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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 24pt; font-weight: bold;">2014</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                 |
| For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u> |                                                                                                                                                                                                                                                                                                                                                 |
| A This return/report is for:                                                                             | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) _____ |
| B This return/report is:                                                                                 | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).                                                                                                       |
| C If the plan is a collectively-bargained plan, check here. ....                                         | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                             |
| D Check box if filing under:                                                                             | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                                                                                                                       |

|                                                                                                                   |                                                                                                  |  |                                                |                     |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--|------------------------------------------------|---------------------|
| <b>Part II</b>                                                                                                    | <b>Basic Plan Information</b> —enter all requested information                                   |  |                                                |                     |
| <b>1a</b> Name of plan                                                                                            | <u>UNITED FOUNDRIES INC. RETIREMENT PLAN INTERNATIONAL ASSOCIATION OF MACHINISTS, LODGE 1019</u> |  | <b>1b</b> Three-digit plan number (PN) ▶       | <u>005</u>          |
|                                                                                                                   |                                                                                                  |  | <b>1c</b> Effective date of plan               | <u>10/01/1980</u>   |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) | <u>UNITED FOUNDRIES INC.</u>                                                                     |  | <b>2b</b> Employer Identification Number (EIN) | <u>25-1524946</u>   |
|                                                                                                                   |                                                                                                  |  | <b>2c</b> Plan Sponsor's telephone number      | <u>330-456-2761</u> |
| <u>1400 GRACE AVENUE, NE</u><br><u>CANTON, OH 44705</u>                                                           |                                                                                                  |  | <b>2d</b> Business code (see instructions)     | <u>331500</u>       |
|                                                                                                                   |                                                                                                  |  |                                                |                     |

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

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

|                                                                                                               |                                                          |      |                                                              |
|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                              | <u>Filed with authorized/valid electronic signature.</u> |      |                                                              |
|                                                                                                               | <b>Signature of plan administrator</b>                   | Date | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                              |                                                          |      |                                                              |
|                                                                                                               | <b>Signature of employer/plan sponsor</b>                | Date | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                              |                                                          |      |                                                              |
|                                                                                                               | <b>Signature of DFE</b>                                  | 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)                       |
| <u>MEADEN &amp; MOORE, LTD.</u><br><u>1100 SUPERIOR AVENUE, SUITE 1100</u><br><u>CLEVELAND, OH 44114-2523</u> |                                                          |      | <u>216-241-3272</u>                                          |
|                                                                                                               |                                                          |      |                                                              |

|                                                                                                                                                                                                  |                                                                                                                                                            |                                                           |                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                         |                                                                                                                                                            | <b>3b</b> Administrator's EIN                             |                                                                             |
|                                                                                                                                                                                                  |                                                                                                                                                            | <b>3c</b> Administrator's telephone number                |                                                                             |
|                                                                                                                                                                                                  |                                                                                                                                                            |                                                           |                                                                             |
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:           |                                                                                                                                                            | <b>4b</b> EIN                                             |                                                                             |
| <b>a</b> Sponsor's name                                                                                                                                                                          |                                                                                                                                                            | <b>4c</b> PN                                              |                                                                             |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                          |                                                                                                                                                            | <b>5</b>                                                  | 125                                                                         |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |                                                                                                                                                            |                                                           |                                                                             |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                          |                                                                                                                                                            | <b>6a(1)</b>                                              | 0                                                                           |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                |                                                                                                                                                            | <b>6a(2)</b>                                              |                                                                             |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                              |                                                                                                                                                            | <b>6b</b>                                                 | 21                                                                          |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                |                                                                                                                                                            | <b>6c</b>                                                 | 101                                                                         |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....                                                                                                                    |                                                                                                                                                            | <b>6d</b>                                                 | 122                                                                         |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                       |                                                                                                                                                            | <b>6e</b>                                                 | 0                                                                           |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....                                                                                                                                        |                                                                                                                                                            | <b>6f</b>                                                 | 122                                                                         |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                  |                                                                                                                                                            | <b>6g</b>                                                 |                                                                             |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                       |                                                                                                                                                            | <b>6h</b>                                                 | 0                                                                           |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                              |                                                                                                                                                            | <b>7</b>                                                  |                                                                             |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A    1I                         |                                                                                                                                                            |                                                           |                                                                             |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                      |                                                                                                                                                            |                                                           |                                                                             |
| <b>9a</b> Plan funding arrangement (check all that apply)                                                                                                                                        |                                                                                                                                                            | <b>9b</b> Plan benefit arrangement (check all that apply) |                                                                             |
| (1)                                                                                                                                                                                              | <input type="checkbox"/> Insurance                                                                                                                         | (1)                                                       | <input type="checkbox"/> Insurance                                          |
| (2)                                                                                                                                                                                              | <input type="checkbox"/> Code section 412(e)(3) insurance contracts                                                                                        | (2)                                                       | <input type="checkbox"/> Code section 412(e)(3) insurance contracts         |
| (3)                                                                                                                                                                                              | <input checked="" type="checkbox"/> Trust                                                                                                                  | (3)                                                       | <input checked="" type="checkbox"/> Trust                                   |
| (4)                                                                                                                                                                                              | <input type="checkbox"/> General assets of the sponsor                                                                                                     | (4)                                                       | <input type="checkbox"/> General assets of the sponsor                      |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                |                                                                                                                                                            |                                                           |                                                                             |
| <b>a Pension Schedules</b>                                                                                                                                                                       |                                                                                                                                                            | <b>b General Schedules</b>                                |                                                                             |
| (1)                                                                                                                                                                                              | <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)                                                                                 | (1)                                                       | <input checked="" type="checkbox"/> <b>H</b> (Financial Information)        |
| (2)                                                                                                                                                                                              | <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (2)                                                       | <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)      |
| (3)                                                                                                                                                                                              | <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                    | (3)                                                       | <input type="checkbox"/> <b>A</b> (Insurance Information)                   |
|                                                                                                                                                                                                  |                                                                                                                                                            | (4)                                                       | <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) |
|                                                                                                                                                                                                  |                                                                                                                                                            | (5)                                                       | <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)      |
|                                                                                                                                                                                                  |                                                                                                                                                            | (6)                                                       | <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)         |

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                 |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>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.

|                                                                                                                         |                                                                  |
|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>A Name of plan<br/>UNITED FOUNDRIES INC. RETIREMENT PLAN INTERNATIONAL ASSOCIATION OF MACHINISTS, LODGE 1019</div> | <div>B Three-digit plan number (PN) 005</div>                    |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br/>UNITED FOUNDRIES INC.</div>                  | <div>D Employer Identification Number (EIN)<br/>25-1524946</div> |

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                         | 6603720                   |                          |
| b Actuarial value                                                                                                                                                                                  | 2b                         | 5943348                   |                          |
| 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                                                                                                                                     | 102                        | 6512813                   | 6512813                  |
| b For terminated vested participants                                                                                                                                                               | 23                         | 553618                    | 553618                   |
| c For active participants                                                                                                                                                                          | 0                          | 0                         | 0                        |
| d Total                                                                                                                                                                                            | 125                        | 7066431                   | 7066431                  |
| 4 If the plan is in at-risk status, check the box and complete lines (a) and (b)                                                                                                                   | <input type="checkbox"/>   |                           |                          |
| 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                          | 6.30%                     |                          |
| 6 Target normal cost                                                                                                                                                                               | 6                          |                           |                          |

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

|                      |                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                              |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>SIGN HERE</div> | <div>10/05/2015</div> <div>Signature of actuary</div> <div>JEFFREY A SCHAPPEL, E.A., MAAA</div> <div>Type or print name of actuary</div> <div>CBIZ BENEFITS &amp; INSURANCE, INC.</div> <div>Firm name</div> <div>6050 OAK TREE BLVD, SUITE 500<br/>CLEVELAND, OH 44131</div> <div>Address of the firm</div> | <div>10/05/2015</div> <div>Date</div> <div>14-07786</div> <div>Most recent enrollment number</div> <div>216-447-9000</div> <div>Telephone number (including area code)</div> |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

| <b>Part II</b> |                                                                                                                                                          | <b>Beginning of Year Carryover and Prefunding Balances</b> |                        |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------|
|                |                                                                                                                                                          | (a) Carryover balance                                      | (b) Prefunding balance |
| <b>7</b>       | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                          |                                                            | 87116                  |
| <b>8</b>       | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                       |                                                            |                        |
| <b>9</b>       | Amount remaining (line 7 minus line 8) .....                                                                                                             |                                                            | 87116                  |
| <b>10</b>      | Interest on line 9 using prior year's actual return of <u>24.56</u> % .....                                                                              |                                                            | 21396                  |
| <b>11</b>      | Prior year's excess contributions to be added to prefunding balance:                                                                                     |                                                            |                        |
| <b>a</b>       | Present value of excess contributions (line 38a from prior year) .....                                                                                   |                                                            | 3533                   |
| <b>b(1)</b>    | 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>6.15</u> % ..... |                                                            | 217                    |
| <b>b(2)</b>    | Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                                                            |                        |
| <b>c</b>       | Total available at beginning of current plan year to add to prefunding balance .....                                                                     |                                                            | 3750                   |
| <b>d</b>       | Portion of (c) to be added to prefunding balance .....                                                                                                   |                                                            | 3750                   |
| <b>12</b>      | Other reductions in balances due to elections or deemed elections .....                                                                                  |                                                            |                        |
| <b>13</b>      | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                       |                                                            | 112262                 |

| <b>Part III</b> |                                                                                                                                                                  | <b>Funding Percentages</b> |         |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------|
| <b>14</b>       | Funding target attainment percentage .....                                                                                                                       | <b>14</b>                  | 82.51 % |
| <b>15</b>       | Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b>                  | 82.51 % |
| <b>16</b>       | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b>                  | 71.01 % |
| <b>17</b>       | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b>                  | %       |

| <b>Part IV</b>                                                                           |                                   | <b>Contributions and Liquidity Shortfalls</b> |                     |
|------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------|---------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                               |                     |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees               |                     |
| 05/15/2014                                                                               | 154786                            |                                               |                     |
| 06/15/2014                                                                               | 154786                            |                                               |                     |
| 10/15/2014                                                                               | 147286                            |                                               |                     |
| 01/15/2015                                                                               | 147286                            |                                               |                     |
|                                                                                          |                                   |                                               |                     |
|                                                                                          |                                   |                                               |                     |
|                                                                                          |                                   | <b>Totals ▶</b>                               | <b>18(b)</b> 604144 |
|                                                                                          |                                   |                                               | <b>18(c)</b>        |

|                                                            |                                                                                                                            |                                                                     |
|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>19</b>                                                  | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |                                                                     |
| <b>a</b>                                                   | Contributions allocated toward unpaid minimum required contributions from prior years .....                                | <b>19a</b>                                                          |
| <b>b</b>                                                   | Contributions made to avoid restrictions adjusted to valuation date .....                                                  | <b>19b</b>                                                          |
| <b>c</b>                                                   | Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....             | <b>19c</b> 580026                                                   |
| <b>20</b>                                                  | Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |
| <b>a</b>                                                   | Did the plan have a "funding shortfall" for the prior year? .....                                                          | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b>                                                   | If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>c</b>                                                   | 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**

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.99 % | 2nd segment:<br>6.32 % | 3rd segment:<br>6.99 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        |                        | <b>22</b> 63                                        |
| <b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                    | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> |   |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> |   |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6).....                                                                                                                                            | <b>31a</b>          |                    |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          |                    |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                 | 1235345             | 528209             |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       |                     |                    |               |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..                                                            | <b>34</b>           | 528209             |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                |                     |                    |               |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>           | 528209             |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>           | 580026             |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 51817              |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          |                    |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           |                    |               |

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

|                                                                                                |                                                                                                                         |  |  |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |                                                                                                                         |  |  |
| <b>a</b> Schedule elected .....                                                                | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |  |
| <b>42</b> Amount of acceleration adjustment .....                                              | <b>42</b>                                                                                                               |  |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... | <b>43</b>                                                                                                               |  |  |

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

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

|                                                                                                                           |                                                                    |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>UNITED FOUNDRIES INC. RETIREMENT PLAN INTERNATIONAL ASSOCIATION OF MACHINISTS, LODGE 1019</u> | <b>B</b> Three-digit plan number (PN) <b>►</b> <u>005</u>          |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>UNITED FOUNDRIES INC.</u>                             | <b>D</b> Employer Identification Number (EIN)<br><u>25-1524946</u> |

**Part I Service Provider Information (see instructions)**

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

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

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

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

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation  
VANGUARD GROUP P.O. BOX 1101  
VALLEY FORGE, PA 19482

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

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

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

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

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

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

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

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

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

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**(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)

PNC BANK NA

22-1146430

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21 13                  | TRUSTEE                                                                                           | 36236                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

PRI INVESTMENTS INC.

308 W. ROSEMARY STREET  
CHAPEL HILL, NC 27516

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     |                                                                                                   | 13569                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2014</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>                                                                                                                  |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>UNITED FOUNDRIES INC. RETIREMENT PLAN INTERNATIONAL ASSOCIATION OF MACHINISTS, LODGE 1019</u>                                                                                                 | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>005</u>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>UNITED FOUNDRIES INC.</u>                                                                                                                             | <b>D</b> Employer Identification Number (EIN)<br><u>25-1524946</u>                                                                                                                                                                                                           |                                                                                           |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                              |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------|------------------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                               |                              |                        |
| <b>Assets</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               | <b>(a)</b> Beginning of Year | <b>(b)</b> End of Year |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     |                              |                        |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                              |                        |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>                  | 393603                       | 147286                 |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>                  |                              |                        |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>                  |                              |                        |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                              |                        |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>                  |                              |                        |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  | 0                            | 2469529                |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                              |                        |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                              |                        |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               |                              |                        |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                              |                        |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                              |                        |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b>               |                              |                        |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                              |                        |
| <b>(6)</b> Real estate (other than employer real property).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(6)</b>                  |                              |                        |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                              |                        |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>                  |                              |                        |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  |                              |                        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 |                              |                        |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                              |                        |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(12)</b>                 |                              |                        |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>                 | 6220543                      | 4221156                |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 |                              |                        |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 |                              |                        |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 6614146               | 6837971         |

**Liabilities**

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

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 6614146 | 6837971 |
|-----------------------------------------------------------|-----------|---------|---------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 604144     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 604144    |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 63         |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 19593      |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 19656     |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 79225      |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 79225     |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 59870      |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 59123      |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 747       |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....                | <b>2b(5)(C)</b> |            |           |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts.....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | 258737    |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 962509    |

**Expenses**

|                                                                                     |       |        |        |
|-------------------------------------------------------------------------------------|-------|--------|--------|
| e Benefit payment and payments to provide benefits:                                 |       |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 688880 |        |
| (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) |        | 688880 |
| 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) | 36235  |        |
| (3) Investment advisory and management fees.....                                    | 2i(3) | 13569  |        |
| (4) Other.....                                                                      | 2i(4) |        |        |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                 | 2i(5) |        | 49804  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |        | 738684 |

**Net Income and Reconciliation**

|                                                         |       |  |        |
|---------------------------------------------------------|-------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | 223825 |
| l Transfers of assets:                                  |       |  |        |
| (1) To this plan.....                                   | 2l(1) |  |        |
| (2) From this plan.....                                 | 2l(2) |  |        |

**Part III Accountant's Opinion**

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

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

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

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

☒ Yes ☐ No

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

(1) Name: MEADEN & MOORE LTD

(2) EIN: 34-1818258

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

|                                                                                                                                                                                                                               | Yes | No | Amount  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                          |     | X  |         |
| <b>4c</b>                                                                                                                                                                                                                     |     |    |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....                                |     | X  |         |
| <b>4d</b>                                                                                                                                                                                                                     |     |    |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 5000000 |
| <b>4e</b>                                                                                                                                                                                                                     |     |    |         |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |         |
| <b>4f</b>                                                                                                                                                                                                                     |     |    |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....                                                     |     | X  |         |
| <b>4g</b>                                                                                                                                                                                                                     |     |    |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....                                           |     | X  |         |
| <b>4h</b>                                                                                                                                                                                                                     |     |    |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |         |
| <b>4i</b>                                                                                                                                                                                                                     |     |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) ..... | X   |    |         |
| <b>4j</b>                                                                                                                                                                                                                     |     |    |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     | X  |         |
| <b>4k</b>                                                                                                                                                                                                                     |     |    |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?.....                                                                                                                                             |     | X  |         |
| <b>4l</b>                                                                                                                                                                                                                     |     |    |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     |    |         |
| <b>4m</b>                                                                                                                                                                                                                     |     |    |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                      |     |    |         |
| <b>4n</b>                                                                                                                                                                                                                     |     |    |         |

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

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

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

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

## Part V Trust Information (optional)

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

|                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|-----|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                                      |  | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection.</div> |     |
| For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| A Name of plan<br>UNITED FOUNDRIES INC. RETIREMENT PLAN INTERNATIONAL ASSOCIATION OF MACHINISTS, LODGE 1019                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                 |  | B Three-digit plan number (PN) ▶                                                                | 005 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>UNITED FOUNDRIES INC.                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                 |  | D Employer Identification Number (EIN)<br>25-1524946                                            |     |
| 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                                                                                               |     |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 22-1146430                                                                                                                 |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                 |  | 3                                                                                               | 0   |
| Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.                 |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                 |  | 6a                                                                                              |     |
| b Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                 |  | 6b                                                                                              |     |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) .....                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                 |  | 6c                                                                                              |     |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| Part III Amendments                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> No         |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                        |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                 |  | Schedule R (Form 5500) 2014 v. 140124                                                           |     |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**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:

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:  
 Stock: \_\_\_\_\_% 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): \_\_\_\_\_

UNITED FOUNDRIES, INC.  
RETIREMENT PLAN, INTERNATIONAL ASSOCIATION OF MACHINISTS, LODGE 1019

FINANCIAL STATEMENTS  
WITH  
INDEPENDENT AUDITOR'S REPORT

December 31, 2014

## INDEX

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## **INDEPENDENT AUDITOR'S REPORT**

Plan Administrator  
United Foundries, Inc. Retirement Plan, International Association of Machinists, Lodge 1019  
Canton, Ohio

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

We were engaged to audit the accompanying financial statements of the United Foundries, Inc. Retirement Plan, International Association of Machinists, Lodge 1019, which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years ended December 31, 2014 and 2013, 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 our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

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

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by PNC Bank, N.A., the Trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of December 31, 2014 and 2013, and for the years ended December 31, 2014 and 2013, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

### **Disclaimer of Opinion**

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

## **Other Matter**

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

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

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

A handwritten signature in blue ink that reads "Meaden & Moore Ltd". The signature is written in a cursive, slightly slanted style.

Meaden & Moore, Ltd.  
Akron, Ohio  
September 22, 2015

# STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

United Foundries, Inc.  
Retirement Plan, International Association of Machinists, Lodge 1019

|                                             | December 31  |              |
|---------------------------------------------|--------------|--------------|
|                                             | 2014         | 2013         |
| <b>ASSETS</b>                               |              |              |
| Receivable - Employer contributions         | \$ 147,286   | \$ 393,603   |
| Investments (at Fair Value):                |              |              |
| PNC Prime Money Market Fund                 | 53,983       | 10,751       |
| American Century Small Cap Portfolio        | -            | 295,859      |
| Baron Small Cap Fund                        | -            | 306,877      |
| Harbor Capital Appreciation Fund            | -            | 834,543      |
| PIMCO Total Return Bond Fund                | -            | 295,825      |
| iShares Emerging Markets Fund               | -            | 151,841      |
| Templeton Institutional Funds               | -            | 790,314      |
| T. Rowe Price Real Estate Fund              | -            | 126,663      |
| Touchstone Sands Capital Select Growth Fund | -            | 904,046      |
| Dodge & Cox Income Fund                     | -            | 290,834      |
| Eaton Vance Floating Rate Fund              | -            | 98,355       |
| Templeton Global Bond Fund                  | -            | 97,760       |
| MFS Value Fund                              | -            | 2,016,875    |
| Vanguard Total Stock Market Index           | 4,167,173    | -            |
| US Treasury Notes 4.25% due 8/15/15         | 440,767      | -            |
| US Treasury Notes 4.875% due 8/15/16        | 577,886      | -            |
| US Treasury Notes 4.75% due 8/15/17         | 373,364      | -            |
| US Treasury Notes 4.00% due 8/15/18         | 328,992      | -            |
| US Treasury Notes 3.625% due 8/15/19        | 185,460      | -            |
| US Treasury Notes 2.625% due 8/15/20        | 245,411      | -            |
| US Treasury Notes 2.125% due 8/15/21        | 111,298      | -            |
| US Treasury Notes 1.625% due 8/15/22        | 77,813       | -            |
| US Treasury Notes 2.50% due 8/15/23         | 92,890       | -            |
| US Treasury Notes 2.375% due 8/15/14        | 35,648       | -            |
| Total Investments                           | 6,690,685    | 6,220,543    |
| Total Assets                                | 6,837,971    | 6,614,146    |
| <b>LIABILITIES</b>                          | -            | -            |
| Net Assets Available for Benefits           | \$ 6,837,971 | \$ 6,614,146 |

See accompanying notes.

# STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

United Foundries, Inc.  
Retirement Plan, International Association of Machinists, Lodge 1019

|                                           | Year Ended December 31 |                     |
|-------------------------------------------|------------------------|---------------------|
|                                           | <u>2014</u>            | <u>2013</u>         |
| Additions to Net Assets Attributed to:    |                        |                     |
| Contributions:                            |                        |                     |
| Employer                                  | \$ 604,144             | \$ 636,809          |
| Investment Income:                        |                        |                     |
| Interest income                           | -                      | 174                 |
| Dividend income                           | 98,882                 | 213,089             |
| Net unrealized/realized appreciation      | <u>259,484</u>         | <u>1,108,277</u>    |
| Total Investment Income                   | 358,366                | 1,321,540           |
| Deductions from Net Assets Attributed to: |                        |                     |
| Benefits paid to participants             | 688,880                | 691,119             |
| Administrative expenses                   | <u>49,805</u>          | <u>33,639</u>       |
| Total Deductions                          | <u>738,685</u>         | <u>724,758</u>      |
| Net Increase                              | 223,825                | 1,233,591           |
| Net Assets Available for Benefits:        |                        |                     |
| Beginning of Year                         | <u>6,614,146</u>       | <u>5,380,555</u>    |
| End of Year                               | <u>\$ 6,837,971</u>    | <u>\$ 6,614,146</u> |

See accompanying notes.

## NOTES TO FINANCIAL STATEMENTS

United Foundries, Inc. Retirement Plan, International Association of Machinists, Lodge 1019

### 1 Description of Plan

The following description of the United Foundries, Inc. Retirement Plan, International Association of Machinists, Lodge 1019 ("Plan") provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

#### ***General:***

The Plan, which began October 1, 1980, and was restated effective October 18, 2004 to comply with legislation affecting tax qualified retirement plans, is a non-contributory defined benefit pension plan covering substantially all hourly employees of the Youngstown plant of United Foundries, Inc. ("Company") that are represented by the International Association of Machinists, Lodge 1019. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan was amended effective January 1, 2007. The amendment changed the valuation provisions for lump sum distributions, defined the maximum annual pension amount under the Plan as the lesser of \$160,000 or a participant's highest average compensation for three consecutive years of service while they were an active participant in the Plan, reduces the maximum benefit if the employee retires before age 65, and provides an appeals procedure for grievances.

As of March 31, 2009, the Youngstown plant was shut down and all employees laid off. There were no changes to the Plan due to the plant shut down.

#### ***Eligibility:***

All employees of the Company age 21 and older and are employed for one year of continuous service.

Since the Youngstown plant was shut down on March 31, 2009 and all employees were laid off, there will be no new participants in the Plan.

#### ***Funding Policy:***

The Company has agreed to voluntarily contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan participants. The Company's present intention is to make contributions in amounts sufficient to annually fund the Plan's current service cost and prior service cost, plus interest over a period of 30 years. The Plan has met the ERISA minimum funding requirements.

### 2 Summary of Significant Accounting Policies

#### ***Basis of Accounting:***

The Plan's transactions are reported on the accrual basis of accounting.

Investments held by a defined benefit plan are required to be reported at fair value, except for fully benefit responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

## NOTES TO FINANCIAL STATEMENTS

United Foundries, Inc. Retirement Plan, International Association of Machinists, Lodge 1019

### **2 Summary of Significant Accounting Policies, Continued**

#### ***Investments:***

Investments are stated at fair value. Marketable securities are reported at fair market value as of the balance sheet date. Fair market values represent quoted market prices or, if quoted market prices are not available, estimated fair values as determined by the Plan's investment broker.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments purchased and sold as held during the year.

#### ***Use of Estimates:***

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

#### ***Actuarial Present Value of Accumulated Plan Benefits:***

Accumulated plan benefits are those future periodic payments, including lump sum distributions, which are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' average annual compensation during the five highest consecutive completed calendar years out of the last 10 years of credited service. The accumulated plan benefits for active employees are based on their highest average compensation during the five years ending on the date as of which the benefit information is presented ("valuation date"). Benefits payable under all circumstances - retirement, death, disability and termination of employment are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated plan benefits.

#### ***Administrative Fees:***

All administrative expenses are paid by either the Plan or Company. Fees paid during the year for professional services rendered by parties-in-interest were based on customary and reasonable rates for such services.

#### ***Payment of Benefits:***

Benefit payments to participants are recorded upon distribution. The plan allows for both annuity and lump sum benefit payments. Lump sum benefit payments are only allowed if the actuarial equivalent of the regular pension is not more than \$1,000.

## NOTES TO FINANCIAL STATEMENTS

United Foundries, Inc. Retirement Plan, International Association of Machinists, Lodge 1019

### 2 Summary of Significant Accounting Policies, Continued

#### ***Plan Termination:***

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and terminate the Plan subject to the provisions of ERISA. Benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC"). In the event the Plan terminates, the net assets of the Plan shall be allocated among the participants and beneficiaries in accordance with the priorities mandated by ERISA. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and level of benefits guaranteed by PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and PBGC guaranty, while other benefits may not be provided for at all. A full description of the defined benefit Plan termination priorities is available in the Plan document.

#### ***Risks and Uncertainties:***

The Plan's investment includes investments in mutual funds, US Treasury Notes and a money market fund with varying degrees of risk, such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the Statement of Net Assets Available for Plan Benefits.

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

#### ***Subsequent Events:***

Management evaluates subsequent events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements.

Subsequent events have been evaluated through September 22, 2015, which is the date the financial statements were available to be issued.

### 3 Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under Topic 820 are described as follows:

Level 1: Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.

## NOTES TO FINANCIAL STATEMENTS

United Foundries, Inc. Retirement Plan, International Association of Machinists, Lodge 1019

### 3 Fair Value Measurements, Continued

Level 2: Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- \* Quoted prices for similar assets or liabilities in active markets
- \* Quoted prices for identical or similar assets or liabilities in inactive markets
- \* Inputs other than quoted prices that are observable for the asset or liability
- \* Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs that are unobservable inputs for the asset or liability.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

#### ***Mutual Funds:***

The fair value of the mutual funds are based on quoted market prices and are classified as Level 1.

#### ***Money Market Fund:***

The fair value of the money market fund is based on the values of the underlying assets as determined by the investment broker and is classified as Level 2.

#### ***US Treasury Notes:***

The fair value of the US Treasury Notes are based on the active trade market and are classified as Level 1.

The following table presents the financial instruments carried at fair value, on a recurring basis, as of December 31, 2014, by valuation hierarchy (as described above):

|                           | <b>Assets at Fair Value as of December 31, 2014</b> |                  |                |                     |
|---------------------------|-----------------------------------------------------|------------------|----------------|---------------------|
|                           | <b>Level 1</b>                                      | <b>Level 2</b>   | <b>Level 3</b> | <b>Total</b>        |
| Mutual Fund               | \$ 4,167,173                                        | \$ -             | \$ -           | \$ 4,167,173        |
| US Treasury Notes         | 2,469,529                                           | -                | -              | 2,469,529           |
| Money Market Fund         | -                                                   | 53,983           | -              | 53,983              |
| Investments at Fair Value | <u>\$ 6,636,702</u>                                 | <u>\$ 53,983</u> | <u>\$ -</u>    | <u>\$ 6,690,685</u> |

## NOTES TO FINANCIAL STATEMENTS

United Foundries, Inc. Retirement Plan, International Association of Machinists, Lodge 1019

### 3 Fair Value Measurements, Continued

The following table presents the financial instruments carried at fair value, on a recurring basis, as of December 31, 2013, by valuation hierarchy (as described above):

|                           | Assets at Fair Value as of December 31, 2013 |                  |             |                     |
|---------------------------|----------------------------------------------|------------------|-------------|---------------------|
|                           | Level 1                                      | Level 2          | Level 3     | Total               |
| Mutual Funds              | \$ 6,209,792                                 | \$ -             | \$ -        | \$ 6,209,792        |
| Money Market Fund         | -                                            | 10,751           | -           | 10,751              |
| Investments at Fair Value | <u>\$ 6,209,792</u>                          | <u>\$ 10,751</u> | <u>\$ -</u> | <u>\$ 6,220,543</u> |

### 4 Tax Status

On June 13, 2008, the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended, however, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken uncertain tax positions that more-likely-than-not would not be sustained upon examination by applicable taxing authorities. The Plan Administrator has analyzed tax positions taken by the Plan and has concluded that, as of December 31, 2014, there are no uncertain tax positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. However, currently no audits for any tax periods are in progress.

### 5 Accumulated Plan Benefits

The Plan's actuary, CBIZ Benefits & Insurance Services, Inc., estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and expected date of payment.

## NOTES TO FINANCIAL STATEMENTS

United Foundries, Inc. Retirement Plan, International Association of Machinists, Lodge 1019

### 5 Accumulated Plan Benefits, Continued

The accumulated plan benefit information as of the beginning of the Plan year is as follows:

|                                                            | January 1<br>2014          |
|------------------------------------------------------------|----------------------------|
| Actuarial Present Value of Accumulated Benefits:           |                            |
| Vested benefits:                                           |                            |
| Participants currently receiving payments                  | \$ 6,512,813               |
| Other participants                                         | <u>553,618</u>             |
| Total Actuarial Present Value of Accumulated Plan Benefits | <u><u>\$ 7,066,431</u></u> |

The changes in the actuarial present value of accumulated plan benefits are as follows:

|                                                    | 2014                       |
|----------------------------------------------------|----------------------------|
| Present Value of Benefits - Beginning of the Year  | \$ 7,293,703               |
| Change in actuarial assumptions                    | 1,205,253                  |
| Benefits paid                                      | (691,119)                  |
| Decrease in discount period                        | 437,733                    |
| Benefits accumulated and non-investment experience | <u>(1,179,139)</u>         |
| Present Value of Benefits - End of the Year        | <u><u>\$ 7,066,431</u></u> |

Significant assumptions underlying the actuarial computations are:

Mortality basis: 2014 Combined Mortality Table for Healthy Lives.

Investment return: Approximately 6.3% per year compounded annually. The tiered segment rates specified by the Pension Protection Act of 2006 were utilized in 2014. The tiered segment rates range from 4.99% - 6.99%.

Disability: Rates are based on age and gender. Representative rates are as follows:

| Age | Male Rate | Female Rate |
|-----|-----------|-------------|
| 25  | 0.0%      | 0.0%        |
| 35  | 0.1%      | 0.1%        |
| 40  | 0.2%      | 0.3%        |
| 55  | 0.7%      | 1.0%        |

## NOTES TO FINANCIAL STATEMENTS

United Foundries, Inc. Retirement Plan, International Association of Machinists, Lodge 1019

### 5 Accumulated Plan Benefits, Continued

Withdrawal: Age based rates. Illustrative rates are as follows:

| <u>Age</u> | <u>% Withdrawing</u> |
|------------|----------------------|
| 25         | 7.7                  |
| 35         | 6.3                  |
| 40         | 5.2                  |
| 55         | 1.0                  |

Retirement: Employees completing 30 years of service prior to age 64 are expected to retire at the later of age 62 or the age when 30 years of service are completed. Other employees are expected to retire at age 64 if they have at least 10 years of service, otherwise at later of age 65 or the age when five years of service are completed.

Vesting: Employees who complete five years of service are vested in their benefits.

### 6 Information Prepared and Certified by Trustee

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by the Trustee.

|                            | <u>2014</u>  | <u>2013</u>  |
|----------------------------|--------------|--------------|
| Investments, at Fair Value | \$ 6,690,685 | \$ 6,220,543 |
| Interest and Dividends     | \$ 98,882    | \$ 213,263   |
| Net Appreciation           | \$ 259,484   | \$ 1,108,277 |

### 7 Party-in-Interest Transactions

Certain Plan investments are shares of a money market fund managed by PNC Bank, N.A., the Trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest. Usual and customary fees were paid by the money market fund for the investment management services.

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR  
Form 5500, Schedule H, Part IV, Line 4i

United Foundries, Inc.  
Retirement Plan, International Association of Machinists, Lodge 1019

EIN 25-1524946  
Plan Number 005

December 31, 2014

| (a) | (b)<br>Identity of Issue,<br>Borrower, Lessor,<br>or Similar Party | (c)<br>Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | (d)<br>Cost  | (e)<br>Current<br>Value |
|-----|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------|-------------------------|
| *   | PNC Prime Money Market Fund                                        | Money Market Fund                                                                                                   | \$ 53,983    | \$ 53,983               |
|     | Vanguard Total Stock Market Index                                  | Mutual Fund                                                                                                         | 3,827,396    | 4,167,173               |
|     | US Treasury Notes 4.25% due 8/15/15                                | US Treasury Note                                                                                                    | 451,149      | 440,767                 |
|     | US Treasury Notes 4.875% due 8/15/16                               | US Treasury Note                                                                                                    | 592,216      | 577,886                 |
|     | US Treasury Notes 4.75% due 8/15/17                                | US Treasury Note                                                                                                    | 381,815      | 373,364                 |
|     | US Treasury Notes 4.00% due 8/15/18                                | US Treasury Note                                                                                                    | 333,185      | 328,992                 |
|     | US Treasury Notes 3.625% due 8/15/19                               | US Treasury Note                                                                                                    | 187,129      | 185,460                 |
|     | US Treasury Notes 2.625% due 8/15/20                               | US Treasury Note                                                                                                    | 244,789      | 245,411                 |
|     | US Treasury Notes 2.125% due 8/15/21                               | US Treasury Note                                                                                                    | 109,964      | 111,298                 |
|     | US Treasury Notes 1.625% due 8/15/22                               | US Treasury Note                                                                                                    | 75,868       | 77,813                  |
|     | US Treasury Notes 2.50% due 8/15/23                                | US Treasury Note                                                                                                    | 90,350       | 92,890                  |
|     | US Treasury Notes 2.375% due 8/15/14                               | US Treasury Note                                                                                                    | 35,025       | 35,648                  |
|     |                                                                    |                                                                                                                     | <hr/>        | <hr/>                   |
|     | Total Investments                                                  |                                                                                                                     | \$ 6,382,869 | \$ 6,690,685            |
|     |                                                                    |                                                                                                                     | <hr/>        | <hr/>                   |

\* Party-in-interest to the Plan.

SCHEDULE OF REPORTABLE TRANSACTIONS  
Form 5500, Schedule H, Part IV, Line 4j

United Foundries, Inc.  
Retirement Plan, International Association of Machinists, Lodge 1019

EIN 25-1524946  
Plan Number 005  
December 31, 2014

| (a)<br>Identity<br>of Party<br>Involved                              | (b) Description of Asset                    | (c) Purchase<br>Price | (d) Selling<br>Price | (e) Lease<br>Rental | (f) Expense<br>Incurred<br>with<br>Transaction | (g) Cost of<br>Asset | (h) Current<br>Value of<br>Asset on<br>Transaction<br>Date | (i) Net Gain<br>(Loss) |
|----------------------------------------------------------------------|---------------------------------------------|-----------------------|----------------------|---------------------|------------------------------------------------|----------------------|------------------------------------------------------------|------------------------|
| <b>Category 1: 5% Report by asset-single transaction:</b>            |                                             |                       |                      |                     |                                                |                      |                                                            |                        |
|                                                                      | US Treasury Notes 4.25% due 8/15/15         | \$ 378,339            |                      | \$ -                | \$ -                                           | \$ 378,339           | \$ 378,339                                                 | \$ -                   |
|                                                                      | US Treasury Notes 4.875% due 8/15/16        | \$ 505,409            | \$ -                 | \$ -                | \$ -                                           | \$ 505,409           | \$ 505,409                                                 | \$ -                   |
|                                                                      | US Treasury Notes 4.75% due 8/15/17         | \$ 381,815            | \$ -                 | \$ -                | \$ -                                           | \$ 381,815           | \$ 381,815                                                 | \$ -                   |
|                                                                      | Vanguard Total Stock Market Index           | \$ 3,437,000          | \$ -                 | \$ -                | \$ -                                           | \$ 3,257,000         | \$ 3,257,000                                               | \$ -                   |
|                                                                      | Harbor Capital Appreciation Fund            | \$ -                  | \$ 781,756           | \$ -                | \$ -                                           | \$ 433,677           | \$ 433,677                                                 | \$ 348,079             |
|                                                                      | MFS Value Fund                              | \$ -                  | \$ 1,849,242         | \$ -                | \$ -                                           | \$ 1,188,411         | \$ 1,188,411                                               | \$ 660,831             |
|                                                                      | Templeton Institutional Funds               | \$ -                  | \$ 808,890           | \$ -                | \$ -                                           | \$ 685,457           | \$ 685,457                                                 | \$ 123,433             |
|                                                                      | Touchstone Sands Capital Select Growth Fund | \$ -                  | \$ 820,665           | \$ -                | \$ -                                           | \$ 583,519           | \$ 583,519                                                 | \$ 237,146             |
| <b>Category 2: Series of transactions in excess of 5% of assets:</b> |                                             |                       |                      |                     |                                                |                      |                                                            |                        |
|                                                                      | Harbor Capital Appreciation Fund            | \$ -                  | \$ 806,756           | \$ -                | \$ -                                           | \$ 446,954           | \$ 446,954                                                 | \$ 359,802             |
|                                                                      | MFS Value Fund                              | \$ 13,738             | \$ 2,039,242         | \$ -                | \$ -                                           | \$ 1,325,015         | \$ 1,311,277                                               | \$ 727,965             |
|                                                                      | Templeton Institutional Funds               | \$ -                  | \$ 809,446           | \$ -                | \$ -                                           | \$ 685,987           | \$ 685,987                                                 | \$ 123,459             |
|                                                                      | Touchstone Sands Capital Select Growth Fund | \$ -                  | \$ 845,665           | \$ -                | \$ -                                           | \$ 600,000           | \$ 600,000                                                 | \$ 245,665             |
|                                                                      | US Treasury Notes 4.25% due 8/15/15         | \$ 451,149            | \$ -                 | \$ -                | \$ -                                           | \$ 451,149           | \$ 451,149                                                 | \$ -                   |
|                                                                      | US Treasury Notes 4.875% due 8/15/16        | \$ 592,216            | \$ -                 | \$ -                | \$ -                                           | \$ 592,216           | \$ 592,216                                                 | \$ -                   |
|                                                                      | US Treasury Notes 4.75% due 8/15/17         | \$ 381,815            | \$ -                 | \$ -                | \$ -                                           | \$ 381,815           | \$ 381,815                                                 | \$ -                   |
|                                                                      | US Treasury Notes 4.00%                     | \$ 333,185            | \$ -                 | \$ -                | \$ -                                           | \$ 333,185           | \$ 333,185                                                 | \$ -                   |
|                                                                      | Vanguard Total Stock Market Index           | \$ 3,871,146          | \$ 70,000            | \$ -                | \$ -                                           | \$ 3,936,827         | \$ 65,681                                                  | \$ 4,319               |
|                                                                      | PNC Prime Money Market Fund                 | \$ 533,348            | \$ 490,116           | \$ -                | \$ -                                           | \$ 1,023,464         | \$ 1,023,464                                               | \$ -                   |

**Schedule SB, Part V –  
Summary of Plan Provisions**

- |                                        |                                                                                                                                                                                    |
|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. <u>Anniversary Date</u>             | January 1                                                                                                                                                                          |
| 2. <u>Eligibility</u>                  | Age 21 and one year of Credited Service.                                                                                                                                           |
| 3. <u>Average Monthly Compensation</u> | The sum of a participant's compensation during the five highest consecutive completed calendar years out of the last ten years prior to the date of termination, divided by 60.    |
| <br>4. <u>Eligibility of Benefits</u>  |                                                                                                                                                                                    |
| a) Normal Retirement                   | The first day of the month coinciding with or immediately preceding the 65 <sup>th</sup> birthday and 5 years of participation.                                                    |
| b) Early Retirement                    | The first day of the month coinciding with or following age 60 and 15 years of participation or any age and 30 years of participation.                                             |
| c) Late Retirement                     | A participant may remain in employment beyond the Normal Retirement Date.                                                                                                          |
| d) Deferred Vested                     | Five years of credited service. Each Participant in active employment as of December 31, 2004, shall become 100% vested in his accrued benefit determined as of December 31, 2004. |
| e) Disability                          | Age 62 with 15 years of Credited Service upon total and permanent disability.                                                                                                      |
| f) Spouse's Pension                    | Eligible for Deferred Vested Pension.                                                                                                                                              |
| g) Death                               | None except Spouse's Pension.                                                                                                                                                      |
| <br>5. <u>Benefit Amounts</u>          |                                                                                                                                                                                    |
| a) Normal Retirement                   | The greater of (i) and (ii) delayed for 3 months while receiving a Special Payment:                                                                                                |

**Schedule SB, Part V –  
Summary of Plan Provisions**

(i) 1.1% times continuous service up to 30 years plus 1.2% times continuous service in excess of 30 years, times Average Monthly Compensation, times 1.05.

(ii) \$28.00 per month times continuous service.

Special Payment is a single payment equal to 13 weeks of vacation pay less vacation already used in the year of retirement.

**b) Early Retirement**

A monthly pension for life commencing at Normal Retirement Date equal to employee's accrued monthly pension using his Credited Service and "Average Monthly Compensation" as of early retirement date. Alternatively, the employee may elect to have the monthly payments commence earlier, reduced by the tabled early retirement factors (ERF) below based on the age at benefit commencement.

| <u>Age</u> | <u>&lt; 15 years</u> | <u>&gt;= 15 years</u> |
|------------|----------------------|-----------------------|
| 65         | 1.000                | 1.000                 |
| 64         | .9072                | 1.000                 |
| 63         | .8253                | 1.000                 |
| 62         | .7528                | 1.000                 |
| 61         | .6885                | .9145                 |
| 60         | .6310                | .8382                 |

ERF = 1.0 for any age with 30 years of Credited Service.

**c) Late Retirement**

A monthly pension for life commencing at Late Retirement Date, calculated as of the employee's Normal Retirement and actuarially increased to Late Retirement Date.

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR  
Form 5500, Schedule H, Part IV, Line 4i

United Foundries, Inc.  
Retirement Plan, International Association of Machinists, Lodge 1019

EIN 25-1524946  
Plan Number 005

December 31, 2014

| (a) | (b)<br>Identity of Issue,<br>Borrower, Lessor,<br>or Similar Party | (c)<br>Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | (d)<br>Cost  | (e)<br>Current<br>Value |
|-----|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------|-------------------------|
| *   | PNC Prime Money Market Fund                                        | Money Market Fund                                                                                                   | \$ 53,983    | \$ 53,983               |
|     | Vanguard Total Stock Market Index                                  | Mutual Fund                                                                                                         | 3,827,396    | 4,167,173               |
|     | US Treasury Notes 4.25% due 8/15/15                                | US Treasury Note                                                                                                    | 451,149      | 440,767                 |
|     | US Treasury Notes 4.875% due 8/15/16                               | US Treasury Note                                                                                                    | 592,216      | 577,886                 |
|     | US Treasury Notes 4.75% due 8/15/17                                | US Treasury Note                                                                                                    | 381,815      | 373,364                 |
|     | US Treasury Notes 4.00% due 8/15/18                                | US Treasury Note                                                                                                    | 333,185      | 328,992                 |
|     | US Treasury Notes 3.625% due 8/15/19                               | US Treasury Note                                                                                                    | 187,129      | 185,460                 |
|     | US Treasury Notes 2.625% due 8/15/20                               | US Treasury Note                                                                                                    | 244,789      | 245,411                 |
|     | US Treasury Notes 2.125% due 8/15/21                               | US Treasury Note                                                                                                    | 109,964      | 111,298                 |
|     | US Treasury Notes 1.625% due 8/15/22                               | US Treasury Note                                                                                                    | 75,868       | 77,813                  |
|     | US Treasury Notes 2.50% due 8/15/23                                | US Treasury Note                                                                                                    | 90,350       | 92,890                  |
|     | US Treasury Notes 2.375% due 8/15/14                               | US Treasury Note                                                                                                    | 35,025       | 35,648                  |
|     |                                                                    |                                                                                                                     | <hr/>        | <hr/>                   |
|     | Total Investments                                                  |                                                                                                                     | \$ 6,382,869 | \$ 6,690,685            |
|     |                                                                    |                                                                                                                     | <hr/>        | <hr/>                   |

\* Party-in-interest to the Plan.

**Schedule SB, line 26 –  
Schedule of Active Participant Data**

NO ACTIVES

**Schedule SB, line 32 –  
Schedule of Amortization Bases**

| <b>Type of Base</b> | <b>Date<br/>Established</b> | <b>Balance At<br/>Val Date</b> | <b>Payment</b>   | <b>Years<br/>Remaining<br/>At Val Date</b> |
|---------------------|-----------------------------|--------------------------------|------------------|--------------------------------------------|
| Shortfall           | 1/1/2008                    | \$109,230                      | 109,230          | 1                                          |
| Shortfall           | 1/1/2009                    | 387,401                        | 198,416          | 2                                          |
| Shortfall           | 1/1/2010                    | 66,182                         | 23,143           | 3                                          |
| Shortfall           | 1/1/2011                    | 966,768                        | 259,622          | 4                                          |
| Shortfall           | 1/1/2012                    | (472,854)                      | (103,998)        | 5                                          |
| Shortfall           | 1/1/2013                    | 542,714                        | 102,731          | 6                                          |
| Shortfall           | 1/1/2014                    | (364,096)                      | (60,935)         | 7                                          |
| <b>Total</b>        |                             | <b>\$1,235,345</b>             | <b>\$528,209</b> |                                            |

**Schedule SB, Part V –  
Statement of Actuarial Assumptions/Methods**

|                           |                                                                                                                                                                                                                                                                                                |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interest Rate             | 2014 HATFA Rates<br>4.99% 1 <sup>st</sup> segment rate<br>6.32% 2 <sup>nd</sup> segment rate<br>6.99% 3 <sup>rd</sup> segment rate                                                                                                                                                             |
| Mortality Rates           | 2014 Combined Mortality for healthy lives<br>Disability Mortality per IRS Rev. Ruling 96-7 for Disabled                                                                                                                                                                                        |
| Actuarial Value of Assets | The Actuarial Value of Assets is a smoothed value of expected and actual Market Value of Assets. The Actuarial Value of Assets must be within 10% of the Market Value of Assets on the valuation date and no more than 24 months of past experience can be recognized in the smoothing process |
| Form of Payment           | Straight Life Annuity for single and 50% joint and survivor for married participants.                                                                                                                                                                                                          |

**Schedule SB, line 19 –  
Discounted Employer Contributions**

| Date Paid | Contribution Amount | Discounted to<br>1/1/2014 |
|-----------|---------------------|---------------------------|
| 5/12/2014 | \$154,786           | \$150,915                 |
| 6/30/2014 | \$154,786           | \$150,570                 |
| 10/7/2014 | \$147,286           | \$140,378                 |
| 1/15/2015 | \$147,286           | \$138,233                 |
|           | <hr/>               |                           |
|           | \$604,144           | \$580,026                 |

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210 - 0110<br>1210 - 0089<br><br><div style="font-size: 24pt; font-weight: bold; text-align: center;">2014</div><br><br>This Form is Open to<br>Public Inspection |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Part I Annual Report Identification Information**

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

**Part II Basic Plan Information - enter all requested information**

|                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                        |            |                                  |                   |                                                |                   |                                           |                     |                                            |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------|----------------------------------|-------------------|------------------------------------------------|-------------------|-------------------------------------------|---------------------|--------------------------------------------|---------------|
| <b>1a Name of plan</b><br>UNITED FOUNDRIES INC. RETIREMENT PLAN<br>INTERNATIONAL ASSOCIATION OF MACHINISTS,<br>LODGE 1019<br><br><b>2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)</b><br><br>UNITED FOUNDRIES INC.<br><br>1400 GRACE AVENUE, NE<br><br>CANTON OH 44705 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>1b Three-digit plan number (PN)</b></td> <td><b>005</b></td> </tr> <tr> <td><b>1c Effective date of plan</b></td> <td><b>10/01/1980</b></td> </tr> <tr> <td><b>2b Employer Identification Number (EIN)</b></td> <td><b>25-1524946</b></td> </tr> <tr> <td><b>2c Plan Sponsor's telephone number</b></td> <td><b>330-456-2761</b></td> </tr> <tr> <td><b>2d Business code (see instructions)</b></td> <td><b>331500</b></td> </tr> </table> | <b>1b Three-digit plan number (PN)</b> | <b>005</b> | <b>1c Effective date of plan</b> | <b>10/01/1980</b> | <b>2b Employer Identification Number (EIN)</b> | <b>25-1524946</b> | <b>2c Plan Sponsor's telephone number</b> | <b>330-456-2761</b> | <b>2d Business code (see instructions)</b> | <b>331500</b> |
| <b>1b Three-digit plan number (PN)</b>                                                                                                                                                                                                                                                                                              | <b>005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        |            |                                  |                   |                                                |                   |                                           |                     |                                            |               |
| <b>1c Effective date of plan</b>                                                                                                                                                                                                                                                                                                    | <b>10/01/1980</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                        |            |                                  |                   |                                                |                   |                                           |                     |                                            |               |
| <b>2b Employer Identification Number (EIN)</b>                                                                                                                                                                                                                                                                                      | <b>25-1524946</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                        |            |                                  |                   |                                                |                   |                                           |                     |                                            |               |
| <b>2c Plan Sponsor's telephone number</b>                                                                                                                                                                                                                                                                                           | <b>330-456-2761</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                        |            |                                  |                   |                                                |                   |                                           |                     |                                            |               |
| <b>2d Business code (see instructions)</b>                                                                                                                                                                                                                                                                                          | <b>331500</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                        |            |                                  |                   |                                                |                   |                                           |                     |                                            |               |

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

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

|                                                                                                                                                                                                                                |  |                         |                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|---------------------------------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                                                                                                                                               |  | <b>11-14-15</b><br>Date | <b>MARK REMILLARD</b><br>Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                                                                                                                                               |  | <b>11-14-15</b><br>Date | <b>MARK REMILLARD</b><br>Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                                                                                                                                               |  | <br>Date                | <br>Enter name of individual signing as DFE                                           |
| Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)<br><br><b>MEADEN &amp; MOORE, LTD.</b><br><b>1100 SUPERIOR AVENUE, SUITE 1100</b><br><b>CLEVELAND OH 44114-2523</b> |  |                         | Preparer's telephone number (optional)<br><br><b>216-241-3272</b>                     |

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

Form 5500 (2014)  
v. 140124

Form 5500 (2014)

Page **2****3a** Plan administrator's name and address ☒ Same as Plan Sponsor**3b** Administrator's EIN**3c** Administrator's telephone number**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:**4b** EIN**4c** PN**a** Sponsor's name**5** Total number of participants at the beginning of the plan year**5****125****6** Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).**a (1)** Total number of active participants at the beginning of the plan year**6a(1)****0****a (2)** Total number of active participants at the end of the plan year**6a(2)****b** Retired or separated participants receiving benefits**6b****21****c** Other retired or separated participants entitled to future benefits**6c****101****d** Subtotal. Add lines 6a(2), 6b, and 6c**6d****122****e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits**6e****0****f** Total. Add lines 6d and 6e**6f****122****g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)**6g****h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested**6h****0****7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7****8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:**1A** 1I**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)

SCHEDULE OF REPORTABLE TRANSACTIONS

Form 5500, Schedule H, Part IV, Line 4j

United Foundries, Inc.  
Retirement Plan, International Association of Machinists, Lodge 1019

EIN 25-1524946  
Plan Number 005  
December 31, 2014

| (a)<br>Identity<br>of Party<br>Involved                              | (b) Description of Asset                    | (c) Purchase<br>Price | (d) Selling<br>Price | (e) Lease<br>Rental | (f) Expense<br>Incurred<br>with<br>Transaction | (g) Cost of<br>Asset | (h) Current<br>Value of<br>Asset on<br>Transaction<br>Date | (i) Net Gain<br>(Loss) |
|----------------------------------------------------------------------|---------------------------------------------|-----------------------|----------------------|---------------------|------------------------------------------------|----------------------|------------------------------------------------------------|------------------------|
| <b>Category 1: 5% Report by asset-single transaction:</b>            |                                             |                       |                      |                     |                                                |                      |                                                            |                        |
|                                                                      | US Treasury Notes 4.25% due 8/15/15         | \$ 378,339            |                      | \$ -                | \$ -                                           | \$ 378,339           | \$ 378,339                                                 | \$ -                   |
|                                                                      | US Treasury Notes 4.875% due 8/15/16        | \$ 505,409            | \$ -                 | \$ -                | \$ -                                           | \$ 505,409           | \$ 505,409                                                 | \$ -                   |
|                                                                      | US Treasury Notes 4.75% due 8/15/17         | \$ 381,815            | \$ -                 | \$ -                | \$ -                                           | \$ 381,815           | \$ 381,815                                                 | \$ -                   |
|                                                                      | Vanguard Total Stock Market Index           | \$ 3,437,000          | \$ -                 | \$ -                | \$ -                                           | \$ 3,257,000         | \$ 3,257,000                                               | \$ -                   |
|                                                                      | Harbor Capital Appreciation Fund            | \$ -                  | \$ 781,756           | \$ -                | \$ -                                           | \$ 433,677           | \$ 433,677                                                 | \$ 348,079             |
|                                                                      | MFS Value Fund                              | \$ -                  | \$ 1,849,242         | \$ -                | \$ -                                           | \$ 1,188,411         | \$ 1,188,411                                               | \$ 660,831             |
|                                                                      | Templeton Institutional Funds               | \$ -                  | \$ 808,890           | \$ -                | \$ -                                           | \$ 685,457           | \$ 685,457                                                 | \$ 123,433             |
|                                                                      | Touchstone Sands Capital Select Growth Fund | \$ -                  | \$ 820,665           | \$ -                | \$ -                                           | \$ 583,519           | \$ 583,519                                                 | \$ 237,146             |
| <b>Category 2: Series of transactions in excess of 5% of assets:</b> |                                             |                       |                      |                     |                                                |                      |                                                            |                        |
|                                                                      | Harbor Capital Appreciation Fund            | \$ -                  | \$ 806,756           | \$ -                | \$ -                                           | \$ 446,954           | \$ 446,954                                                 | \$ 359,802             |
|                                                                      | MFS Value Fund                              | \$ 13,738             | \$ 2,039,242         | \$ -                | \$ -                                           | \$ 1,325,015         | \$ 1,311,277                                               | \$ 727,965             |
|                                                                      | Templeton Institutional Funds               | \$ -                  | \$ 809,446           | \$ -                | \$ -                                           | \$ 685,987           | \$ 685,987                                                 | \$ 123,459             |
|                                                                      | Touchstone Sands Capital Select Growth Fund | \$ -                  | \$ 845,665           | \$ -                | \$ -                                           | \$ 600,000           | \$ 600,000                                                 | \$ 245,665             |
|                                                                      | US Treasury Notes 4.25% due 8/15/15         | \$ 451,149            | \$ -                 | \$ -                | \$ -                                           | \$ 451,149           | \$ 451,149                                                 | \$ -                   |
|                                                                      | US Treasury Notes 4.875% due 8/15/16        | \$ 592,216            | \$ -                 | \$ -                | \$ -                                           | \$ 592,216           | \$ 592,216                                                 | \$ -                   |
|                                                                      | US Treasury Notes 4.75% due 8/15/17         | \$ 381,815            | \$ -                 | \$ -                | \$ -                                           | \$ 381,815           | \$ 381,815                                                 | \$ -                   |
|                                                                      | US Treasury Notes 4.00%                     | \$ 333,185            | \$ -                 | \$ -                | \$ -                                           | \$ 333,185           | \$ 333,185                                                 | \$ -                   |
|                                                                      | Vanguard Total Stock Market Index           | \$ 3,871,146          | \$ 70,000            | \$ -                | \$ -                                           | \$ 3,936,827         | \$ 65,681                                                  | \$ 4,319               |
|                                                                      | PNC Prime Money Market Fund                 | \$ 533,348            | \$ 490,116           | \$ -                | \$ -                                           | \$ 1,023,464         | \$ 1,023,464                                               | \$ -                   |

**SCHEDULE SB  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**

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

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

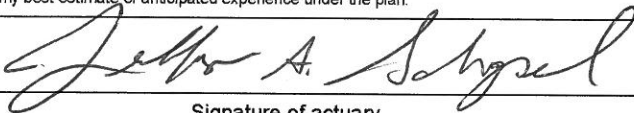
OMB No. 1210-0110

**2014****This Form is Open to Public  
Inspection**For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.**A** Name of plan**B** Three-digit  
plan number (PN) ▶

005

UNITED FOUNDRIES, INC. INTERNATIONAL ASSOCIATION OF MACHINIST, LODGE**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF**D** Employer Identification Number (EIN)UNITED FOUNDRIES, INC.25-1524946**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 1 Day 1 Year 2014**2** Assets:**a** Market value ..... **2a** 6,603,720**b** Actuarial value ..... **2b** 5,943,348**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.....1026,512,8136,512,813**b** For terminated vested participants.....23553,618553,618**c** For active participants.....000**d** Total.....1257,066,4317,066,431**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** 6.30 %**6** Target normal cost ..... **6** 0**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

Jeffrey A. Schapel, E.A., MAAA

Type or print name of actuary

CBIZ Benefits & Insurance, Inc.

Firm name

6050 Oak Tree Blvd, Suite 500Cleveland

Address of the firm

OH 4413110/05/2015

Date

14-07786

Most recent enrollment number

(216) 447-9000

Telephone number (including area code)

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

| <b>Part II Beginning of Year Carryover and Prefunding Balances</b> |                                                                                                                                                                    | (a) Carryover balance | (b) Prefunding balance |
|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b>                                                           | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                                    | 0                     | 87,116                 |
| <b>8</b>                                                           | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                                 | 0                     | 0                      |
| <b>9</b>                                                           | Amount remaining (line 7 minus line 8) .....                                                                                                                       | 0                     | 87,116                 |
| <b>10</b>                                                          | Interest on line 9 using prior year's actual return of <u>24.56%</u> .....                                                                                         | 0                     | 21396                  |
| <b>11</b>                                                          | Prior year's excess contributions to be added to prefunding balance:                                                                                               |                       |                        |
|                                                                    | <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                    |                       | 3533                   |
|                                                                    | <b>b(1)</b> 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>6.1%</u> ..... |                       | 217                    |
|                                                                    | <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                               |                       | 0                      |
|                                                                    | <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                      |                       | 3750                   |
|                                                                    | <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                    |                       | 3750                   |
| <b>12</b>                                                          | Other reductions in balances due to elections or deemed elections .....                                                                                            |                       |                        |
| <b>13</b>                                                          | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                                 | 0                     | 112262                 |

| <b>Part III Funding Percentages</b> |                                                                                                                                                                  | 14 | 15      | 16 | 17 |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|----|----|
| <b>14</b>                           | Funding target attainment percentage .....                                                                                                                       |    | 82.51 % |    |    |
| <b>15</b>                           | Adjusted funding target attainment percentage .....                                                                                                              |    | 82.51 % |    |    |
| <b>16</b>                           | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... |    | 71.01 % |    |    |
| <b>17</b>                           | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        |    |         |    | %  |

| <b>Part IV Contributions and Liquidity Shortfalls</b>                                    |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b> |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 05/12/2014                                                                               | 154,786                           |                                 |                          |                                   |                                 |
| 06/30/2014                                                                               | 154,786                           |                                 |                          |                                   |                                 |
| 10/07/2014                                                                               | 147,286                           |                                 |                          |                                   |                                 |
| 01/15/2015                                                                               | 147,286                           |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ►</b>                                                                          |                                   |                                 | <b>18(b)</b>             | 604,144                           | <b>18(c)</b>                    |
|                                                                                          |                                   |                                 |                          |                                   | 0                               |

|                                                            |                                                                                                                            |                                         |                                        |
|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|
| <b>19</b>                                                  | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |                                         |                                        |
|                                                            | <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                       | <b>19a</b>                              | 0                                      |
|                                                            | <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                         | <b>19b</b>                              | 0                                      |
|                                                            | <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....    | <b>19c</b>                              | 580,026                                |
| <b>20</b>                                                  | Quarterly contributions and liquidity shortfalls:                                                                          |                                         |                                        |
|                                                            | <b>a</b> Did the plan have a "funding shortfall" for the prior year? .....                                                 | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
|                                                            | <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....    | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
|                                                            | <b>c</b> 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**

|                                                                                                                                                                                              |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.99 % | 2nd segment:<br>6.32 % | 3rd segment:<br>6.99 %                              |
|                                                                                                                                                                                              |                        |                        | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  | <b>21b</b>             |                        | 4                                                   |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              | <b>22</b>              |                        | 63                                                  |
| <b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                       |                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                   | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6).....                                                                                                                                            | <b>31a</b>          | 0                  |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 1,235,345           | 528,209            |               |
| <b>b</b> Waiver amortization installment.....                                                                                                                                        | 0                   | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           | 0                  |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                            | <b>34</b>           | 528,209            |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 528,209            |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>           | 580,026            |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 51,817             |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

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

|                                                                                                |                                                                                                                         |  |  |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |                                                                                                                         |  |  |
| <b>a</b> Schedule elected .....                                                                | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |  |
| <b>42</b> Amount of acceleration adjustment .....                                              | <b>42</b>                                                                                                               |  |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... | <b>43</b>                                                                                                               |  |  |