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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><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089               |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                    | <b>2014</b>                                   |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                    | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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> |                                                                                                                                                                                                                                                                                                                                                 |
| <b>A</b> 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>B</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).                                                                                                       |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                        |
| <b>D</b> 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<br><u>AMANDA BENT BOLT COMPANY HOURLY RATED EMPLOYEES' PENSION PLAN</u>                                                                                                                                           | <b>1b</b> Three-digit plan number (PN) ▶ <u>002</u><br><b>1c</b> Effective date of plan<br><u>12/31/1962</u>                                                                                           |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><u>AMANDA BENT BOLT COMPANY</u><br><br><u>P.O. BOX 1027</u><br><u>1120 CIC DRIVE</u><br><u>LOGAN, OH 43138-4027</u> | <b>2b</b> Employer Identification Number (EIN)<br><u>31-0928132</u><br><b>2c</b> Plan Sponsor's telephone number<br><u>740-385-6893</u><br><b>2d</b> Business code (see instructions)<br><u>332700</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> | <u>10/15/2015</u> | <u>ROBERT GRUSCHOW</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)                       |
|                                                                                                            |                                                          |                   |                                                              |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                                                            |
| <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:<br><b>a</b> Sponsor's name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>5</b> 192                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <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> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits.....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b> 163<br><b>6a(2)</b> 95<br><b>6b</b> 3<br><b>6c</b> 28<br><b>6d</b> 126<br><b>6e</b> 1<br><b>6f</b> 127<br><b>6g</b><br><b>6h</b> 1                                                                                                                                                                                                                                                                                                                                                                                             |
| <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>1B<br><br><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)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <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><br><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br><b>(3)</b> <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>b General Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br><b>(3)</b> <input type="checkbox"/> <b>A</b> (Insurance Information)<br><b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <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> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

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/>AMANDA BENT BOLT COMPANY HOURLY RATED EMPLOYEES' PENSION PLAN</div>               | <div>B Three-digit plan number (PN) 002</div>                    |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br/>AMANDA BENT BOLT COMPANY</div> | <div>D Employer Identification Number (EIN)<br/>31-0928132</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                         | 2748502                   |                          |
|   | b Actuarial value                                                                                                                                                                                  | 2b                         | 2748502                   |                          |
| 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                                                                                                                                     | 5                          | 138624                    | 138624                   |
|   | b For terminated vested participants                                                                                                                                                               | 24                         | 445483                    | 445483                   |
|   | c For active participants                                                                                                                                                                          | 163                        | 1923329                   | 2159897                  |
|   | d Total                                                                                                                                                                                            | 192                        | 2507436                   | 2744004                  |
| 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                          | 6.32%                     |                          |
| 6 | Target normal cost                                                                                                                                                                                 | 6                          | 170650                    |                          |

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>Signature of actuary</div> <div>ANDREW BEHNKE, MSPA, MAAA</div> <div>Type or print name of actuary</div> <div>MIDWEST PENSION ACTUARIES, INC.</div> <div>Firm name</div> <div>30680 TWELVE MILE ROAD<br/>FARMINGTON HILLS, MI 48334-3808</div> <div>Address of the firm</div> | <div>03/23/2015</div> <div>Date</div> <div>14-07643</div> <div>Most recent enrollment number</div> <div>248-539-5000</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 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                     | 0                      |
| <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                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>3.00</u> % .....                                                                                 | 0                     | 0                      |
| <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) .....                                                                                      |                       | 106025                 |
| <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>6.25</u> % ..... |                       | 6627                   |
| <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 .....                                                                        |                       | 112652                 |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <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                     | 0                      |

| <b>Part III Funding Percentages</b>                                                                                                                                        |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 100.16 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 97.22 %  |
| <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> | 81.15 %  |
| <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 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 | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 04/16/2014                                                                               | 121360                            | 0                               |                          |                                   |                                 |
| 07/15/2014                                                                               | 121361                            | 0                               |                          |                                   |                                 |
| 10/23/2014                                                                               | 121360                            | 0                               |                          |                                   |                                 |
| 01/03/2015                                                                               | 121361                            | 0                               |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 | <b>Totals ▶</b>          | <b>18(b)</b>                      | 485442                          |
|                                                                                          |                                   |                                 |                          | <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> | 466290  |
| <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 checked="" type="checkbox"/> Yes <input 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> 65                                        |
| <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 checked="" type="checkbox"/> Yes <input 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>                                                                                                                                                                                                                                                                                                                   | 170650            |                    |  |                     |             |                                                      |   |   |                                                |   |   |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>                                                                                                                                                                                                                                                                                                                   | 4498              |                    |  |                     |             |                                                      |   |   |                                                |   |   |
| <b>32</b> Amortization installments:                                                                                                                                                 | <table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td><b>a</b> Net shortfall amortization installment.....</td> <td>0</td> <td>0</td> </tr> <tr> <td><b>b</b> Waiver amortization installment .....</td> <td>0</td> <td>0</td> </tr> </tbody> </table> |                   |                    |  | Outstanding Balance | Installment | <b>a</b> Net shortfall amortization installment..... | 0 | 0 | <b>b</b> Waiver amortization installment ..... | 0 | 0 |
|                                                                                                                                                                                      | Outstanding Balance                                                                                                                                                                                                                                                                                                          | Installment       |                    |  |                     |             |                                                      |   |   |                                                |   |   |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                 | 0                                                                                                                                                                                                                                                                                                                            | 0                 |                    |  |                     |             |                                                      |   |   |                                                |   |   |
| <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>                                                                                                                                                                                                                                                                                                                    |                   |                    |  |                     |             |                                                      |   |   |                                                |   |   |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..                                                            | <b>34</b>                                                                                                                                                                                                                                                                                                                    | 166152            |                    |  |                     |             |                                                      |   |   |                                                |   |   |
|                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                              | Carryover balance | Prefunding balance |  |                     |             |                                                      |   |   |                                                |   |   |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                |                                                                                                                                                                                                                                                                                                                              |                   | 0                  |  |                     |             |                                                      |   |   |                                                |   |   |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>                                                                                                                                                                                                                                                                                                                    | 166152            |                    |  |                     |             |                                                      |   |   |                                                |   |   |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>                                                                                                                                                                                                                                                                                                                    | 466290            |                    |  |                     |             |                                                      |   |   |                                                |   |   |
| <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>                                                                                                                                                                                                                                                                                                                   | 300138            |                    |  |                     |             |                                                      |   |   |                                                |   |   |
| <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>                                                                                                               |  |  |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <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>AMANDA BENT BOLT COMPANY HOURLY RATED EMPLOYEES' PENSION PLAN</u>    | <b>B</b> Three-digit plan number (PN) ▶ <u>002</u>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>AMANDA BENT BOLT COMPANY</u> | <b>D</b> Employer Identification Number (EIN)<br><u>31-0928132</u> |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

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

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</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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**(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)

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| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 18 51 52 71 60         | NONE                                                                                              | 0                                                                      | 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"/>                                     |

**(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><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <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> | <small>OMB No. 1210-0110</small><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>AMANDA BENT BOLT COMPANY HOURLY RATED EMPLOYEES' PENSION PLAN</u>                                                                                                                                                                            |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> <u>002</u>                    |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>AMANDA BENT BOLT COMPANY</u>                                                                                                                                                                         |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><u>31-0928132</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. |                               |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | (a) Beginning of Year | (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>                  | 121361                | 121361          |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>                  | 4155                  | 2711            |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>                  | 209632                | 491021          |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  | 112051                | 70323           |
| <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>               | 179150                | 112430          |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b>               | 733699                | 807394          |
| <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>                 | 1547982               | 1681929         |
| <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>    | 2908030               | 3287169         |

**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> | 14429 | 19236 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 14429 | 19236 |

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 2893601 | 3267933 |
|-----------------------------------------------------------|-----------|---------|---------|

**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> | 485441     |           |
| <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>    |            | 485441    |
| <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> | 4309       |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <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> |            | 4309      |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 108698     |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 108698    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <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> |            | 0         |
| (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> | -16990     |           |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....      | <b>2b(5)(C)</b> |            | -16990    |

|                                                                                                 |        | (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) |            | -7597     |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 573861    |

**Expenses**

|                                                                                      |       |        |        |
|--------------------------------------------------------------------------------------|-------|--------|--------|
| e Benefit payment and payments to provide benefits:                                  |       |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 167836 |        |
| (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) |        | 167836 |
| 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) | 181    |        |
| (2) Contract administrator fees .....                                                | 2i(2) |        |        |
| (3) Investment advisory and management fees .....                                    | 2i(3) | 31512  |        |
| (4) Other .....                                                                      | 2i(4) |        |        |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) |        | 31693  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |        | 199529 |

**Net Income and Reconciliation**

|                                                          |       |  |        |
|----------------------------------------------------------|-------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 374332 |
| 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: SKILLMAN GROUP, PLC

(2) EIN: 38-3269666

**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   |    | 1000000 |
| <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.) .....                                                                                                  |     | X  |         |
| <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>AMANDA BENT BOLT COMPANY HOURLY RATED EMPLOYEES' PENSION PLAN                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                 |  | B Three-digit plan number (PN) ▶                                                                | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>AMANDA BENT BOLT COMPANY                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                 |  | D Employer Identification Number (EIN)<br>31-0928132                                            |     |
| Part I Distributions                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                 |  | 1                                                                                               | 0   |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): _____<br><br>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                                                                                               | 3   |
| Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 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<br>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 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): \_\_\_\_\_

**Amanda Bent Bolt Company Hourly  
Rated Employees' Pension Plan**

**Annual Report**  
**Years Ended December 31, 2014 and 2013**



**Amanda Bent Bolt Company Hourly Rated Employees'  
Pension Plan**

**Annual Report  
Years Ended December 31, 2014 and 2013**



# **Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan**

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## **Independent Auditor's Report**

To the Plan Administrator  
Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan  
Logan, Ohio

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

We were engaged to audit the accompanying financial statements of Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan, which comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

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

### **Auditor's Responsibility**

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

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

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Reliance Trust, 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 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**

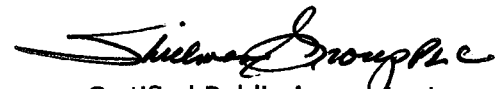
Because of the significance of matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

### **Other Matter**

The supplemental schedules of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4j - Schedule of Reportable Transactions as of December 31, 2014, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

### **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.

  
Certified Public Accountants

October 14, 2015



# Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

## Statements of Net Assets Available for Benefits

| <i>December 31,</i>                      | <b>2014</b>         | <b>2013</b>         |
|------------------------------------------|---------------------|---------------------|
| <b>Assets</b>                            |                     |                     |
| <b>Investments - at fair value</b>       |                     |                     |
| Mutual funds                             | \$ 1,681,929        | \$ 1,547,982        |
| Corporate stock                          | 919,824             | 912,849             |
| U.S. government securities               | 70,323              | 112,051             |
| <b>Total Investments</b>                 | <b>2,672,076</b>    | <b>2,572,882</b>    |
| <b>Receivables</b>                       |                     |                     |
| Employer receivable                      | 121,361             | 121,361             |
| Due from broker                          | 2,711               | 4,155               |
| <b>Total Receivables</b>                 | <b>124,072</b>      | <b>125,516</b>      |
| <b>Cash and Cash Equivalents</b>         | <b>491,021</b>      | <b>209,632</b>      |
| <b>Total Assets</b>                      | <b>3,287,169</b>    | <b>2,908,030</b>    |
| <b>Liabilities</b>                       |                     |                     |
| Accrued Expenses                         | 19,236              | 14,429              |
| <b>Net Assets Available for Benefits</b> | <b>\$ 3,267,933</b> | <b>\$ 2,893,601</b> |

*See accompanying independent auditor's report and notes to financial statements.*



# Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

## Statements of Changes in Net Assets Available for Benefits

| <i>Year Ended December 31,</i>                            | <b>2014</b>    | 2013         |
|-----------------------------------------------------------|----------------|--------------|
| <b>Additions to Net Assets</b>                            |                |              |
| <b>Investment Income</b>                                  |                |              |
| Net (depreciation) appreciation fair value of investments | \$ (24,587)    | \$ 260,243   |
| Dividend income                                           | 108,698        | 66,313       |
| Interest                                                  | 4,309          | 7,195        |
| <b>Total Investment Income</b>                            | <b>88,420</b>  | 333,751      |
| <b>Contributions</b>                                      |                |              |
| Employer                                                  | 485,441        | 485,441      |
| <b>Total Additions to Net Assets</b>                      | <b>573,861</b> | 819,192      |
| <b>Deductions from Net Assets</b>                         |                |              |
| Benefits paid to participants and beneficiaries           | 167,836        | 162,354      |
| Fees                                                      | 31,693         | 33,681       |
| <b>Total Deductions from Net Assets</b>                   | <b>199,529</b> | 196,035      |
| <b>Net Increase in Net Assets Available for Benefits</b>  | <b>374,332</b> | 623,157      |
| <b>Net Assets Available for Benefits</b>                  |                |              |
| Beginning of year                                         | 2,893,601      | 2,270,444    |
| End of year                                               | \$ 3,267,933   | \$ 2,893,601 |

*See accompanying independent auditor's report and notes to financial statements.*



# Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

## Statements of Accumulated Plan Benefits

| <i>December 31,</i>                                                          | <b>2014</b>         | 2013         |
|------------------------------------------------------------------------------|---------------------|--------------|
| Actuarial present value of accumulated plan benefits                         |                     |              |
| Vested Benefits                                                              |                     |              |
| Active participants                                                          | \$ 2,927,593        | \$ 2,301,431 |
| Benefits in pay status                                                       | 370,050             | 253,837      |
| Deferred vested benefits                                                     | 469,709             | 312,953      |
| Total Vested Benefits                                                        | <b>3,767,352</b>    | 2,868,221    |
| Nonvested benefits                                                           | <b>79,069</b>       | 349,403      |
| Total actuarial present value of accumulated plan benefits at<br>end of year | <b>\$ 3,846,421</b> | \$ 3,217,624 |

*See accompanying independent auditor's report and notes to financial statements.*



# Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

## Statements of Changes in Accumulated Plan Benefits

| <i>Year Ended December 31,</i>                                            | <b>2014</b>         | <b>2013</b>  |
|---------------------------------------------------------------------------|---------------------|--------------|
| Actuarial present value of accumulated plan benefits at beginning of year | <b>\$ 3,217,624</b> | \$ 3,160,490 |
| Increase (decrease) during the year attributable to:                      |                     |              |
| Increase due to passage of time                                           | <b>162,812</b>      | 159,921      |
| Additional benefits accrued and experience loss/(gain)                    | <b>246,483</b>      | (308,997)    |
| Increase due to change in actuarial assumptions                           | <b>387,338</b>      | 368,564      |
| Benefit payments                                                          | <b>(167,836)</b>    | (162,354)    |
| Actuarial present value of accumulated plan benefits at end of year       | <b>\$ 3,846,421</b> | \$ 3,217,624 |

*See accompanying independent auditor's report and notes to financial statements.*



# **Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan**

## **Notes to Financial Statements**

### **1. Description of the Plan**

The following brief description of the Amanda Bent Bolt Company (the "Company") Hourly Rated Employees' Pension Plan ("the Plan") is provided for general purposes only. The provisions of this Plan shall apply only to an employee who terminates employment on or after the Effective Date, January 1, 2003. The rights and benefits, if any, or a former employee shall be determined in accordance with the prior provisions of the Plan in effect on the date employment terminated. Participants should refer to the Plan agreement for more complete information.

#### **General**

The Plan is a defined benefit pension plan whose purpose is to provide retirement benefits for all eligible union employees of the Company. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

#### **Participation**

Employees who are hired prior to March 10, 2011 are eligible to participate on the first day of the next Plan year after their hire date (January 1st).

#### **Pension Benefits**

Employees with five or more years of service are entitled to annual pension benefits beginning at normal retirement age (65). The plan allows for early retirement at ages 55 - 65 for a participant, or a vested participant who has completed at least five years of service with such benefits reduced as defined in the plan's provisions. If an employee terminates before rendering five years of service, they forfeit the right to receive any benefits.

Each participant shall have a nonforfeitable right to receive a normal pension plan commencing on the first day of the calendar month first following his/her normal retirement date and payable thereafter for his/her lifetime in an amount equal to the sum of (A) below for participants retiring after the effective date in (B) below multiplied by the number of years and fractional parts of years of credited service.



# Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

## Notes to Financial Statements

### 1. Description of the Plan (continued)

#### Pension Benefits - continued

| (A)<br>Dollar Amount | (B)<br>Effective Date |
|----------------------|-----------------------|
| \$33.00              | March 10, 2009        |
| \$34.00              | March 10, 2010        |
| \$34.00              | March 10, 2011        |
| \$34.25              | March 10, 2012        |
| \$34.50              | March 10, 2013        |
| \$35.00              | March 10, 2014        |

#### Death and Disability Benefits

In an event of the death of a participant who has a nonforfeitable accrued benefit, a death benefit equal to the actuarial equivalent of such accrued benefit as of the date of the participant's death shall be payable in accordance with the Plan's document. A participant who has completed at least five years of service may retire or be retired on the first day of any calendar month prior to his normal retirement date provided he has become totally and permanently disabled as defined in the Plan's document. The amount of retirement benefit shall be an immediate benefit equal to the participant's accrued benefit computed as of the effective date of the disability. If the participant is denied disability insurance benefits under Title II of the Federal Social Security Act, the amount of his disability retirement benefit payments as calculated above shall be increased by 100% until they attain age 62.

#### Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The Company made contributions of \$485,441 during 2014 and 2013. The Company's contributions for 2014 and 2013 exceeded the minimum funding requirements of ERISA.



# **Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan**

## **Notes to Financial Statements**

### **2. Summary of Significant Accounting Policies**

#### **Basis of Accounting**

The financial statements of the Plan are prepared on the accrual basis of accounting.

#### **Use of Estimates**

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

#### **Investment Valuation and Income Recognition**

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for a discussion of fair value measurements.

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 bought and sold as well as held during the year.

#### **Payment of Benefits**

Benefit payments to participants are recorded upon distribution.

#### **Administrative Expenses**

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits.



# Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

## Notes to Financial Statements

### 3. Actuary Information

#### Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. 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 the employees projected monthly retirement income at normal retirement date, based on monthly plan compensation and credited service at the date of computation. 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.

The actuarial present value of accumulated plan benefits is determined by an actuary from Midwest Pension Actuaries, Inc. and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The effect of plan amendments on accumulated plan benefits is recognized during the year in which such amendments are adopted.

The significant actuarial assumptions used in determining accumulated plan benefits as of December 31, 2014, are as follows:

#### Funding Interest Rate:

Segment Rates with a 3-Month Lookback

| Segment | Rate  |
|---------|-------|
| 1       | 1.37% |
| 2       | 4.05% |
| 3       | 5.06% |



# Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

## Notes to Financial Statements

### 3. Actuary Information (continued)

**Mortality:** IRS 2014 Static Mortality Table

**Assumed Retirement Age:**

Retirement Rates are as follows:

| Age   | Retirement<br>Rate |
|-------|--------------------|
| 55-59 | 2%                 |
| 60    | 10%                |
| 61    | 15%                |
| 62    | 25%                |
| 63    | 15%                |
| 64    | 20%                |
| 65    | 100%               |

### Funding Rate - continued

Participants eligible for unreduced retirement benefits are assumed to retire at the rate of 50% per year before the age of 65, and 100% per year at age 65 and later.

### Form of Payment

All active employee benefits are assumed to be paid in the form of a lump sum payment, calculated using an assumed PBGC immediate interest rate of 1.24% / 4.47% / 5.52% and the IRS 2014 Applicable Mortality Table.



# Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

## Notes to Financial Statements

### 4. Investments

The following table represents investments that represent five percent or more of the Plan's net assets.

| <i>December 31,</i>      | <b>2014</b>       | <b>2013</b> |
|--------------------------|-------------------|-------------|
| <b>Description</b>       |                   |             |
| Loomis Sayles Bond Instl | \$ <b>231,556</b> | \$ 221,291  |
| Vanguard Large-Cap (EFT) | <b>187,081</b>    | 189,952     |

During 2014 and 2013, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) (depreciated) / appreciated in value by (\$24,587) and \$260,243, respectively as follows:

| <i>December 31,</i>        | <b>2014</b>        | <b>2013</b> |
|----------------------------|--------------------|-------------|
| <b>Description</b>         |                    |             |
| Mutual Funds               | \$ <b>(68,969)</b> | \$ 103,660  |
| Corporate Stock            | <b>38,229</b>      | 166,442     |
| U.S. Government Securities | <b>6,153</b>       | (9,859)     |
|                            | <b>\$ (24,587)</b> | \$ 260,243  |

### 5. Fair Value Measurements

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



# **Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan**

## **Notes to Financial Statements**

### **5. Fair Value Measurements** (continued)

#### **Level 1 Fair Value Measurements**

Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date.

Common Stocks, Preferred Stocks and U.S. Government Securities

Valued at the composite closing price as reported on the active market on which the individual securities are traded.

Mutual Funds

Valued using the Net Asset Value (NAV) of shares held by the plan at year-end. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is quoted in an active market.

#### **Level 2 Fair Value Measurements**

Inputs to the valuation methodology are other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value can be determined through the use of models or other valuation methodologies.

#### **Level 3 Fair Value Measurements**

Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.



# Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

## Notes to Financial Statements

### 5. Fair Value Measurements (continued)

The tables below segregates all financial assets as of December 31, 2014 and 2013 that are measured at fair value on a recurring basis (at least annually) into the most appropriate level within the fair value hierarchy based on inputs used to determine the fair value at the measurement date.

| Description                      | 12/31/2014          | Fair Value Measurements Using |                   |                     |
|----------------------------------|---------------------|-------------------------------|-------------------|---------------------|
|                                  |                     | Quoted Prices In              | Significant       |                     |
|                                  |                     | Active Markets                | Other             | Significant         |
|                                  |                     | for Identical Assets          | Observable Inputs | Unobservable Inputs |
|                                  |                     | (Level 1)                     | (Level 2)         | (Level 3)           |
| <b>Mutual Funds</b>              |                     |                               |                   |                     |
| Equity Funds                     | \$ 1,068,125        | \$ 1,068,125                  | \$ -              | \$ -                |
| Fixed Income Funds               | 613,804             | 613,804                       | -                 | -                   |
| <b>Total Mutual Funds</b>        | <b>1,681,929</b>    | <b>1,681,929</b>              | <b>-</b>          | <b>-</b>            |
| <b>Corporate Stock</b>           |                     |                               |                   |                     |
| Services                         | 171,944             | 171,944                       | -                 | -                   |
| Financial Services               | 145,698             | 145,698                       | -                 | -                   |
| Foreign                          | 137,019             | 137,019                       | -                 | -                   |
| Technology                       | 136,349             | 136,349                       | -                 | -                   |
| Preferred                        | 112,430             | 112,430                       | -                 | -                   |
| Healthcare                       | 68,701              | 68,701                        | -                 | -                   |
| Basic Materials                  | 48,824              | 48,824                        | -                 | -                   |
| Consumer Goods                   | 39,848              | 39,848                        | -                 | -                   |
| Industrial Goods                 | 30,817              | 30,817                        | -                 | -                   |
| Utilities                        | 20,394              | 20,394                        | -                 | -                   |
| Conglomerates                    | 7,800               | 7,800                         | -                 | -                   |
| <b>Total Corporate Stock</b>     | <b>919,824</b>      | <b>919,824</b>                | <b>-</b>          | <b>-</b>            |
| <b>U.S Government Securities</b> | <b>70,323</b>       | <b>70,323</b>                 | <b>-</b>          | <b>-</b>            |
| <b>Total</b>                     | <b>\$ 2,672,076</b> | <b>\$ 2,672,076</b>           | <b>\$ -</b>       | <b>\$ -</b>         |



# Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

## Notes to Financial Statements

### 5. Fair Value Measurements (continued)

| Description                          | 12/31/2013          | Fair Value<br>Measurements Using                                           |                                                           |                                                    |
|--------------------------------------|---------------------|----------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|
|                                      |                     | Quoted Prices In<br>Active Markets<br>for Identical<br>Assets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |
| <b>Mutual Funds</b>                  |                     |                                                                            |                                                           |                                                    |
| Equity Funds                         | \$ 901,968          | \$ 901,968                                                                 | \$ -                                                      | \$ -                                               |
| Fixed Income Funds                   | 646,014             | 646,014                                                                    | -                                                         | -                                                  |
| <b>Total Mutual Funds</b>            | <b>1,547,982</b>    | <b>1,547,982</b>                                                           | <b>-</b>                                                  | <b>-</b>                                           |
| <b>Corporate Stock</b>               |                     |                                                                            |                                                           |                                                    |
| Preferred                            | 179,150             | 179,150                                                                    | -                                                         | -                                                  |
| Financial Services                   | 118,479             | 118,479                                                                    | -                                                         | -                                                  |
| Technology                           | 113,749             | 113,749                                                                    | -                                                         | -                                                  |
| Services                             | 111,452             | 111,452                                                                    | -                                                         | -                                                  |
| Foreign                              | 110,821             | 110,821                                                                    | -                                                         | -                                                  |
| Basic Materials                      | 77,498              | 77,498                                                                     | -                                                         | -                                                  |
| Healthcare                           | 74,578              | 74,578                                                                     | -                                                         | -                                                  |
| Consumer Goods                       | 50,196              | 50,196                                                                     | -                                                         | -                                                  |
| Industrial Goods                     | 41,678              | 41,678                                                                     | -                                                         | -                                                  |
| Conglomerates                        | 19,793              | 19,793                                                                     | -                                                         | -                                                  |
| Utilities                            | 11,465              | 11,465                                                                     | -                                                         | -                                                  |
| Other                                | 3,990               | 3,990                                                                      | -                                                         | -                                                  |
| <b>Total Corporate<br/>Stock</b>     | <b>912,849</b>      | <b>912,849</b>                                                             | <b>-</b>                                                  | <b>-</b>                                           |
| <b>U.S Government<br/>Securities</b> | <b>112,051</b>      | <b>112,051</b>                                                             | <b>-</b>                                                  | <b>-</b>                                           |
| <b>Total</b>                         | <b>\$ 2,572,882</b> | <b>\$ 2,572,882</b>                                                        | <b>\$ -</b>                                               | <b>\$ -</b>                                        |

There have been no changes in the methodologies used at December 31, 2014 and 2013.



# Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

## Notes to Financial Statements

### 6. Information Certified by the Plan's Custodians

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee has certified that the following data included in the accompanying financial statements and supplemental material is complete and accurate.

| <i>December 31,</i>                                          | <b>2014</b>         | 2013         |
|--------------------------------------------------------------|---------------------|--------------|
| <b>Description</b>                                           |                     |              |
| Mutual Funds, at fair value                                  | <b>\$ 1,681,929</b> | \$ 1,547,982 |
| Corporate Stock, at fair value                               | <b>919,824</b>      | 912,849      |
| U.S. Government Securities, at fair value                    | <b>70,323</b>       | 112,051      |
| Net (Depreciation)/Appreciation in Fair Value of Investments | <b>(24,587)</b>     | 260,243      |
| Dividends                                                    | <b>108,698</b>      | 66,313       |
| Interest                                                     | <b>4,309</b>        | 7,195        |

### 7. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

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



# Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

## Notes to Financial Statements

### 8. Union Agreement Amendment

In March 2011 Amanda Bent Bolt Company and the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America, Local 1549, signed a new agreement. Under this agreement, a 401k plan replaced the defined pension plan for all employees hired after March 10, 2011. Future pension plan benefits under this new agreement is as follows:

| <u>Dollar<br/>Amount</u> | <u>Effective<br/>Date</u> |
|--------------------------|---------------------------|
| \$34.00                  | March 10, 2011            |
| \$34.25                  | March 10, 2012            |
| \$34.50                  | March 10, 2013            |
| \$35.00                  | March 10, 2014            |

### 9. Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated June 28, 2012, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC).

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan years 2006, 2007, 2008 and 2009 were under Department of Labor audit and on September 26, 2011 the Plan received notice from the Department of Labor that as a result of the corrective actions taken by the plan, no further action will be taken by the Department of Labor. As a result, the plan administrator believes it is no longer subject to income tax examinations for the years prior to 2009.

### 10. Party In Interest Transactions

As described in Note 1, the Plan paid certain expenses related to plan operations totaling \$31,693 and \$33,681 for the year ended December 31, 2014 and 2013, respectively. These transactions are party in interest transactions under ERISA.



# **Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan**

## **Notes to Financial Statements**

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### **11. Plan Termination**

Although it has not expressed any intent to do so, the Plan may be terminated by action of the Board of Directors of the Employer or by the Pension Benefit Guaranty Corporation in accordance with the provisions of ERISA. In either event, all accrued benefits as of the date of termination shall become fully vested and nonforfeitable. If the Plan is fully funded, the Trustees shall first deduct its reasonable expenses and compensation for the administration of the Plan, and other remaining expenses to other parties. The remainder of the assets of the Plan shall be liquidated and allocated among active participants, pensioners and former participants and their beneficiaries and spouses, as described in the Plan document. If the plan terminated under distressed termination, the assets would be distributed under the guidelines established by the Pension Benefit Guaranty Corporation (PBGC).

Certain benefits under the plan are insured by the PBGC if the plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the plan, and the amount of benefit protection is subject to certain limitations.

### **12. ERISA Bond Requirement**

The Employee Retirement Income Security Act of 1974 (ERISA) requires that every person who handles funds or other property of the Plan be bonded. The bond coverage is to be determined by the balance of the total plan assets, and is required to be at least equal to the lesser of 10% of the Plan's assets at the beginning of the plan year or \$500,000. At December 31, 2014 and 2013, the Plan's sponsor maintained bond coverage in the amount of \$1,000,000.

### **13. Date of Management's Review**

The Company has evaluated all events subsequent to the balance sheet date of December 31, 2014 through October 14, 2015, the date the accompany financial statements and supplemental schedules were available to be issued, and determined there were no subsequent events requiring additional disclosure.



## Schedule SB, line 26 - Schedule of Active Participant Data

## YEARS OF CREDITED SERVICE

| Attained Age | Under 1 |           | 1 To 4 |           | 5 To 9 |           | 10 To 14 |           | 15 To 19 |           | 20 To 24 |           | 25 To 29 |           | 30 To 34 |           | 35 To 39 |           | 40 & Up |           |
|--------------|---------|-----------|--------|-----------|--------|-----------|----------|-----------|----------|-----------|----------|-----------|----------|-----------|----------|-----------|----------|-----------|---------|-----------|
|              | No.     | Avg. Comp | No.    | Avg. Comp | No.    | Avg. Comp | No.      | Avg. Comp | No.      | Avg. Comp | No.      | Avg. Comp | No.      | Avg. Comp | No.      | Avg. Comp | No.      | Avg. Comp | No.     | Avg. Comp |
|              |         |           |        |           |        |           |          |           |          |           |          |           |          |           |          |           |          |           |         |           |
| Under 25     | 0       | 0         | 6      | 0         | 0      | 0         | 0        | 0         | 0        | 0         | 0        | 0         | 0        | 0         | 0        | 0         | 0        | 0         | 0       | 0         |
|              |         |           |        |           |        |           |          |           |          |           |          |           |          |           |          |           |          |           |         |           |
| 25 to 29     | 0       | 0         | 20     | 0         | 1      | 0         | 0        | 0         | 0        | 0         | 0        | 0         | 0        | 0         | 0        | 0         | 0        | 0         | 0       | 0         |
|              |         |           |        |           |        |           |          |           |          |           |          |           |          |           |          |           |          |           |         |           |
| 30 to 34     | 1       | 0         | 8      | 0         | 2      | 0         | 1        | 0         | 1        | 0         | 0        | 0         | 0        | 0         | 0        | 0         | 0        | 0         | 0       | 0         |
|              |         |           |        |           |        |           |          |           |          |           |          |           |          |           |          |           |          |           |         |           |
| 35 to 39     | 0       | 0         | 6      | 0         | 0      | 0         | 2        | 0         | 0        | 0         | 0        | 0         | 0        | 0         | 0        | 0         | 0        | 0         | 0       | 0         |
|              |         |           |        |           |        |           |          |           |          |           |          |           |          |           |          |           |          |           |         |           |
| 40 to 44     | 1       | 0         | 4      | 0         | 0      | 0         | 0        | 0         | 5        | 0         | 2        | 0         | 0        | 0         | 0        | 0         | 0        | 0         | 0       | 0         |
|              |         |           |        |           |        |           |          |           |          |           |          |           |          |           |          |           |          |           |         |           |
| 45 to 49     | 0       | 0         | 10     | 0         | 0      | 0         | 2        | 0         | 2        | 0         | 1        | 0         | 2        | 0         | 0        | 0         | 0        | 0         | 0       | 0         |
|              |         |           |        |           |        |           |          |           |          |           |          |           |          |           |          |           |          |           |         |           |
| 50 to 54     | 1       | 0         | 4      | 0         | 1      | 0         | 0        | 0         | 0        | 0         | 2        | 0         | 1        | 0         | 1        | 0         | 0        | 0         | 0       | 0         |
|              |         |           |        |           |        |           |          |           |          |           |          |           |          |           |          |           |          |           |         |           |
| 55 to 59     | 1       | 0         | 5      | 0         | 0      | 0         | 0        | 0         | 1        | 0         | 4        | 0         | 2        | 0         | 2        | 0         | 2        | 0         | 3       | 0         |
|              |         |           |        |           |        |           |          |           |          |           |          |           |          |           |          |           |          |           |         |           |
| 60 to 64     | 1       | 0         | 1      | 0         | 0      | 0         | 1        | 0         | 0        | 0         | 1        | 0         | 1        | 0         | 0        | 0         | 0        | 0         | 0       | 0         |
|              |         |           |        |           |        |           |          |           |          |           |          |           |          |           |          |           |          |           |         |           |
| 65 to 69     | 0       | 0         | 0      | 0         | 0      | 0         | 0        | 0         | 0        | 0         | 0        | 0         | 0        | 0         | 0        | 0         | 0        | 0         | 0       | 0         |
|              |         |           |        |           |        |           |          |           |          |           |          |           |          |           |          |           |          |           |         |           |
| 70 & Up      | 0       | 0         | 0      | 0         | 0      | 0         | 0        | 0         | 0        | 0         | 0        | 0         | 0        | 0         | 0        | 0         | 0        | 0         | 0       | 0         |

Name of plan: Amanda Bent Bolt Company Hourly Rated Ees' Pension Plan  
Plan sponsor's name: Amanda Bent Bolt Company

Plan number: 002  
EIN: 31-0928132

## Schedule SB, Part V - Statement of Actuarial Assumptions

### Target Assumptions:

**Male Nonannuitant:** 2014 Nonannuitant Male  
**Female Nonannuitant:** 2014 Nonannuitant Female  
**Male Annuitant:** 2014 Annuitant Male  
**Female Annuitant:** 2014 Annuitant Female

**Applicable months from valuation month:** 4  
**Probability of lump sum:** 100.00%  
**Use pre-retirement mortality:** Yes

|                                 | <u>1st</u> | <u>2nd</u> | <u>3rd</u> |
|---------------------------------|------------|------------|------------|
| <b>Segment rates:</b>           | 1.37       | 4.05       | 5.06       |
| <b>High Quality Bond rates:</b> | N/A        | N/A        | N/A        |
| <b>Final rates:</b>             | 4.43       | 5.62       | 6.22       |
| <b>Override:</b>                | 4.99       | 6.32       | 6.99       |

### Salary Scale

**Male:** 0.00%  
**Female:** 0.00%

### Withdrawal

**Male:** None  
**Female:** None

### Withdrawal-Select

**Male:** None  
**Female:** None

### Early Retirement Rates

**Male:** ER Amanda  
**Female:** ER Amanda

### Subsidized Early Retirement Rates

**Male:** 50% - 62, 63, 64  
**Female:** 50% - 62, 63, 64

### Options:

**Use optional combined mortality table for small plans:** Yes  
**Use discount rate transition:** No  
**Lump sums use proposed regulations:** Yes

### Actuarial Equivalent Floor

**Stability period:** plan year  
**Lookback months:** 3  
**Nonannuitant:** 2014 Applicable  
**Annuitant:** 2014 Applicable

|                  | <u>1st</u> | <u>2nd</u> | <u>3rd</u> |
|------------------|------------|------------|------------|
| <b>Current:</b>  | 1.24       | 4.47       | 5.52       |
| <b>Override:</b> | 0.00       | 0.00       | 0.00       |

### Late Retirement Rates

**Male:** None  
**Female:** None

### Marriage Probability

**Male:** 0.00%  
**Female:** 0.00%  
**Expense loading:** 0.00%

### Disability Rates

**Male:** None  
**Female:** None

### Mortality

**Male:** None  
**Female:** None

### Setback

0

### Setback

0  
0

**Name of Plan:** Amanda Bent Bolt Company Hourly F  
**Plan Sponsor's EIN:** 31-0928132  
**Plan Number:** 002

# Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

## Schedule H, Line 4j - Schedule of Reportable Transactions For the Year Ended December, 31, 2014

EIN: 31-0928132  
Plan Number: 002  
Form: 5500

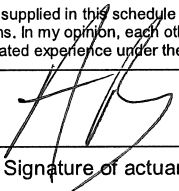
| (a) Identity of<br>Party Involved | (b) Description of Asset | (c) Purchase<br>Price | (d) Selling<br>Price | (e) Lease<br>Rental | (f) Expense<br>Incurred<br>With<br>Transaction | (g) Cost<br>of<br>Asset | (h) Current<br>Value of<br>Asset on<br>Transaction<br>Date |      | (i) Net<br>Gain / (Loss) |
|-----------------------------------|--------------------------|-----------------------|----------------------|---------------------|------------------------------------------------|-------------------------|------------------------------------------------------------|------|--------------------------|
|                                   |                          |                       |                      |                     |                                                |                         |                                                            |      |                          |
| Short Term<br>Investment          | BIF Money Fund           | \$ 644,061            | \$ 644,061           | \$ -                | \$ -                                           | \$ 644,061              | \$ -                                                       | \$ - | -                        |
|                                   | BIF Money Fund deposit   | \$ -                  | \$ -                 | \$ -                | \$ -                                           | \$ 144,091              | \$ -                                                       | \$ - | -                        |

(a) Represents a transaction or a series of transactions in securities of the same issue in excess of 5 percent of the plan market value as of December 31, 2014.

|                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</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>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial 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 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</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 01/01/2014 and ending 12/31/2014                                                |                                                                                                                                                         |
| ▶ <b>Round off amounts to nearest dollar.</b>                                                                                             |                                                                                                                                                         |
| ▶ <b>Caution:</b> A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.            |                                                                                                                                                         |
| <b>A</b> Name of plan<br>Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan                                                    | <b>B</b> Three-digit plan number (PN) ▶ 002                                                                                                             |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>Amanda Bent Bolt Company                                      | <b>D</b> Employer Identification Number (EIN)<br>31-0928132                                                                                             |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                 |                            |                           |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>Part I Basic Information</b>                                                                                                                                                                                 |                            |                           |                          |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2014</u>                                                                                                                               |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                                |                            |                           |                          |
| <b>a</b> Market value .....                                                                                                                                                                                     |                            | <b>2a</b>                 | 2748502                  |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  |                            | <b>2b</b>                 | 2748502                  |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                      | 5                          | 138624                    | 138624                   |
| <b>b</b> For terminated vested participants.....                                                                                                                                                                | 24                         | 445483                    | 445483                   |
| <b>c</b> For active participants.....                                                                                                                                                                           | 163                        | 1923329                   | 2159897                  |
| <b>d</b> Total.....                                                                                                                                                                                             | 192                        | 2507436                   | 2744004                  |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                                |                            |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       |                            | <b>4a</b>                 |                          |
| <b>b</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 ..... |                            | <b>4b</b>                 |                          |
| <b>5</b> Effective interest rate.....                                                                                                                                                                           | <b>5</b>                   | 6.32%                     |                          |
| <b>6</b> Target normal cost.....                                                                                                                                                                                | <b>6</b>                   | 170650                    |                          |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>Statement by Enrolled Actuary</b><br>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. |                                               |
| <b>SIGN HERE</b><br><br><br>Signature of actuary                                                                                                                                                                                                                                                                                                                                                                                                             | 03/23/2015<br>Date                            |
| Andrew Behnke, MSPA, MAAA<br>Type or print name of actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1407643                                       |
| Midwest Pension Actuaries, Inc.<br>Firm name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Most recent enrollment number<br>248-539-5000 |
| 30680 Twelve Mile Road<br>Farmington Hills MI 48334-3808<br>Address of the firm                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Telephone number (including area code)        |

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                     | (a) Carryover balance | (b) Prefunding balance |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....                                                             | 0                     | 0                      |
| <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                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>3.00%</u> .....                                                                                 | 0                     | 0                      |
| <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).....                                                                                      |                       | 106025                 |
| <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>6.25%</u> ..... |                       | 6627                   |
| <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 .....                                                                       |                       | 112652                 |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                     |                       | 0                      |
| <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                     | 0                      |

**Part III Funding Percentages**

|                                                                                                                                                                           |           |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                      | <b>14</b> | 100.16% |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                             | <b>15</b> | 97.22%  |
| <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> | 81.15%  |
| <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> | %       |

**Part IV Contributions and Liquidity Shortfalls**

| <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 | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 04/16/2014                                                                               | 121360                            | 0                               |                          |                                   |                                 |
| 07/15/2014                                                                               | 121361                            | 0                               |                          |                                   |                                 |
| 10/23/2014                                                                               | 121360                            | 0                               |                          |                                   |                                 |
| 01/03/2015                                                                               | 121361                            | 0                               |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>                                                                          |                                   |                                 | <b>18(b)</b>             | 485442                            | <b>18(c)</b> 0                  |

**19** 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> | 466290 |

**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**

170650

**b** Excess assets, if applicable, but not greater than line 31a .....**31b**

4498

**32** Amortization installments:**a** Net shortfall amortization installment .....

Outstanding Balance

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**

166152

**35** Balances elected for use to offset funding requirement .....

Carryover balance

Prefunding balance

Total balance

0

**36** Additional cash requirement (line 34 minus line 35) .....**36**

166152

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....**37**

466290

**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) .....**38a**

300138

**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, line 19 - Discounted Employer Contributions

Interest Rates for Contribution Year End Date: 12/31/2014

Effective: 6.32%

Late Quarterly: 11.32%

| <u>Effective Date</u> | <u>Amount</u>   | <u>Effective Interest</u> | <u>Quarterly Interest</u> | <u>Discounted</u> |
|-----------------------|-----------------|---------------------------|---------------------------|-------------------|
| 04/16/2014            | \$121,360       | -2,121                    | -5                        | \$119,234         |
| 07/15/2014            | \$121,361       | -3,909                    | 0                         | \$117,452         |
| 10/23/2014            | \$121,360       | -5,865                    | 0                         | \$115,495         |
| 01/03/2015            | \$121,361       | -7,252                    | 0                         | \$114,109         |
|                       | <hr/> \$485,442 |                           |                           | <hr/> \$466,290   |

**Name of Plan:** Amanda Bent Bolt Company Hourly F  
**Plan Sponsor's EIN:** 31-0928132  
**Plan Number:** 002  
**Plan Sponsor's Name:** Amanda Bent Bolt Company

## Schedule SB, Part V - Summary of Plan Provisions

### Eligibility Requirements

Age (yrs) : 0  
 Age (months) : 0  
 Wait (months) : 0  
 Two year eligibility : No

### Service/Participation Requirements

Definition of years: Hours worked  
 Continuing hours: 1,000  
 Excluded classes:

### Earnings

Total compensation excluding : 403(b)  
 Cafeteria  
 Other  
 Prior to participation  
 415 prior to participation

| <u>Retirement</u> | <u>Normal</u>          | <u>Early</u>           | <u>Subsidized Early</u> | <u>Disability</u>      | <u>Death</u>        |
|-------------------|------------------------|------------------------|-------------------------|------------------------|---------------------|
| Age:              | 65                     | 55                     | 62                      | 0                      | 0                   |
| Service:          | 0                      | 5                      | 30                      | 5                      | 5                   |
| Participation:    | 0                      | 0                      | 0                       | 0                      | 0                   |
| Defined:          | 1st of month following | 1st of month following | 1st of month following  | 1st of month following | 1st of month during |

### Benefit Reduction / Mortality table & setback

|         |                            |                  |      |   |
|---------|----------------------------|------------------|------|---|
| Male:   | Early Retirement Reduction | Fully subsidized | None | 0 |
| Female: | Early Retirement Reduction | Fully subsidized | None | 0 |

|                 |           |                  |      |
|-----------------|-----------|------------------|------|
| Rates - Male:   | ER Amanda | 50% - 62, 63, 64 | None |
| Rates - Female: | ER Amanda | 50% - 62, 63, 64 | None |

|                                     |              |                                |        |
|-------------------------------------|--------------|--------------------------------|--------|
| Use Social Security Retirement Age: | No           | REACT Benefits Percentage:     | 50.00% |
| Vesting Schedule:                   | 5 Year Cliff | Pre-retirement death benefit   |        |
| Vesting Definition:                 | Hours Worked | Percentage of accrued benefit: | 50.00% |
|                                     |              | Death Benefit Payment method:  | PVAB   |

|         | <u>Annuity</u>       | <u>Percent</u> | <u>Years</u> |
|---------|----------------------|----------------|--------------|
| Normal: | Life only            | 0.00%          | 0            |
| QJSA:   | Joint and contingent | 50.00%         | 0            |

### Significant Changes in Plan Provisions Since Last Valuation

Name of Plan: Amanda Bent Bolt Company Hourly Rated Ees' Pension Plan  
 Plan Sponsor's EIN: 31-0928132  
 Plan Number: 002  
 Plan Sponsor's Name: Amanda Bent Bolt Company

## Schedule SB, Part V - Summary of Plan Provisions

### Benefits

|                               |                             |                          |      |
|-------------------------------|-----------------------------|--------------------------|------|
| <b>Pension Formula:</b>       | Benefit formula             |                          |      |
| <b>Type of Formula:</b>       | Unit benefit non-integrated |                          |      |
| <b>Effective Date:</b>        | 01/01/2010                  |                          |      |
| <br><b>Unit type:</b>         | <br>Dollar                  |                          |      |
| <b>Unit based on:</b>         | Accrual                     |                          |      |
| <b>Maximum total percent:</b> |                             |                          |      |
| <b>Tiers based on:</b>        | None                        |                          |      |
| <b>First tier:</b>            | \$34.50                     | <b>for 1st</b>           | None |
| <b>Second tier:</b>           | None                        | <b>for next</b>          | None |
| <b>Third tier:</b>            | None                        | <b>for remaining yrs</b> |      |
| <br><b>Maximum credit:</b>    |                             |                          |      |
| <b>Past years:</b>            | 99                          |                          |      |
| <b>Future years:</b>          | 99                          |                          |      |
| <b>Total years:</b>           | 99                          |                          |      |

### Averaging

|                           |                      |                                            |         |
|---------------------------|----------------------|--------------------------------------------|---------|
| <b>Projection method:</b> | Current Compensation | <b>Apply exclusion to accrued benefit:</b> | No      |
| <b>Based on:</b>          | Final Average        | <b>Annualize short compensation years:</b> | No      |
| <b>Highest:</b>           | 0                    | <b>Annualize short plan years:</b>         | No      |
| <b>In the last:</b>       | 0                    | <b>Include compensations based</b>         |         |
| <b>Excluding:</b>         | 0                    | <b>on years of:</b>                        | Accrual |

### Accrual

|                                    |                   |                                  |                 |                |                            |                             |
|------------------------------------|-------------------|----------------------------------|-----------------|----------------|----------------------------|-----------------------------|
| <b>Frozen:</b>                     | No                |                                  |                 |                |                            |                             |
| <b>Definition of years:</b>        | Pro rata          |                                  |                 |                | <b>Fractions based on:</b> | N/A                         |
| <br><b>Accrual credit:</b>         | <u>Continuing</u> | <u>Died</u>                      | <u>Disabled</u> | <u>Retired</u> | <u>Terminated</u>          | <b>Precision:</b> 1         |
|                                    | 1800              | 1800                             | 1800            | 1800           | 1800                       | <b>Limit current credit</b> |
|                                    |                   |                                  |                 |                |                            | <b>to:</b> 1.000000         |
| <br><b>Years based on:</b>         | Service           | <b>Cap/floor years:</b>          | 0               |                |                            |                             |
| <b>Maximum past accrual years:</b> | 0.0000            | <b>Cap or floor:</b>             | Floor           |                |                            |                             |
| <b>Method:</b>                     | Unit accrual      | <b>Accrual % per year:</b>       | 0.00%           |                |                            |                             |
|                                    |                   | <b>Apply 415 before accrual:</b> | No              |                |                            |                             |

|                             |                                                         |
|-----------------------------|---------------------------------------------------------|
| <b>Name of Plan:</b>        | Amanda Bent Bolt Company Hourly Rated Ees' Pension Plan |
| <b>Plan Sponsor's EIN:</b>  | 31-0928132                                              |
| <b>Plan Number:</b>         | 002                                                     |
| <b>Plan Sponsor's Name:</b> | Amanda Bent Bolt Company                                |

# Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

## Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2014

EIN: 31-0928132  
Plan Number: 002  
Form: 5500

| (a)                       | (b)<br>Identity of Issue                | (c)<br>Description of Investment | (d)<br>Cost  | (e)<br>Current Value |
|---------------------------|-----------------------------------------|----------------------------------|--------------|----------------------|
| <b>Mutual Funds</b>       |                                         |                                  |              |                      |
| <b>Fixed Income Funds</b> |                                         |                                  |              |                      |
|                           | Allianz Global Investors Fixed Series C | 3,488 shares                     | \$ 45,306    | \$ 39,868            |
|                           | Allianz Global Investors Series M       | 3,835 shares                     | 38,448       | 39,769               |
|                           | Blackrock Strategic Income Opp Instl    | 5,274 shares                     | 53,640       | 53,319               |
|                           | Loomis Sayles Bond Instl                | 15,614 shares                    | 218,175      | 231,556              |
|                           | Lord Abbett Short Duration Income       | 17,301 shares                    | 80,180       | 76,988               |
|                           | Mainstay High Yield Opportunities I     | 6,982 shares                     | 85,812       | 78,757               |
|                           | Pimco All Asset All Authority Fund P    | 10,235 shares                    | 108,797      | 93,547               |
| <b>Total Fixed Income</b> |                                         |                                  | \$ 630,358   | \$ 613,804           |
| <b>Equity Funds</b>       |                                         |                                  |              |                      |
|                           | Blackrock Global Long/Short Credit Inst | 14,604 shares                    | \$ 156,770   | \$ 151,443           |
|                           | Blackrock Global Allocation Fund        | 1,595 shares                     | 30,605       | 31,685               |
|                           | American Funds Europacific GR F2        | 2,127 shares                     | 81,285       | 100,011              |
|                           | First Eagle Global I                    | 1,072 shares                     | 57,869       | 56,414               |
|                           | Hancock Horizon Diversified Intl Instl  | 4,706 shares                     | 106,261      | 100,473              |
|                           | Ivy Asset Strategy I                    | 1,139 shares                     | 34,808       | 29,308               |
|                           | Lord Asset Management Tr Thomas         |                                  |              |                      |
|                           | White International Inv                 | 5,458 shares                     | 89,600       | 87,816               |
|                           | Mainstay Marketfield Class I            | 5,701 shares                     | 100,012      | 92,577               |
|                           | Putnam Capital Spectrum Fund Y          | 2,278 shares                     | 79,394       | 88,402               |
|                           | Transparent Value Directional Allc I    | 4,483 shares                     | 60,709       | 57,152               |
|                           | Vanguard Large-Cap (ETF)                | 1,982 shares                     | 104,626      | 187,081              |
|                           | Voya Small Company Fund I               | 4,884 shares                     | 73,636       | 85,763               |
| <b>Total Equity Funds</b> |                                         |                                  | \$ 975,575   | \$ 1,068,125         |
| <b>Total Mutual Funds</b> |                                         |                                  | \$ 1,605,933 | \$ 1,681,929         |



# Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

## Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2014

EIN: 31-0928132

Plan Number: 002

Form: 5500

| (b)<br>(a) Identity of Issue  | (c)<br>Description of Investment | (d)<br>Cost | (e)<br>Current Value |
|-------------------------------|----------------------------------|-------------|----------------------|
| <b>Corporate Stock</b>        |                                  |             |                      |
| <b>Common Stock</b>           |                                  |             |                      |
| Abbott Laboratories           | 165 shares                       | \$ 6,619    | \$ 7,428             |
| Alcoa Inc.                    | 440 shares                       | 7,078       | 6,948                |
| Alliance Data Systems Corp    | 29 shares                        | 5,236       | 8,295                |
| Amazon.com Inc                | 31 shares                        | 10,445      | 9,621                |
| American Airlines Group Inc.  | 267 shares                       | 5,397       | 14,319               |
| American Eagle Outfitters Inc | 303 shares                       | 4,201       | 4,206                |
| Apple Inc.                    | 251 shares                       | 12,838      | 27,705               |
| Bank of New York Mellon Corp. | 234 shares                       | 7,114       | 9,493                |
| Biogen Idec Inc.              | 8 shares                         | 2,633       | 2,716                |
| Bristol-Myers Squibb Co.      | 108 shares                       | 3,669       | 6,375                |
| CIT Group Inc.                | 101 shares                       | 5,044       | 4,831                |
| CME Group Inc.                | 115 shares                       | 8,149       | 10,195               |
| CVS Health Corporation        | 57 shares                        | 3,376       | 5,490                |
| CA Inc.                       | 233 shares                       | 7,144       | 7,095                |
| Carpenter Technology Corp     | 64 shares                        | 3,850       | 3,152                |
| Celgene Corp                  | 53 shares                        | 4,319       | 5,929                |
| Cisco Systems Inc.            | 473 shares                       | 10,812      | 13,156               |
| Citigroup Inc.                | 132 shares                       | 5,190       | 7,143                |
| Comcast Corp.                 | 140 shares                       | 6,603       | 8,121                |
| Comerica Inc                  | 139 shares                       | 6,268       | 6,511                |
| Costco Wholesale Corp         | 57 shares                        | 6,650       | 8,080                |
| Danaher Corp                  | 91 shares                        | 5,538       | 7,800                |
| Dominion Resources Inc        | 94 shares                        | 6,201       | 7,229                |
| Exelon Corp                   | 249 shares                       | 8,659       | 9,233                |
| Exxon Mobil Corp              | 187 shares                       | 17,371      | 17,288               |
| Facebook Inc Class A          | 68 shares                        | 5,148       | 5,305                |
| Fleetcor Technologies Inc     | 61 shares                        | 7,697       | 9,071                |



# Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

## Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2014

EIN: 31-0928132

Plan Number: 002

Form: 5500

| (a)                                | (b)<br>Identity of Issue      | (c)<br>Description of Investment | (d)<br>Cost | (e)<br>Current Value |
|------------------------------------|-------------------------------|----------------------------------|-------------|----------------------|
| <b>Corporate Stock - continued</b> |                               |                                  |             |                      |
|                                    | General Dynamics Corp         | 31 shares                        | \$ 3,766    | \$ 4,266             |
|                                    | General Electric Co.          | 295 shares                       | 7,886       | 7,455                |
|                                    | General Motors Co             | 158 shares                       | 5,930       | 5,516                |
|                                    | Goldman Sachs Group Inc.      | 68 shares                        | 10,485      | 13,180               |
|                                    | Google Inc.                   | 15 shares                        | 9,968       | 7,960                |
|                                    | HCA Holdings Inc              | 73 shares                        | 5,397       | 5,357                |
|                                    | Home Depot Inc.               | 79 shares                        | 6,229       | 8,293                |
|                                    | Idexx Laboratories Inc        | 37 shares                        | 5,464       | 5,486                |
|                                    | Intel Corp.                   | 393 shares                       | 9,741       | 14,262               |
|                                    | Intuit Inc                    | 91 shares                        | 7,182       | 8,389                |
|                                    | JPMorgan Chase & Co.          | 239 shares                       | 10,972      | 14,957               |
|                                    | Johnson & Johnson             | 44 shares                        | 3,606       | 4,601                |
|                                    | Kohls Corp                    | 122 shares                       | 7,141       | 7,447                |
|                                    | Level 3 Communications Inc    | 114 shares                       | 5,369       | 5,629                |
|                                    | Lincoln National Corp.        | 198 shares                       | 4,767       | 11,419               |
|                                    | M & T Bank Corp               | 59 shares                        | 7,254       | 7,412                |
|                                    | Martin Marietta Materials Inc | 27 shares                        | 3,533       | 2,979                |
|                                    | MetLife Inc.                  | 202 shares                       | 10,098      | 10,926               |
|                                    | Microsoft Corp                | 265 shares                       | 8,974       | 12,309               |
|                                    | Nextera Energy Inc            | 37 shares                        | 3,348       | 3,933                |
|                                    | Noble Energy Inc              | 53 shares                        | 3,892       | 2,514                |
|                                    | Och-Zif Capital Management    | 3,000 shares                     | 41,526      | 35,040               |
|                                    | PNC Financial Services Group  | 57 shares                        | 4,295       | 5,200                |
|                                    | JC Penney Co Inc              | 824 shares                       | 5,815       | 5,339                |
|                                    | Pepsico Inc                   | 86 shares                        | 7,657       | 8,132                |
|                                    | Pfizer Inc                    | 476 shares                       | 13,624      | 14,827               |
|                                    | Precision Castparts Corp      | 38 shares                        | 6,295       | 9,153                |
|                                    | Procter & Gamble Co           | 62 shares                        | 4,599       | 5,648                |
|                                    | Ralph Lauren Corp             | 111 shares                       | 18,278      | 20,553               |



# Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

## Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2014

EIN: 31-0928132  
 Plan Number: 002  
 Form: 5500

| (b)<br>(a) Identity of Issue          | (c)<br>Description of Investment | (d)<br>Cost | (e)<br>Current Value |
|---------------------------------------|----------------------------------|-------------|----------------------|
| <b>Corporate Stock - continued</b>    |                                  |             |                      |
| Range Resources Corp.                 | 95 shares                        | \$ 6,004    | \$ 5,078             |
| Regions Financial Corp.               | 308 shares                       | 1,935       | 3,252                |
| Salesforce.com Inc                    | 83 shares                        | 4,711       | 4,923                |
| Sandisk Corp                          | 85 shares                        | 6,747       | 8,328                |
| Sherwin-Williams Co.                  | 33 shares                        | 5,255       | 8,680                |
| Splunk Inc                            | 97 shares                        | 6,005       | 5,718                |
| Starbucks Corp.                       | 70 shares                        | 3,287       | 5,744                |
| Starwood Hotels & Resorts Worldwide   | 93 shares                        | 7,584       | 7,540                |
| Target Corp                           | 225 shares                       | 13,386      | 17,080               |
| Tenet Healthcare Corp                 | 129 shares                       | 7,108       | 6,536                |
| Teradata Corp                         | 141 shares                       | 6,286       | 6,159                |
| Twenty First Century Fox Inc. Class A | 223 shares                       | 7,751       | 8,564                |
| Union Pacific Corp.                   | 78 shares                        | 4,495       | 9,292                |
| United Continental Holdings Inc       | 219 shares                       | 7,441       | 14,649               |
| United Parcel Service                 | 52 shares                        | 3,744       | 3,891                |
| United States Steel Corp              | 311 shares                       | 9,585       | 8,316                |
| Unitedhealth Group Inc.               | 57 shares                        | 3,245       | 5,762                |
| Vertex Pharmaceuticals Inc            | 31 shares                        | 3,497       | 3,683                |
| Visa Inc Class A Shares               | 33 shares                        | 7,127       | 8,653                |
| Vmware Inc.                           | 53 shares                        | 5,000       | 4,374                |
| Vulcan Materials Co.                  | 58 shares                        | 3,635       | 3,812                |
| Wal-Mart Stores Inc.                  | 96 shares                        | 7,358       | 8,244                |
| Wells Fargo & Co                      | 112 shares                       | 3,433       | 6,140                |
| Yelp inc. Class A                     | 92 shares                        | 6,605       | 5,035                |
| Marriot International Inc. Class A    | 17,391 shares                    | -           | 5                    |
| <b>Total Common Stock</b>             |                                  | \$ 567,564  | \$ 670,375           |



# Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

## Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2014

EIN: 31-0928132  
Plan Number: 002  
Form: 5500

| (a)                                | (b)                       | (c)        | (d)           | (e) |
|------------------------------------|---------------------------|------------|---------------|-----|
| Identity of Issue                  | Description of Investment | Cost       | Current Value |     |
| <b>Foreign Stock</b>               |                           |            |               |     |
| Alibaba Group Holding Ltd          | 36 shares                 | \$ 3,527   | \$ 3,742      |     |
| Carnival Corp.                     | 335 shares                | 12,114     | 15,185        |     |
| Goldcorp Inc.                      | 155 shares                | 3,541      | 2,871         |     |
| Royal Bank CDA Preferred           | 3,000 shares              | 30,000     | 31,551        |     |
| Royal Bank CDA Preferred           | 3,000 shares              | 30,000     | 28,707        |     |
| Teva Pharmaceutical Industries Ltd | 142 shares                | 7,280      | 8,166         |     |
| Actavis PLC                        | 22 shares                 | 5,435      | 5,663         |     |
| Covidien PLC                       | 46 shares                 | 3,130      | 4,705         |     |
| Eaton Corp PLC                     | 185 shares                | 11,875     | 12,573        |     |
| Invesco Ltd                        | 169 shares                | 5,155      | 6,679         |     |
| Check Point Software Technologies  | 95 shares                 | 6,024      | 7,464         |     |
| ASML Holdings NV NY Registry SHS   | 54 shares                 | 4,457      | 5,823         |     |
| Lyondellbasell Indust NV Class A   | 49 shares                 | 3,356      | 3,890         |     |
| <b>Total Foreign Stock</b>         |                           | \$ 125,894 | \$ 137,019    |     |
| <b>Preferred Stock</b>             |                           |            |               |     |
| Bank America Corp Auto Call LKTD   | 2,500 shares              | \$ 25,000  | \$ 25,850     |     |
| Bank America Corp Mkt LKD PFD      | 5,000 shares              | 50,000     | 45,500        |     |
| Bank America Corp Pref             | 4,000 shares              | 40,000     | 41,080        |     |
| <b>Total Preferred Stock</b>       |                           | \$ 115,000 | \$ 112,430    |     |
| <b>Total Corporate Stock</b>       |                           | \$ 808,458 | \$ 919,824    |     |



# Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

## Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2014

EIN: 31-0928132  
Plan Number: 002  
Form: 5500

| (a)                                      | (b)<br>Identity of Issue         | (c)<br>Description of Investment | (d)<br>Cost      | (e)<br>Current Value |
|------------------------------------------|----------------------------------|----------------------------------|------------------|----------------------|
| <b>U.S. Government Securities</b>        |                                  |                                  |                  |                      |
| <b>U.S. Government Obligations</b>       |                                  |                                  |                  |                      |
|                                          | U.S. Treasury Bond               |                                  |                  |                      |
|                                          | Note DTD 8/15/14; 3.125%; 1/1/41 | 1,000 units                      | \$ 982           | \$ 1,076             |
|                                          | U.S. Treasury Note               |                                  |                  |                      |
|                                          | DTD 8/15/14; 2.375%; 8/15/24     | 3,000 units                      | 2,960            | 3,056                |
|                                          | U.S. Treasury Note               |                                  |                  |                      |
|                                          | DTD 2/15/11; 3.625%; 2/15/21     | 7,000 units                      | 7,649            | 7,711                |
|                                          | U.S. Treasury Note               |                                  |                  |                      |
|                                          | DTD 11/15/11; 2%; 11/15/21       | 7,000 units                      | 7,159            | 7,026                |
|                                          | U.S. Treasury Note               |                                  |                  |                      |
|                                          | DTD 10/31/12; .75%; 10/31/17     | 18,000 units                     | 18,045           | 17,856               |
| <b>Total U.S. Government Obligations</b> |                                  |                                  | <b>\$ 36,795</b> | <b>\$ 36,725</b>     |
| <b>Mortgaged Backed Securities</b>       |                                  |                                  |                  |                      |
|                                          | Federal Home Loan Mortgage Corp  |                                  |                  |                      |
|                                          | PC Gold Comb 30 Pool #GO-8599    |                                  |                  |                      |
|                                          | DTD 8/1/14; 3.5%; 8/1/44         | 982 units                        | \$ 1,004         | \$ 1,022             |
|                                          | Federal Home Loan Mortgage Corp  |                                  |                  |                      |
|                                          | Pool #A9-6409                    |                                  |                  |                      |
|                                          | DTD 1/1/11; 3.5%; 1/1/41         | 2,282 units                      | 2,905            | 2,377                |
|                                          | Federal National Mortgage Assn   |                                  |                  |                      |
|                                          | Pool #AI1888                     |                                  |                  |                      |
|                                          | DTD 5/1/11; 4.5%; 5/1/41         | 347 units                        | 397              | 377                  |
|                                          | Federal National Mortgage Assn   |                                  |                  |                      |
|                                          | Pool #AL0065                     |                                  |                  |                      |
|                                          | DTD 3/1/11; 4.5%; 4/1/41         | 4,124 units                      | 5,329            | 4,482                |
|                                          | Federal National Mortgage Assn   |                                  |                  |                      |
|                                          | Pool #745275                     |                                  |                  |                      |
|                                          | DTD 1/1/06; 5%; 2/1/36           | 817 units                        | 1,293            | 904                  |

See Independent Auditor's Report



# Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

## Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2014

EIN: 31-0928132  
 Plan Number: 002  
 Form: 5500

| (a) | (b)<br>Identity of Issue                       | (c)<br>Description of Investment | (d)<br>Cost | (e)<br>Current Value |
|-----|------------------------------------------------|----------------------------------|-------------|----------------------|
|     | <b>Mortgaged Backed Securities - continued</b> |                                  |             |                      |
|     | Federal National Mortgage Assn                 |                                  |             |                      |
|     | Pool #745580                                   |                                  |             |                      |
|     | DTD 6/1/36; 5%; 6/1/36                         | 197 units                        | 276         | 217                  |
|     | Federal National Mortgage Assn                 |                                  |             |                      |
|     | Pool #889579                                   |                                  |             |                      |
|     | DTD 5/1/08; 6%; 5/1/38                         | 960 units                        | 1,709       | 1,090                |
|     | Federal Home Loan Mortgage Corp                |                                  |             |                      |
|     | Pool #995245                                   |                                  |             |                      |
|     | DTD 12/1/08; 5%; 1/1/39                        | 356 units                        | 441         | 393                  |
|     | Federal National Mortgage Assn                 |                                  |             |                      |
|     | Pool #AA7681                                   |                                  |             |                      |
|     | DTD 6/1/09; 4.5%; 6/1/39                       | 207 units                        | 224         | 225                  |
|     | Federal National Mortgage Assn                 |                                  |             |                      |
|     | Pool #AB4102                                   |                                  |             |                      |
|     | DTD 11/1/11; 3.5%; 12/1/41                     | 4,037 units                      | 4,588       | 4,216                |
|     | <b>Total Mortgage Backed Securities</b>        |                                  | \$ 18,166   | \$ 15,303            |



# Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

## Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2014

EIN: 31-0928132  
Plan Number: 002  
Form: 5500

| (a) | (b)<br>Identity of Issue                         | (c)<br>Description of Investment | (d)<br>Cost  | (e)<br>Current Value |
|-----|--------------------------------------------------|----------------------------------|--------------|----------------------|
|     | <b>Collateralized Mortgage Obligations</b>       |                                  |              |                      |
|     | U.S Treasury Note (TIPS)                         |                                  |              |                      |
|     | DTD 1/5/09; 2.5%; 1/15/29                        | 6,000 units                      | \$ 9,037     | \$ 8,234             |
|     | U.S Treasury Note (TIPS)                         |                                  |              |                      |
|     | DTD 7/15/12; .125%; 7/15/22                      | 10,000 units                     | 10,684       | 10,061               |
|     | <b>Total Collateralized Mortgage Obligations</b> |                                  | \$ 19,721    | \$ 18,295            |
|     | <b>Total U.S. Government Securities</b>          |                                  | \$ 74,682    | \$ 70,323            |
|     | <b>Total Investments</b>                         |                                  | \$ 2,489,073 | \$ 2,672,076         |

\* Represents a party in interest

