	-	24,515,151
Money market fund (a)	-	93,036	93,036
Common collective trust funds - Equity investment (b)	-	2,866,187	2,866,187
Total	<u>\$ 28,581,243</u>	<u>\$ 2,959,223</u>	<u>\$ 31,540,466</u>

- (a) The money market fund is valued at \$1.00/unit, which approximates fair value. Amounts are generally invested in interest-bearing money market accounts.
- (b) The common collective trust funds invests primarily in equity securities, which may include common stocks, options, and futures. There were no unfunded commitments or redemption rules on this investment at December 31, 2014 and 2013.

The Master Trust's policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the event of change in circumstances that caused the transfer. There were no significant transfers between levels of the fair value hierarchy during 2014 and 2013.

Note 7 - Tax Status

The Plan has received a determination letter dated January 9, 2014 from the Internal Revenue Service indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code (IRC). Although, the Plan has been amended since receiving the determination letter, management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

In accordance with guidance on accounting for uncertainty in income taxes, management evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The plan administrator believes the Plan is no longer subject to tax examinations for years prior to 2011.

Marmon Consolidated Defined Benefit Plan

Notes to Financial Statements December 31, 2014 and 2013

Note 8 - Plan Termination

While it has not expressed an intent to do so, the plan sponsor has the right under the Plan to discontinue its contributions at any time and terminate the Plan subject to the provisions set forth in the plan document and ERISA. Should the Plan terminate at some future time, its net assets generally will not be available on a pro-rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Marmon Consolidated Defined Benefit Plan
EIN: 32-0023596 PN: 002

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2014

Attained Age	Number of Participants									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39				1						
40-44					1	1				
45-49				1	1		1			
50-54							1	1		
55-59								1	2	
60-64					1					
65-69										1
70+										

N-13

Schedule SB Attachment (Form 5500)—2014 Plan Year
Marmon Consolidated Defined Benefit Plan
EIN: 32-0023596 PN: 002

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2013), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.99%
2nd Segment Rate	6.32%
3rd Segment Rate	6.99%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2013), without regard to interest rate stabilization
1st Segment Rate	1.37%
2nd Segment Rate	4.05%
3rd Segment Rate	5.06%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2014 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Tables 2–3
Disability Rates	See Table 4
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 100% of males and 100% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$210,000.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Marmon Consolidated Defined Benefit Plan
EIN: 32-0023596 PN: 002

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2012 Plan Year	6.00%
2013 Plan Year	5.75%

Trust Expenses Included in Target Normal Cost \$192,889

Actuarial Method Standard unit credit cost method

Valuation Date January 1, 2014

Schedule SB Attachment (Form 5500)—2014 Plan Year
Marmon Consolidated Defined Benefit Plan
EIN: 32-0023596 PN: 002

Table 1

Retirement Rates

<u>Age</u>	<u>Rate</u>
65+	100.00%

Schedule SB Attachment (Form 5500)—2014 Plan Year
Marmon Consolidated Defined Benefit Plan
EIN: 32-0023596 PN: 002

Table 2

Withdrawal Rates – Former Anderson

Age	Male	Female	Age	Male	Female
15	7.90%	25.00%	45	0.30%	0.40%
16	7.90%	25.00%	46	0.20%	0.30%
17	7.90%	25.00%	47	0.10%	0.20%
18	7.90%	25.00%	48	0.10%	0.10%
19	7.80%	24.00%	49	0.10%	0.10%
20	7.70%	23.00%	50	0.00%	0.00%
21	7.60%	22.00%	51	0.00%	0.00%
22	7.50%	21.00%	52	0.00%	0.00%
23	7.40%	20.00%	53	0.00%	0.00%
24	7.30%	19.00%	54	0.00%	0.00%
25	7.20%	17.70%	55	0.00%	0.00%
26	6.40%	15.00%	56	0.00%	0.00%
27	5.60%	12.00%	57	0.00%	0.00%
28	4.80%	9.00%	58	0.00%	0.00%
29	4.00%	6.00%	59	0.00%	0.00%
30	3.30%	5.60%	60	0.00%	0.00%
31	3.10%	5.10%	61	0.00%	0.00%
32	2.90%	4.60%	62	0.00%	0.00%
33	2.70%	4.10%	63	0.00%	0.00%
34	2.50%	3.60%	64	0.00%	0.00%
35	2.30%	3.20%	65	0.00%	0.00%
36	2.10%	3.00%	66	0.00%	0.00%
37	1.90%	2.80%	67	0.00%	0.00%
38	1.70%	2.60%	68	0.00%	0.00%
39	1.60%	2.40%	69	0.00%	0.00%
40	1.60%	2.20%	70	0.00%	0.00%
41	1.40%	2.00%	71	0.00%	0.00%
42	1.20%	1.60%	72	0.00%	0.00%
43	0.90%	1.20%	73	0.00%	0.00%
44	0.60%	0.80%	74	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2014 Plan Year
Marmon Consolidated Defined Benefit Plan
EIN: 32-0023596 PN: 002

Table 3

Withdrawal Rates – Former O&M

Age	Rate	Age	Rate
15	0.00%	45	3.11%
16	0.00%	46	2.89%
17	0.00%	47	2.67%
18	5.29%	48	2.46%
19	5.29%	49	2.24%
20	5.29%	50	2.02%
21	5.29%	51	1.81%
22	5.29%	52	1.59%
23	5.29%	53	1.37%
24	5.29%	54	1.16%
25	5.29%	55	0.94%
26	5.22%	56	0.81%
27	5.14%	57	0.67%
28	5.07%	58	0.54%
29	5.00%	59	0.40%
30	4.92%	60	0.27%
31	4.85%	61	0.13%
32	4.78%	62+	0.00%
33	4.70%		
34	4.63%		
35	4.56%		
36	4.48%		
37	4.41%		
38	4.34%		
39	4.26%		
40	4.19%		
41	3.97%		
42	3.76%		
43	3.54%		
44	3.32%		

Schedule SB Attachment (Form 5500)—2014 Plan Year
Marmon Consolidated Defined Benefit Plan
EIN: 32-0023596 PN: 002

Table 4

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.04%	45	0.10%	0.15%
16	0.03%	0.04%	46	0.11%	0.16%
17	0.03%	0.04%	47	0.12%	0.18%
18	0.03%	0.04%	48	0.14%	0.20%
19	0.03%	0.04%	49	0.16%	0.23%
20	0.03%	0.04%	50	0.18%	0.26%
21	0.03%	0.04%	51	0.20%	0.29%
22	0.03%	0.04%	52	0.23%	0.33%
23	0.03%	0.05%	53	0.26%	0.37%
24	0.03%	0.05%	54	0.30%	0.42%
25	0.03%	0.05%	55	0.36%	0.49%
26	0.04%	0.05%	56	0.42%	0.58%
27	0.04%	0.05%	57	0.50%	0.68%
28	0.04%	0.06%	58	0.59%	0.80%
29	0.04%	0.06%	59	0.69%	0.94%
30	0.04%	0.06%	60	0.90%	1.21%
31	0.04%	0.06%	61	1.16%	1.54%
32	0.04%	0.07%	62	1.46%	1.93%
33	0.05%	0.07%	63	1.81%	2.38%
34	0.05%	0.08%	64	2.22%	2.89%
35	0.05%	0.08%	65	2.22%	2.89%
36	0.06%	0.08%	66	2.22%	2.89%
37	0.06%	0.09%	67	2.22%	2.89%
38	0.06%	0.09%	68	2.22%	2.89%
39	0.06%	0.10%	69	2.22%	2.89%
40	0.07%	0.10%	70	2.22%	2.89%
41	0.07%	0.11%	71	2.22%	2.89%
42	0.08%	0.12%	72	2.22%	2.89%
43	0.08%	0.13%	73	2.22%	2.89%
44	0.09%	0.14%	74	2.22%	2.89%

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	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
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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 <u>Marmon Consolidated Defined Benefit Plan</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">B Three-digit plan number (PN) ►</td> <td style="width:40%; text-align: center;">002</td> </tr> </table>	B Three-digit plan number (PN) ►	002
B Three-digit plan number (PN) ►	002		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>Marmon Engineered Industrial & Metal Components Inc.</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">D Employer Identification Number (EIN)</td> <td style="width:40%; text-align: center;">32-0023596</td> </tr> </table>	D Employer Identification Number (EIN)	32-0023596
D Employer Identification Number (EIN)	32-0023596		

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information			
1	Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2014</u>		
2	Assets:		
	a Market value	2a	24,656,289
	b Actuarial value	2b	24,435,992
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	315	17,591,970
	b For terminated vested participants.....	214	6,862,983
	c For active participants.....	13	325,279
	d Total.....	542	24,780,232
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	6.38 %
6	Target normal cost	6	192,889

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	
	<u>Theresa E. Long, A.S.A., E.A.</u> Type or print name of actuary		<u>14-05758</u> Most recent enrollment number
	<u>Aon Consulting, Inc.</u> Firm name		<u>(410) 547-2800</u> Telephone number (including area code)
	<u>500 EAST PRATT ST.</u> <u>BALTIMORE</u> 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 ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2014
v. 140124

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	1,047,066
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	1,047,066
10 Interest on line 9 using prior year's actual return of <u>4.95%</u>		51830
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		13641
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 <u>6.22%</u>		848
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		14489
d Portion of (c) to be added to prefunding balance		14489
12 Other reductions in balances due to elections or deemed elections	0	1113385
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	98.60 %
15 Adjusted funding target attainment percentage	15	98.60 %
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	92.09 %
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
04/07/2014	253,789		09/01/2015	245,649	
07/08/2014	253,789				
10/06/2014	155,674				
01/07/2015	221,084				
04/02/2015	245,649				
07/14/2015	245,649				
Totals ▶			18(b)	1,621,283	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	1,524,085
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:			
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 65
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	192,889
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		344,601	789,657
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	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...		34	982,546
	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		982,546
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37		1,524,085
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	541,539
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 SB Attachment (Form 5500)—2014 Plan Year
Marmon Consolidated Defined Benefit Plan
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Schedule SB, line 19—Discounted Employer Contributions
Year applied for contributions: 2014

Date	Amount	Days to Discount to 1/1/2014 at 6.38%	Interest Adjusted Contribution
April 7, 2014	\$ 253,789	96	\$ 249,694
July 8, 2014	253,789	188	245,832
October 6, 2014	155,674	278	148,511
January 7, 2015	221,084	371	207,614
April 2, 2015	245,649	456	227,383
July 14, 2015	245,649	559	223,449
September 1, 2015	245,649	608	221,602
Total Contribution	\$ 1,621,283		\$ 1,524,085

Schedule SB Attachment (Form 5500)—2014 Plan Year
Marmon Consolidated Defined Benefit Plan
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Schedule SB, line 22—Description of Weighted Average Retirement Age
All active participants are assumed to retire at age 65.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Marmon Consolidated Defined Benefit Plan
EIN: 32-0023596 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

Cerro Brave

General Information

Original Effective Date

December 1, 1970

Plan Year

January 1 to December 31

Eligibility

Each employee of the company who is subject to the collective bargaining agreement between the employer and the United Steelworkers of America, AFL-CIO, and its Local 6738 will become a member at hire. The plan was frozen to new entrants and future benefit accruals as of December 31, 2007.

Credited Service

Credited service is equal to the total number of plan years during which an employee is credited with at least 1,700 hours of service. Proportionate credit is given for plan years in which a member receives less than 1,700 hours of service.

No credited service will accrue after December 31, 2007 as the plan was frozen at that date.

Normal Retirement Date

Normal retirement date is the first day of the month coincident with or next following the member's sixty-fifth birthday.

Normal Retirement Benefit

The amount of monthly benefit, payable for life commencing at the normal retirement date and based on credited service to the normal retirement date is:

\$5.00 multiplied by years of credited service for those terminating before December 15, 1976.

\$6.00 multiplied by years of credited service for those terminating before November 30, 1977.

\$7.00 multiplied by years of credited service for those terminating before November 30, 1978.

\$8.00 multiplied by years of credited service for those terminating before October 31, 1981.

\$9.00 multiplied by years of credited service for those terminating before October 31, 1982.

\$11.00 multiplied by years of credited service for those terminating before October 31, 1983.

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\$12.00 multiplied by years of credited service for those terminating before October 31, 1986.

\$12.75 multiplied by years of credited service for those terminating before October 31, 1987.

\$13.50 multiplied by years of credited service for those terminating before October 31, 1988.

\$15.00 multiplied by years of credited service for those terminating before October 31, 1989.

\$16.50 multiplied by years of credited service for those terminating before October 31, 1990.

\$17.50 multiplied by years of credited service for those terminating before October 31, 1991.

\$18.50 multiplied by years of credited service for those terminating before October 31, 1992.

\$19.50 multiplied by years of credited service for those terminating before October 31, 1993.

\$20.50 multiplied by years of credited service for those terminating before October 31, 1994.

\$21.50 multiplied by years of credited service for those terminating before November 19, 1995.

\$22.00 multiplied by years of credited service for those terminating before November 19, 1996.

\$22.50 multiplied by years of credited service for those terminating before November 19, 1997.

\$23.00 multiplied by years of credited service for those terminating before November 19, 1998.

\$23.50 multiplied by years of credited service for those terminating on or after November 20, 1998.

Accrued Benefit

The amount of monthly benefit to be paid for life commencing at the normal retirement date calculated as the normal retirement benefit using service as of the date of determination.

Early Retirement Benefit

Upon the completion of 10 years of credited service and the attainment of age 60, a member may elect to retire.

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He may receive a monthly benefit for life beginning at his normal retirement date equal to the benefit accrued at the early retirement date. Payments may begin immediately or on the first day of any month thereafter prior to his normal retirement date, with the benefit being reduced 6% for each year by which the payment date precedes the normal retirement date.

Deferred Retirement Benefit

A member can retire after his normal retirement date. His benefit shall commence on his actual retirement date will be based on his years of credited service and the benefit level in effect on his deferred retirement date.

Disability Retirement Benefit

A member who terminates due to a disability after completion of 15 years of credited service who qualifies for Social Security disability benefits is eligible for a benefit payable immediately. This monthly benefit is the accrued benefit. Disabled employees who are not eligible for Social Security disability benefits may collect temporary disability benefits until eligible for normal retirement or Social Security disability benefits.

Death Benefit

In the event of an active or inactive member's death prior to attaining age 55 and completing 10 years of credited service, his surviving spouse shall receive a benefit payable at the member's early retirement age calculated as if the member separated from service on his date of death, survived to his early retirement age, began receiving benefits in the form of a joint and 50% survivor annuity and died on the following day.

In the event of an active or inactive member's death after attaining age 55 and completing 10 years of credited service, his surviving spouse shall receive 50% of the member's unreduced accrued benefit, payable the first day of the month following death.

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Severance Benefit

Upon the termination of employment after five or more years of service, a member shall have a vested interest in his accrued benefit which will be payable at his normal retirement date. The percentage vested shall be:

Years of Service	Vested Percent
Less than 5	0%
5 or more	100%

If the member met the service requirement for early retirement at the date of termination, he may elect to receive his vested interest at his early retirement date or on the first day of any month thereafter prior to his normal retirement date. Such benefit will be reduced as described under Early Retirement Benefit.

Optional Methods of Settlement

The normal form of payment for a married member is a reduced benefit to be paid during the member's lifetime, with 50% of the reduced benefit to be continued to his spouse for her lifetime after his death.

Other optional methods of settlement are available and are actuarially equivalent to the normal form.

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

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Cerro Bristol

General Information

Original Effective Date

January 1, 1959

Plan Year

January 1st to December 31st

Eligibility

Each employee of the company who is subject to the collective bargaining agreement between the employer and the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America, UAW, and its Local 1017 will become a member at hire.

Credited Service

Credited service is equal to the total number of plan years during which an employee is credited with at least 1,700 hours of service. Proportionate credit is given for plan years in which a member receives less than 1,700 hours of service. Full credit for both 2000 and 2001 was granted if hours exceeded zero.

Normal Retirement Date

Normal retirement date is the first day of the month coincident with or next following the member's sixty-fifth birthday.

Normal Retirement Benefit

The amount of monthly benefit, payable for life commencing at the normal retirement date and based on credited service to the normal retirement date is:

\$10.00 multiplied by years of credited service for those terminating before June 1, 1980.

\$12.00 multiplied by years of credited service for those terminating before June 1, 1983.

\$13.00 multiplied by years of credited service for those terminating before June 1, 1984.

\$14.00 multiplied by years of credited service for those terminating before June 1, 1985.

\$15.00 multiplied by years of credited service for those terminating before June 1, 1986.

\$16.00 multiplied by years of credited service for those terminating before June 1, 1987.

\$17.00 multiplied by years of credited service for those terminating before June 1, 1988.

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\$18.00 multiplied by years of credited service for those terminating before June 1, 1989.

\$19.00 multiplied by years of credited service for those terminating before June 1, 1990.

\$20.00 multiplied by years of credited service for those terminating before June 1, 1991.

\$21.00 multiplied by years of credited service for those terminating before June 1, 1992.

\$22.00 multiplied by years of credited service for those terminating before June 1, 1993.

\$23.00 multiplied by years of credited service for those terminating before June 1, 1994.

\$24.00 multiplied by years of credited service for those terminating before May 31, 1995.

\$24.50 multiplied by years of credited service for those terminating on or after June 1, 2000.

Accrued Benefit

The amount of monthly benefit to be paid for life commencing at the normal retirement date calculated as the normal retirement benefit using service as of the date of determination.

Early Retirement Benefit

Upon the completion of 10 years of credited service and the attainment of age 60, a member may elect to retire. He may receive a monthly benefit for life beginning at his normal retirement date equal to the benefit accrued at the early retirement date. Payments may begin immediately or on the first day of any month thereafter prior to his normal retirement date, with the benefit being reduced 4% for each year by which the payment date precedes the normal retirement date.

Temporary Early Retirement Benefit

A member who retires with 30 or more years of credited service is also entitled to receive a temporary monthly benefit of \$450 payable to the earlier of attainment of age 62 or eligibility for unreduced Social Security benefits.

Shutdown Retirement Benefits

A member whose age and credited service total 80 or more years will qualify for early retirement benefits if he is on continuous layoff for one year as a result of a

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permanent shutdown of the plant or a department, or if his job is eliminated as a result of technological change.

Deferred Retirement Benefit

A member can retire after his normal retirement date. His benefit shall commence on his actual retirement date will be based on his years of credited service and the benefit level in effect on his deferred retirement date.

Retirement Supplements

A member who retired before August 15, 1997, and was less than 65 could elect to opt out of a company-sponsored healthcare coverage in exchange for and additional temporary benefit of \$450 per month, payable to the attainment of age 65.

A member who retired between August 15, 1997 and July 1, 2000 and was less than 65 received a temporary supplement of \$150 per month, payable to the earlier of the attainment of age 65 or August 14, 2000.

A member who retired between August 15, 1997 and July 1, 2000 and was age 65 or older received a single one-time additional payment of \$250 with the first pension check.

Disability Retirement Benefit

A member who terminates due to a disability after completion of 15 years of credited service who qualifies for Social Security disability benefits is eligible for a benefit payable immediately. This monthly benefit is the accrued benefit. Disabled employees who are not eligible for Social Security disability benefits may collect temporary disability benefits until eligible for normal retirement or Social Security disability benefits.

Death Benefit

In the event of an active or inactive member's death prior to attaining age 55 and completing 10 years of credited service, his surviving spouse shall receive a benefit payable at the member's early retirement age calculated as if the member separated from service on his date of death, survived to his early retirement age, began receiving benefits in the form of a joint and 50% survivor annuity and died on the following day.

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In the event of an active or inactive member's death after attaining age 55 and completing 10 years of credited service, his surviving spouse shall receive 50% of the member's unreduced accrued benefit, payable the first day of the month following death.

Severance Benefit

Upon the termination of employment after five or more years of service, a member shall have a vested interest in his accrued benefit which will be payable at his normal retirement date. The percentage vested shall be:

Years of Service	Vested Percent
Less than 5	0%
5 or more	100%

If the member met the service requirement for early retirement at the date of termination, he may elect to receive his vested interest at his early retirement date or on the first day of any month thereafter prior to his normal retirement date. Such benefit will be reduced as described under Early Retirement Benefit.

Optional Methods of Settlement

The normal form of payment for a married member is a reduced benefit to be paid during the member's lifetime, with 50% of the reduced benefit to be continued to his spouse for her lifetime after his death.

Other optional methods of settlement are available and are actuarially equivalent to the normal form.

Additional Information

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

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Cerro Delta

General Information

Original Effective Date

November 3, 1988

Plan Year

January 1st to December 31st

Eligibility

Delta America members: Eligibility for plan participation and all benefits were frozen as of January 1, 1998.

Surprenant Cable Corporation members: Eligibility for plan participation and all benefits were frozen when the company was sold as of May 31, 1996.

Accurate Forging Corporation members: All salaried and commissioned employees become members of this plan upon completion of 1,000 hours of service during the year following hire or during any subsequent plan year. Eligibility for plan participation and all benefits were frozen as of August 31, 2002.

The balance of this plan summary describes the benefit provisions for the salaried and commissioned employees of Accurate Forging Corporation.

Credited Service

Credited service is equal to the period of service in years and months, with any fraction of a month counted as a whole month.

Compensation

Total compensation paid to a member by the company, excluding bonuses and any special year-end compensation.

Final Average Compensation

The member's average yearly earnings during the five consecutive plan years prior to the member's retirement date, date of termination or date of death.

Covered Compensation

The average, without indexing, of the Social Security wage bases in effect for each calendar year during the 35-year period ending with the calendar year in which the member attains Social Security normal retirement age.

Normal Retirement Date

A member's normal retirement date is the first day of the month coincident with or next following the member's sixty-fifth birthday.

Normal Retirement Benefit

The amount of monthly benefit, payable for life commencing at the normal retirement date and based on

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the member's credited service, final average compensation and covered compensation, is the sum of (1), (2) and (3) below, but not less than (4) below:

- (1) 1.45% of the member's average final compensation up to the member's covered compensation, multiplied by the member's credited service not in excess of 25 years; plus
- (2) 1.90% of the member's average final compensation in excess of the member's covered compensation, multiplied by the member's credited service not in excess of 25 years; plus
- (3) 0.40% of the member's average final compensation multiplied by the member's credited service in excess of 25 years; or
- (4) \$6.00 per month multiplied by the member's years of credited service.

Accrued Benefit

The amount of monthly benefit to be paid for life commencing at the normal retirement date calculated as the normal retirement benefit using projected service as of the normal retirement date, reduced by the ratio of actual years of credited service divided by projected years of credited service.

Early Retirement Benefit

Upon the completion of 10 years of credited service and the attainment of age 60, a member may elect to retire. He may receive a monthly benefit for life beginning at his normal retirement date equal to the benefit accrued at the early retirement date. Payments may begin immediately or on the first day of any month thereafter prior to his normal retirement date, with the benefit being reduced 6% for each year by which the payment date precedes the normal retirement date.

Deferred Retirement Benefit

A member can retire after his normal retirement date. His benefit shall commence on his actual retirement date will be based on his years of credited service and the benefit level in effect on his deferred retirement date.

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Death Benefit

In the event of an active or inactive member's death prior to attaining age 60 and completing 10 years of credited service, his surviving spouse shall receive a benefit payable at the member's early retirement age calculated as if the member separated from service on his date of death, survived to his early retirement age, began receiving benefits in the form of a joint and 50% survivor annuity and died on the following day.

In the event of an active or inactive member's death after attaining age 60 and completing 10 years of credited service, his surviving spouse shall receive an immediate benefit calculated as if the member retired on his date of death, began receiving benefits in the form of a joint and 50% survivor annuity and died on the following day.

Severance Benefit

Upon the termination of employment after five or more years of service, a member shall have a vested interest in his accrued benefit which will be payable at his normal retirement date. The percentage vested shall be:

Years of Service	Vested Percent
Less than 5	0%
5 or more	100%

If the member met the service requirement for early retirement at the date of termination, he may elect to receive his vested interest at his early retirement date or on the first day of any month thereafter prior to his normal retirement date. Such benefit will be reduced as described under Early Retirement Benefit.

Optional Methods of Settlement

The normal form of payment for a married member is a reduced benefit to be paid during the member's lifetime, with 50% of the reduced benefit to be continued to his spouse for her lifetime after his death.

Other optional methods of settlement are available and are actuarially equivalent to the normal form.

Additional Information

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

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Cerro NECG

General Information

Original Effective Date

March 1, 1973

Plan Year

January 1 to December 31

Eligibility

Each employee of the company who is subject to the collective bargaining agreement between the employer and the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America, UAW, and its Local 376 will become a member at hire.

Credited Service

Credited service is equal to the total number of plan years during which an employee is credited with at least 1,700 hours of service. Proportionate credit is given for plan years in which a member receives less than 1,700 hours of service.

Normal Retirement Date

Normal retirement date is the first day of the month coincident with or next following the member's sixty-fifth birthday.

Normal Retirement Benefit

The amount of monthly benefit, payable for life commencing at the normal retirement date and based on credited service to the normal retirement date is:

\$9.00 multiplied by years of credited service for those terminating before January 20, 1982.

\$9.50 multiplied by years of credited service for those terminating before January 20, 1983.

\$10.00 multiplied by years of credited service for those terminating before January 20, 1984.

\$10.50 multiplied by years of credited service for those terminating before January 20, 1985.

\$11.50 multiplied by years of credited service for those terminating before January 20, 1986.

\$12.00 multiplied by years of credited service for those terminating before January 20, 1987.

\$12.50 multiplied by years of credited service for those terminating before January 20, 1988.

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\$13.25 multiplied by years of credited service for those terminating before January 20, 1989.

\$14.00 multiplied by years of credited service for those terminating before January 20, 1990.

\$14.75 multiplied by years of credited service for those terminating before February 28, 1991.

\$15.75 multiplied by years of credited service for those terminating before January 20, 1992.

\$16.50 multiplied by years of credited service for those terminating before January 20, 1993.

\$17.00 multiplied by years of credited service for those terminating before September 30, 1994.

\$18.00 multiplied by years of credited service for those terminating before September 30, 1995.

\$19.00 multiplied by years of credited service for those terminating before September 30, 1999.

\$20.50 multiplied by years of credited service for those terminating before September 30, 2000.

\$21.00 multiplied by years of credited service for those terminating on or after October 1, 2000.

Accrued Benefit

The amount of monthly benefit to be paid for life commencing at the normal retirement date calculated as the normal retirement benefit using service as of the date of determination.

Early Retirement Benefit

Upon the completion of 10 years of credited service and the attainment of age 60, a member may elect to retire. He may receive a monthly benefit for life beginning at his normal retirement date equal to the benefit accrued at the early retirement date. Payments may begin immediately or on the first day of any month thereafter prior to his normal retirement date, with the benefit being reduced 4% for each year by which the payment date precedes the normal retirement date.

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Temporary Early Retirement Benefit	A member who retires with 30 or more years of credited service is also entitled to receive a temporary monthly benefit of \$130 payable to the earlier of attainment of age 62 or eligibility for unreduced Social Security benefits.
Shutdown Retirement Benefits	A member whose age and credited service total 80 or more years will qualify for early retirement benefits if he is on continuous layoff for one year as a result of a permanent shutdown of the plant or a department, or if his job is eliminated as a result of technological change.
Deferred Retirement Benefit	A member can retire after his normal retirement date. His benefit shall commencing on his actual retirement date will be based on his years of credited service and the benefit level in effect on his deferred retirement date.
Disability Retirement Benefit	A member who terminates due to a disability after completion of 15 years of credited service who qualifies for Social Security disability benefits is eligible for a benefit payable immediately. This monthly benefit is the accrued benefit. Disabled employees who are not eligible for Social Security disability benefits may collect temporary disability benefits until eligible for normal retirement or Social Security disability benefits.
Death Benefit	<p>In the event of an active or inactive member's death prior to attaining age 55 and completing 10 years of credited service, his surviving spouse shall receive a benefit payable at the member's early retirement age calculated as if the member separated from service on his date of death, survived to his early retirement age, began receiving benefits in the form of a joint and 50% survivor annuity and died on the following day.</p> <p>In the event of an active or inactive member's death after attaining age 55 and completing 10 years of credited service, his surviving spouse shall receive 50% of the member's unreduced accrued benefit, payable the first day of the month following death.</p>

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Severance Benefits

Upon the termination of employment after five or more years of service, a member shall have a vested interest in his accrued benefit which will be payable at his normal retirement date. The percentage vested shall be:

Years of Service	Vested Percent
Less than 5	0%
5 or more	100%

If the member met the service requirement for early retirement at the date of termination, he may elect to receive his vested interest at his early retirement date or on the first day of any month thereafter prior to his normal retirement date. Such benefit will be reduced as described under Early Retirement Benefit.

Optional Methods of Settlement

The normal form of payment for a married member is a reduced benefit to be paid during the member's lifetime, with 50% of the reduced benefit to be continued to his spouse for her lifetime after his death.

Other optional methods of settlement are available and are actuarially equivalent to the normal form.

Additional Information

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

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O&M

General Information

Original Effective Date

September 18, 1983

Plan Year

January 1st to December 31

Eligibility

Employees who are represented for collective bargaining purposes by the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America(UAW) Local No. 864 and have completed one year of service and attained age 21 shall become a participant in the plan on the date the above requirements are met.

Benefit Service

Benefit service for purposes of benefit accrual begins on date of hire and is credited in years and months. Participants will be credited for all service back to date of hire for purposes of eligibility and vesting.

Normal Retirement Date

Normal retirement date is the first day of the month coinciding with or following the date a participant reaches age 65.

Normal Retirement Benefit

Accrued benefit at normal retirement date.

Delayed Retirement

A participant may continue to work after his normal retirement date. The benefit payable upon retirement will be the accrued benefit at the date of actual retirement.

Accrued Benefit

An annual benefit equal to the sum of (A) and (B) below:

- (1) \$11.00 per month per year of Benefit Service; and
- (2) The excess of the monthly benefit derived from the account balance in the Money Purchase Plan as of September 30, 1983 over the accrued benefit under this plan as of September 30, 1983.

Benefits were frozen as of December 19, 2000.

Early Retirement Benefit

Participants are eligible for early retirement after attainment of age 62 and the completion of 10 years of service. The participant's accrued benefit is reduced by 5/9% for each month preceding the normal retirement date.

Disability Retirement Benefit

Upon eligibility for Social Security after completion of 10 years of service, the participant's accrued benefit shall

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be paid with no actuarial reduction on the date his Social Security disability benefit commences.

Death Benefit

The spouse of any married participant who reaches early retirement is eligible for a benefit if the participant should die prior to his normal retirement date. The monthly pension will be an amount equal to the benefit payable had the participant retired early on the date of death and selected a 50% joint and survivor annuity. The annuity benefit is also payable to the spouse of a member who dies while actively employed past his normal retirement age.

The spouse of any married vested participant who was not eligible for early retirement is also eligible for a benefit if the participant should die prior to his normal retirement date. The monthly pension payable at the participant's earliest retirement date will be an amount equal to the benefit had the participant separated service on the date of death, survived to his earliest retirement age, selected a 50% joint and survivor annuity, and died on the day after the day of attaining the earliest retirement age.

In no event will the value of the death benefit be less than the lump sum death benefit amount that would have been payable under the terminated Money Purchase Plan as of September 18, 1983 (if any).

Severance Benefit

A percentage of the accrued benefit in accordance with the following schedule:

Years of Service	Vested Percent
Less than 5	0%
5 or more	100%

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Normal Form of Payment

The normal form of pension payment to a single member is a life annuity. If the member is married, the normal retirement benefit is payable in the form of an actuarially equivalent joint and survivor annuity unless the member and his spouse elect otherwise. Payments are made to the member for life and continue after his death for the life of his spouse at a rate of 50% of the monthly amount paid to the participant.

Additional Information

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

Plan Changes Since the Prior Year

The funding, financial accounting, and plan reporting valuations do not reflect any plan changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

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Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 713,036	January 1, 2008	1	\$ 713,036
Shortfall	\$ 69,918	January 1, 2009	2	\$ 35,810
Shortfall	\$ 750,930	January 1, 2010	3	\$ 262,593
Shortfall	\$ 529,772	January 1, 2011	4	\$ 142,268
Shortfall	\$ (1,805,579)	January 1, 2012	5	\$ (397,112)
Shortfall	\$ 847,206	January 1, 2013	6	\$ 160,369
Shortfall	\$ (760,682)	January 1, 2014	7	\$ (127,307)