

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 2014 This Form is Open to Public Inspection
---	--	---

Part I Annual Report Identification Information	
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)
B This return/report is	☐ a one-participant plan ☐ a foreign plan ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)

Part II Basic Plan Information —enter all requested information							
1a Name of plan <u>NORDCO INC. HOURLY EMPLOYEES' RETIREMENT PLAN</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">1b Three-digit plan number (PN) ▶</td> <td style="width:40%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>05/04/1987</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>05/04/1987</u>			
1b Three-digit plan number (PN) ▶	<u>002</u>						
1c Effective date of plan <u>05/04/1987</u>							
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>NORDCO INC.</u> <u>245 WEST FOREST HILL AVENUE</u> <u>OAK CREEK, WI 53154</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">2b Employer Identification Number (EIN) <u>39-1569204</u></td> <td style="width:40%;"></td> </tr> <tr> <td>2c Sponsor's telephone number <u>414-766-2340</u></td> <td></td> </tr> <tr> <td>2d Business code (see instructions) <u>333900</u></td> <td></td> </tr> </table>	2b Employer Identification Number (EIN) <u>39-1569204</u>		2c Sponsor's telephone number <u>414-766-2340</u>		2d Business code (see instructions) <u>333900</u>	
2b Employer Identification Number (EIN) <u>39-1569204</u>							
2c Sponsor's telephone number <u>414-766-2340</u>							
2d Business code (see instructions) <u>333900</u>							
3a Plan administrator's name and address ☒ Same as Plan Sponsor.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">3b Administrator's EIN</td> <td style="width:40%;"></td> </tr> <tr> <td>3c Administrator's telephone number</td> <td></td> </tr> </table>	3b Administrator's EIN		3c Administrator's telephone number			
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. a Sponsor's name	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">4b EIN</td> <td style="width:40%;"></td> </tr> <tr> <td>4c PN</td> <td></td> </tr> </table>	4b EIN		4c PN			
4b EIN							
4c PN							
5a Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">5a</td> <td style="width:40%; text-align: right;"><u>49</u></td> </tr> </table>	5a	<u>49</u>				
5a	<u>49</u>						
b Total number of participants at the end of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">5b</td> <td style="width:40%; text-align: right;"><u>49</u></td> </tr> </table>	5b	<u>49</u>				
5b	<u>49</u>						
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">5c</td> <td style="width:40%;"></td> </tr> </table>	5c					
5c							
d(1) Total number of active participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">5d(1)</td> <td style="width:40%; text-align: right;"><u>16</u></td> </tr> </table>	5d(1)	<u>16</u>				
5d(1)	<u>16</u>						
d(2) Total number of active participants at the end of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">5d(2)</td> <td style="width:40%; text-align: right;"><u>16</u></td> </tr> </table>	5d(2)	<u>16</u>				
5d(2)	<u>16</u>						
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">5e</td> <td style="width:40%; text-align: right;"><u>0</u></td> </tr> </table>	5e	<u>0</u>				
5e	<u>0</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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2015	NANCY ZABOROWSKI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2015	DANIEL GRIESBACH
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** 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 III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	1859689	2007251
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	1859689	2007251
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	254239	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	54916	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		309155
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	153615	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f	7978	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		161593
i Net income (loss) (subtract line 8h from line 8c)	8i		147562
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1B
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	☒	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b	☒	
c Was the plan covered by a fidelity bond?	10c	☒	1000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d	☒	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	☒	
f Has the plan failed to provide any benefit when due under the plan?	10f	☒	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	☒	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	☒	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		

Part VI Pension Funding Compliance

- 11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) ☒ Yes ☐ No
- 11a** Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 **11a** 0
- 12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)
- a** 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year.....	12b	
c Enter the amount contributed by the employer to the plan for this plan year	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).....	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....	☐ Yes ☐ No ☐ N/A	

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?	☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐ Yes ☒ No
c 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.)	
13c(1) Name of plan(s):	13c(2) EIN(s)
	13c(3) PN(s)

Part VIII Trust Information (optional)

14a Name of trust	14b Trust's EIN

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

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 NORDCO INC. HOURLY EMPLOYEES' RETIREMENT PLAN	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF NORDCO INC.	D Employer Identification Number (EIN) 39-1569204
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	1859080	
	b Actuarial value	2b	1717315	
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	30	1422821	1422821
	b For terminated vested participants	3	10831	10831
	c For active participants	16	221002	221002
	d Total	49	1654654	1654654
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	6.35%	
6	Target normal cost	6	13980	

Statement by Enrolled Actuary

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

SIGN HERE		09/17/2015
	Signature of actuary	Date
PAMELA K. PORTER	Type or print name of actuary	14-05561
		Most recent enrollment number
AON CONSULTING, INC.	Firm name	312-381-4885
		Telephone number (including area code)
200 E. RANDOLPH ST. CHICAGO, IL 60601	Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>16.16</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.19</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	103.78 %
15 Adjusted funding target attainment percentage	15	103.78 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	90.26 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2014	29157	0			
07/15/2014	25082	0			
10/10/2014	100000	0			
01/15/2015	100000	0			
			Totals ▶	18(b)	254239
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	242087
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
(4) 4th		
0		

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

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	13980	
b Excess assets, if applicable, but not greater than line 31a	31b	13980	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	242087	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	242087	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

Schedule SB Attachment (Form 5500)—2014 Plan Year
 Nordco Inc. Hourly Employees' Pension Plan
 EIN: 39-1569204 PN: 002

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

Attained Age	Number of Participants									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39				1						
40-44				1	1					
45-49				2	1					
50-54				1		1				
55-59				3	3					
60-64				1	1					
65-69										
70+										

N-16

Schedule SB Attachment (Form 5500)—2014 Plan Year
Nordco Inc. Hourly Employees' Pension Plan
EIN: 39-1569204 PN: 002

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

For ERISA Requirements

Interest Rates for Minimum Funding Purposes

Based on segment rates with a four-month lookback (as of September 2013), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA

1st Segment Rate	4.99%
2nd Segment Rate	6.32%
3rd Segment Rate	6.99%

Interest Rates for Maximum Tax Purposes

Based on segment rates with a four-month lookback (as of September 2013), without regard to interest rate stabilization

1st Segment Rate	1.37%
2nd Segment Rate	4.05%
3rd Segment Rate	5.06%

Retirement Age

Active Participants

See Table 1

Terminated Vested Participants

Age 65

Mortality Rates

Healthy

2014 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)

Disabled

Revenue Ruling 96-7 mortality table for disability before January 1, 1995

Withdrawal Rates

See Table 2

Disability Rates

See Table 3

Decrement Timing

Beginning of year decrements

Surviving Spouse Benefit

It is assumed that 95% of males and 95% of females have an eligible spouse, and that males are four years older than their spouses.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Nordco Inc. Hourly Employees' Pension Plan
EIN: 39-1569204 PN: 002

For ERISA Requirements

Benefit Limits

Projected benefits are limited by the current IRC section 415 maximum benefit of \$205,000.

Valuation of Plan Assets

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

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

Expected Return on Assets

2012 Plan Year

7.40%

2013 Plan Year

6.88%, limited to 6.76%

Trust Expenses Included in Target Normal Cost

\$9,150

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2014

Changes in ERISA Methods/Assumptions Since the Prior Year

Method Changes

There have been no method changes in the funding valuation since the prior year.

Assumption Changes

The funding valuation reflects the following assumption changes:

- A change in the interest rate assumption from segment rates as of September 2012 to segment rates as of September 2013, each adjusted as applicable to fall within the 25-year average interest rate corridor under MAP-21 as modified by HATFA.
- A change in the mortality assumption from the 2013 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e) for healthy lives to the 2014 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e) for healthy lives.
- A change in the assumed expenses payable from the trust from \$9,135 to \$9,150.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Nordco Inc. Hourly Employees' Pension Plan
EIN: 39-1569204 PN: 002

Actuarial Assumptions and Methods

Table 1

Retirement Rates

Age	Years of Service	
	0-29	30+
62	0.00%	100.00%
63	0.00%	100.00%
64	0.00%	100.00%
65	100.00%	100.00%

Schedule SB Attachment (Form 5500)—2014 Plan Year
 Nordco Inc. Hourly Employees' Pension Plan
 EIN: 39-1569204 PN: 002

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
15	7.9384%	45	5.1633%
16	7.9384%	46	4.9291%
17	7.9384%	47	4.6643%
18	7.9384%	48	4.3606%
19	7.9384%	49	4.0117%
20	7.9384%	50	3.6161%
21	7.8989%	51	3.1803%
22	7.8587%	52	2.7184%
23	7.8169%	53	2.2489%
24	7.7723%	54	1.7932%
25	7.7242%	55	1.3713%
26	7.6714%	56	0.9995%
27	7.6132%	57	0.6880%
28	7.5484%	58	0.4414%
29	7.4766%	59	0.2580%
30	7.3966%	60	0.1315%
31	7.3077%	61	0.0535%
32	7.2098%	62	0.0137%
33	7.1022%	63	0.0000%
34	6.9851%	64	0.0000%
35	6.8583%	65	0.0000%
36	6.7230%	66	0.0000%
37	6.5800%	67	0.0000%
38	6.4302%	68	0.0000%
39	6.2743%	69	0.0000%
40	6.1129%	70	0.0000%
41	5.9439%	71	0.0000%
42	5.7652%	72	0.0000%
43	5.5766%	73	0.0000%
44	5.3767%	74	0.0000%

Schedule SB Attachment (Form 5500)—2014 Plan Year
 Nordco Inc. Hourly Employees' Pension Plan
 EIN: 39-1569204 PN: 002

Table 3

Disability Rates

Age	Rate	Age	Rate
20	0.079%	50	0.400%
21	0.079%	51	0.445%
22	0.079%	52	0.490%
23	0.079%	53	0.542%
24	0.079%	54	0.600%
25	0.079%	55	0.663%
26	0.079%	56	0.740%
27	0.079%	57	0.820%
28	0.079%	58	0.905%
29	0.079%	59	0.992%
30	0.079%	60	1.090%
31	0.079%	61	1.200%
32	0.079%	62	1.320%
33	0.079%	63	1.480%
34	0.079%	64	1.682%
35	0.079%	65	0.000%
36	0.080%	66	0.000%
37	0.081%	67	0.000%
38	0.091%	68	0.000%
39	0.104%	69	0.000%
40	0.118%	70	0.000%
41	0.133%	71	0.000%
42	0.152%	72	0.000%
43	0.174%	73	0.000%
44	0.201%	74	0.000%
45	0.225%	75	0.000%
46	0.259%	76	0.000%
47	0.290%	77	0.000%
48	0.325%	78	0.000%
49	0.360%	79	0.000%

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

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

A Name of plan <u>Nordco Inc. Hourly Employees' Pension Plan</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>Nordco Inc.</u>	D Employer Identification Number (EIN) <u>39-1569204</u>

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 <u>1</u> Day <u>1</u> Year <u>2014</u>			
2 Assets:			
a Market value	2a	<u>1,859,080</u>	
b Actuarial value	2b	<u>1,717,315</u>	
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.....	<u>30</u>	<u>1,422,821</u>	<u>1,422,821</u>
b For terminated vested participants.....	<u>3</u>	<u>10,831</u>	<u>10,831</u>
c For active participants.....	<u>16</u>	<u>221,002</u>	<u>221,002</u>
d Total.....	<u>49</u>	<u>1,654,654</u>	<u>1,654,654</u>
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	<u>6.35 %</u>	
6 Target normal cost	6	<u>13,980</u>	

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	<u>Pamela K Porter / PKP</u> Signature of actuary	<u>09/17/2015</u> Date
<u>Pamela K. Porter</u> Type or print name of actuary		<u>14-05561</u> Most recent enrollment number
<u>Aon Consulting, Inc.</u> Firm name		<u>(312) 381-4885</u> Telephone number (including area code)
<u>200 E. Randolph St.</u> Address of the firm	<u>IL 60601</u>	

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

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

Schedule SB (Form 5500) 2014
v. 140124

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>16.16%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.1%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	103.78 %
15 Adjusted funding target attainment percentage	15	103.78 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	90.26 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2014	29,157				
07/15/2014	25,082				
10/10/2014	100,000				
01/15/2015	100,000				
Totals ▶			18(b)	254,239	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	242,087

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:			
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....		31a	13,980
b Excess assets, if applicable, but not greater than line 31a		31b	13,980
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		0	0
b Waiver amortization installment.....		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...		34	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36		0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37		242,087
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	242,087
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39		0
40 Unpaid minimum required contributions for all years	40		0

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

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

Schedule SB Attachment (Form 5500)—2014 Plan Year
Nordco Inc. Hourly Employees' Pension Plan
EIN: 39-1569204 PN: 002

Schedule SB, line 19—Discounted Employer Contributions
Year applied for contributions: 2014

Date	Amount	Days to Discount to 1/1/2014 at 6.35%	Interest Adjusted Contribution
July 15, 2014	\$ 25,082	195	\$ 24,270
April 14, 2014	29,157	103	28,655
October 10, 2014	100,000	282	95,355
January 15, 2015	100,000	379	93,807
Total Contribution	\$ 254,239		\$ 242,087

Schedule SB Attachment (Form 5500)—2014 Plan Year
Nordco Inc. Hourly Employees' Pension Plan
EIN: 39-1569204 PN: 002

Schedule SB, line 22—Description of Weighted Average Retirement Age
All active participants are assumed to retire at age 65; Age 62 with 30 years of service.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Nordco Inc. Hourly Employees' Pension Plan
EIN: 39-1569204 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

The following summary describes principal plan provisions assumed in calculating the cost of your pension plan.

General Information

Original Effective Date:	May 4, 1987
Plan Year:	January 1st to December 31st
Employer Fiscal Year	January 1st to December 31st
Employer ID Number:	39-1569204
Plan Number:	002
Plan Administrator's ID Number:	39-1569204

Eligibility

Hourly employees covered by a collective bargaining unit represented by a union under a collective bargaining agreement with the Company will enter on their date of employment with the Company. No new entrants will be permitted to enter the plan after July 2003.

Service

Vesting Service - A participant shall accrue one year of service for each accrual period in which he has 1,000 or more hours of work.

Credited Service - A participant shall receive one year of credited service for each year in which he is credited with 2,080 hours of work. If a participant does not receive a year of credited service, he will receive a partial year equal to a fraction of a year of credited service, the numerator of which is the actual number of hours of work credited (but not less than 1,000 hours except during the participant's last accrual period) and the denominator of which is 2,080.

Credited service for those employee's hired after April 1, 1997 was frozen effective July 2003.

Accrual period - Accrual period means the twelve month consecutive period commencing on the participant's date of employment and each anniversary thereof.

Retirement Dates

Normal Retirement Date- Later of age 65 and the completion of five years of vesting service.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Nordco Inc. Hourly Employees' Pension Plan
EIN: 39-1569204 PN: 002

Early Retirement Date- Earlier of age 60 and 10 years of vesting service or age 55 with 30 years of vesting service.

Disability Retirement Date- Upon disability and completion of 10 years of vesting service.

Normal Retirement Benefit

The excess of (a) over (b);

- (a) The monthly benefit equal to years of credited service multiplied by the appropriate benefit level as shown in the table below:

Benefit Level	Retirement Date on or After
\$22.50	April 1, 1996
\$23.50	April 1, 1997
\$24.00	April 1, 1998
\$24.50	April 1, 1999
\$25.50	April 1, 2000
\$26.50	April 1, 2001
\$32.00	April 1, 2003

- (b) The monthly amount payable to the participant under the prior plan sponsored by Rexnord, Inc. (The monthly benefit equal to \$17.00 multiplied by years of credited service up to May 4, 1987).

Benefit accruals for those participants hired after April 1, 1997 were frozen July 2003.

Accrued Benefit

The Accrued Benefit at any time prior to a participant's Normal Retirement Date shall be the Normal Retirement Benefit calculated using average compensation and Credited Service as of the accrual date.

Early Retirement Benefit

The Normal Retirement Benefit, computed as of the early retirement date but reduced by 1/2% per month for each month that commencement precedes the first day of the month coincident with or next following his 62nd birthday. No reduction is made for commencement dates after age 55 and 30 years of vesting service.

Disability Retirement Benefit

The Normal Retirement Benefit, computed as of the disability date using a minimum of 20 years of credited service. Benefits commence immediately with no reduction.

Lump Sum Initial Retirement Benefit

Each participant who is eligible to receive a normal or early retirement benefit and who was an active or laid-off employee on May 1, 1984 shall receive, in lieu of the first three monthly retirement benefit payments, a lump sum equal to 13 weeks of vacation pay and shall be paid on the date he otherwise would have received his first monthly retirement benefit.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Nordco Inc. Hourly Employees' Pension Plan
EIN: 39-1569204 PN: 002

Death Benefit

The monthly benefit commencing the month after the participant's death, equal to the greater of (a), (b), and (c) below:

- (a) The benefit provided under the Qualified Joint and Survivor Annuity as if the participant had retired on his date of death.
- (b) \$200
- (c) 40% of the monthly accrued benefit which the participant would have been entitled to receive based on the benefit rate in effect and credited service on the date of his death assuming he had attained age 65 on that date. If the spouse's age is more than five years less than the participant's, the benefit will be actuarially reduced.

The month after the participant would have attained his earliest retirement age, the benefit shall recommence to be paid to the spouse based on credited service accrued as of the date of death and assuming the participant had survived to his earliest retirement age.

Severance Benefit

Upon the termination of employment after 5 or more Years of Service a participant shall have a vested interest in his Accrued Benefit which will be payable at Normal Retirement Date. The percentage vested shall be:

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

In the event that a participant has met the service requirements for Early Retirement at the date of termination, he may elect to receive his vested interest at age 55. Such benefit will be reduced as described under Early Retirement Benefit.

Normal Form of Payment

The Normal Form of Payment is an annuity paid in monthly installments for life.

Optional Methods of Settlement

All Optional Methods of Settlement are actuarially equivalent to the Normal Form of Payment. If a married participant does not elect the Normal Form of Payment or does not elect one of the Optional Methods of Settlement described below, then the participant's Retirement Benefit shall automatically be paid under the first option listed below. The options are:

Schedule SB Attachment (Form 5500)—2014 Plan Year
Nordco Inc. Hourly Employees' Pension Plan
EIN: 39-1569204 PN: 002

- A reduced benefit to be paid during the participant's lifetime with one-half of the reduced benefit to be continued to his spouse for her lifetime after his death.
- A reduced benefit to be paid during the participant's lifetime with 3/4th of the reduced benefit to be continued to his spouse for her lifetime after his death.
- A reduced benefit to be paid during the participant's lifetime with the same reduced benefit to be continued to his spouse for her lifetime after his death.
- A reduced benefit to be paid for 120-Months Certain and thereafter for life.

Amendment or Termination of Plan

The Employer reserves the right to amend or terminate the Plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the Plan if the Employer fails to meet the minimum funding standards or is unable to pay benefits when due.

If the Plan is terminated, the Plan assets will be distributed among the Plan participants based upon a priority allocation procedure, and the Employer shall be liable for any unfunded vested benefits to the extent required by law.

Parties to the Plan

This is a single Plan covering the employees of these Companies subject to the eligibility rules outlined above. Trust Fund assets are available to pay plan benefits for participants employed by any one of these Companies.

Additional Information

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

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

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