Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
PENSION PLAN OF A. FINKL & SONS CO. FOR HOURLY WAREHOUSE & BARGAINING UNIT EMPLOYEES

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1960

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
A. FINKL & SONS CO.

1355 E. 93RD STREET
CHICAGO, IL 60619

2b Employer Identification Number (EIN)
36-2815417

2c Plan Sponsor's telephone number
773-975-2562

2d Business code (see instructions)
332110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2015	STEVE DENTEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	548
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	251
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	248
b	Retired or separated participants receiving benefits	**6b**	144
c	Other retired or separated participants entitled to future benefits	**6c**	120
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	512
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	45
f	Total. Add lines **6d** and **6e**.	**6f**	557
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	16
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

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

A Name of plan
PENSION PLAN OF A. FINKL & SONS CO. FOR HOURLY WAREHOUSE & BARGAINING UNIT EMPLOYEES

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
A. FINKL & SONS CO.

D Employer Identification Number (EIN)
36-2815417

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

THE GREAT WEST LIFE ASSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
84-0467907	7692	16779GP	557	01/01/2014	12/31/2014

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	78798
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	100284
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**	9450		
	▶ ACQUISITIONS				
	(6) Total additions			**7c(6)**	9450
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	109734
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**	30936		
	▶ DISPOSITIONS				
	(5) Total deductions			**7e(5)**	30936
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	78798

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

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

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

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

A Name of plan
PENSION PLAN OF A. FINKL & SONS CO. FOR HOURLY WAREHOUSE & BARGAINING UNIT EMPLOYEES

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
A. FINKL & SONS CO.

D Employer Identification Number (EIN)
36-2815417

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	16304097
b Actuarial value	**2b**	15452134

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	172	6177935	6177935
b For terminated vested participants	125	1586080	1586080
c For active participants	251	5343809	5655143
d Total	548	13107824	13419158

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**	6.48%
6 Target normal cost	**6**	358495

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/22/2015
Date

SHERYL BOGOLUB
Type or print name of actuary

14-05538
Most recent enrollment number

AON CONSULTING, INC.
Firm name

312-381-4800
Telephone number (including area code)

200 EAST RANDOLPH STREET,
SUITE 1400
CHICAGO, IL 60601
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	573939
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	573939
10	Interest on line 9 using prior year's actual return of 14.11%	0	80983
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		733296
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.30 %		46198
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		779494
	d Portion of (c) to be added to prefunding balance		779494
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1434416

Part III Funding Percentages

14	Funding target attainment percentage	14	104.46 %
15	Adjusted funding target attainment percentage	15	115.14 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.10 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/11/2014	274356				
07/02/2014	221959				
10/07/2014	221959				
07/28/2015	354264				
			Totals ► 18(b)	1072538	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1017364

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

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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**	358495
b Excess assets, if applicable, but not greater than line 31a	**31b**	358495

32 Amortization installments:

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

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

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1017364

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

a Total (excess, if any, of line 37 over line 36)	**38a**	1017364
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

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

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

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

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

A Name of plan
PENSION PLAN OF A. FINKL & SONS CO. FOR HOURLY WAREHOUSE & BARGAINING UNIT EMPLOYEES

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
A. FINKL & SONS CO.

D Employer Identification Number (EIN)
36-2815417

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

DELAWARE INVESTMENTS
P.O. BOX 9876
PROVIDENCE, RI 02940-8076

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

PIMCO FUNDS
P.O. BOX 55060
BOSTON, MA 02205-5060

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

DOUBLELINE CAPITAL LP
333 SOUTH GRAND AVENUE
18TH FLOOR
LOS ANGELES, CA 90071

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

HARBOR FUNDS
P.O. BOX 804660
CHICAGO, IL 60680-4108

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

VANGUARD FUNDS

P.O. BOX 1110
VALLEY FORGE, PA 19482-1110

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

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

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

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

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

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

NORTHERN TRUST CO.

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 28 50	NONE	29030	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name: KRISTINE COOGAN

b EIN: 22-2232264

c Position: ENROLLED ACTUARY

d Address: AON CONSULTING, INC.
200 EAST RANDOLPH STREET
CHICAGO, IL 60601

e Telephone: 312-381-4800

Explanation: AS A RESULT OF AN INTERNAL CHANGE IN ASSIGNMENTS AT AON HEWITT, THE ENROLLED ACTUARY HAS CHANGED.

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

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

A Name of plan
PENSION PLAN OF A. FINKL & SONS CO. FOR HOURLY WAREHOUSE & BARGAINING UNIT EMPLOYEES

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
A. FINKL & SONS CO.

D Employer Identification Number (EIN)
36-2815417

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE SHORT-TERM INVEST.FUND

b Name of sponsor of entity listed in (a): THE NORTHERN TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-068	C	259006

a Name of MTIA, CCT, PSA, or 103-12 IE: COLTV DAILY AGGREGATE BD FD LENDING

b Name of sponsor of entity listed in (a): THE NORTHERN TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-029	C	1859028

a Name of MTIA, CCT, PSA, or 103-12 IE: MFBI NTGI-QM COLTV DAILY 1-5 YR CR

b Name of sponsor of entity listed in (a): THE NORTHERN TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-123	C	2649769

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

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

A Name of plan
PENSION PLAN OF A. FINKL & SONS CO. FOR HOURLY WAREHOUSE & BARGAINING UNIT EMPLOYEES

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
A. FINKL & SONS CO.

D Employer Identification Number (EIN)
36-2815417

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	475319	354264
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	6487	12655
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	4459936	4067165
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	11310710	12756827
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	100284	78798
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	16352736	17269709
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	40411	713
k	Total liabilities (add all amounts in lines 1g through1j)	1k	40411	713
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	16312325	17268996

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1072538	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1072538
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	9450	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		9450
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	254668	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		254668
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	30937	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	30937	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		159845
(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)		232934
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1729435
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	743551	
(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)		743551
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)	29030	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	183	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		29213
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		772764
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		956671
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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: PLANTE & MORAN, PLLC **(2)** EIN: 38-1357951

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN
NORTHERN INVESTMENT MGMT	361561860

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

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

A Name of plan
PENSION PLAN OF A. FINKL & SONS CO. FOR HOURLY WAREHOUSE & BARGAINING UNIT EMPLOYEES

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
A. FINKL & SONS CO.

D Employer Identification Number (EIN)
36-2815417

Part I Distributions

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

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

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

EIN(s): 36-1561860

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Pension Plan of A. Finkl & Sons Co. for Hourly Warehouse and Bargaining Unit Employees

Financial Statements as of and for the Years Ended December 31, 2014 and 2013 and Supplemental Schedules as of and for the Year Ended December 31, 2014 and Independent Auditor's Report

PENSION PLAN OF A. FINKL & SONS CO. FOR HOURLY WAREHOUSE AND BARGAINING UNIT EMPLOYEES

TABLE OF CONTENTS

	Page
INDEPENDENT AUDITOR'S REPORT	1-2
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits as of December 31, 2014 and 2013	3
Statements of Changes in Net Assets Available for Benefits for the Years Ended December 31, 2014 and 2013	4
Notes to Financial Statements	5-14
SUPPLEMENTAL SCHEDULES:	
Form 5500, Schedule H, Part IV, Line 4i— Schedule of Assets (Held at End of Year) as of December 31, 2014	15
Form 5500, Schedule H, Part IV, Line 4i— Schedule of Investment Assets Acquired and Disposed of Within Year for the Year Ended December 31, 2014	16
Form 5500, Schedule H, Part IV, Line 4j— Schedule of Reportable Transactions for the Year Ended December 31, 2014	17

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Independent Auditor's Report

To the Trustees and Participants
Pension Plan of A. Finkl & Sons Co.
for Hourly Warehouse and
Bargaining Unit Employees

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Pension Plan of A. Finkl & Sons Co. for Hourly Warehouse and Bargaining Unit Employees (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013 and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 10, which was certified by The Northern Trust Company (the "Trustee"), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes related transactions. The plan administrator has obtained certifications from the Trustee as of December 31, 2014 and 2013 and for the years then ended that the information provided to the plan administrator by the Trustee is complete and accurate.

Praxity MEMBER GLOBAL ALLIANCE OF INDEPENDENT FIRMS

To the Trustees and Participants
Pension Plan of A. Finkl & Sons Co.
for Hourly Warehouse and
Bargaining Unit Employees

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets held at end of year as of December 31, 2014 and the supplemental schedules of investment assets acquired and disposed of within one year and reportable transactions for the year ended December 31, 2014 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedules.

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

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

Plante & Moran, PLLC

Chicago, Illinois
October 12, 2015

PENSION PLAN OF A. FINKL & SONS CO. FOR HOURLY WAREHOUSE AND BARGAINING UNIT EMPLOYEES

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

	2014	2013
ASSETS:		
Investments, at fair value:		
Common collective trusts	$ 4,067,165	$ 4,459,936
Group annuity contract	78,798	100,284
Mututal funds	12,756,827	11,310,710
Total investments	16,902,790	15,870,930
Receivables:		
Employer contributions	354,264	475,319
Other	12,655	6,487
Total receivables	366,919	481,806
LIABILITIES:		
Payables	713	40,411
NET ASSETS AVAILABLE FOR BENEFITS	$ 17,268,996	$ 16,312,325

See accompanying notes to financial statements.

PENSION PLAN OF A. FINKL & SONS CO. FOR HOURLY WAREHOUSE AND BARGAINING UNIT EMPLOYEES

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2014 AND 2013

	2014	2013
ADDITIONS:		
Investment income:		
Net realized and unrealized gains (losses) on investments:		
Common collective trusts	$ 159,845	$ (21,379)
Mutual funds	232,934	1,732,512
	392,779	1,711,133
Dividends and interest	264,118	193,327
Total investment income	656,897	1,904,460
Employer contributions	1,072,538	1,145,267
Total additions	1,729,435	3,049,727
DEDUCTIONS:		
Benefits paid directly to participants	743,551	696,026
Administrative expenses	29,213	32,041
Total deductions	772,764	728,067
INCREASE IN NET ASSETS	956,671	2,321,660
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	16,312,325	13,990,665
End of year	$ 17,268,996	$ 16,312,325

See accompanying notes to financial statements.

1. DESCRIPTION OF THE PLAN

The following description of Pension Plan of A. Finkl & Sons Co. for Hourly Warehouse and Bargaining Unit Employees (the "Plan") is provided for general information purposes only. Participants should refer to the plan document for more complete information. The plan was amended and restated effective January 1, 2013. This amendment and restatement was completed for regulatory reasons and had no impact on plan operations.

General—The Plan is a defined benefit pension plan covering substantially all hourly warehouse and bargaining unit employees of A. Finkl & Sons Co. (the "Company"). The pension committee appointed by the board of directors of the Company controls and manages the operation and administration of the Plan. The Northern Trust Company (the "Trustee") serves as the Trustee of the Plan and manages the Plan's investments. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan's investment assets are held in a trust account at The Northern Trust Company. The Plan's trust fund is administered under the terms of a trust agreement, as amended, between the Company and the Trustee.

Eligibility- Hourly warehouse and bargaining unit employees are eligible on their first day of work.

Pension Benefits—If a participant is a member of the International Association of Machinists, AFL-CIO District No. 8, the benefit payment calculation is as follows:

Years prior to January 1, 1990	$16 per year of credited service.
Years between January 1, 1990 and December 31, 1992	$17 per year of credited service.
Years between January 1, 1993 and December 31, 1995	$19 per year of credited service.
Years between January 1, 1996 and December 31, 1998	$21 per year of credited service.
Years between January 1, 1999 and December 31, 2001	$22 per year of credited service.
Years between January 1, 2002 and December 31, 2004	$24 per year of credited service.
Years between January 1, 2005 and December 31, 2005	$25 per year of credited service.
Years between January 1, 2006 and December 31, 2007	$26 per year of credited service.
Years between January 1, 2008 and December 31, 2008	$27 per year of credited service.
Years between January 1, 2009 and December 31, 2009	$28 per year of credited service.
Years between January 1, 2010 and December 31, 2010	$29 per year of credited service.
Years between January 1, 2011 and December 31, 2011	$31 per year of credited service.
Years between January 1, 2012 and December 31, 2012	$33 per year of credited service.
Years between January 1, 2013 and December 31, 2013	$34 per year of credited service.
Years between January 1, 2014 and December 31,2014	$35 per year of credited service.
Years after January 1, 2015	$36 per year of credited service.

1. DESCRIPTION OF THE PLAN

***Pension Benefits* (continued)**

If a participant is a member of the International Brotherhood of Boilermakers, Iron Ship Builders, Blacksmiths, Forgers & Helpers, AFL-CIO Local No. 1247 and actively employed, the monthly benefit payment calculation is as follows:

Years prior to January 1, 1980	$16 per year of credited service.
Years between January 1, 1980 and December 31, 1989	$17 per year of credited service.
Years between January 1, 1990 and December 31, 1992	$18 per year of credited service.
Years between January 1, 1993 and December 31, 1998	$20 per year of credited service.
Years between January 1, 1999 and December 31, 2001	$21 per year of credited service.
Years between January 1, 2002 and December 31, 2004	$23 per year of credited service.
Years between January 1, 2005 and December 31, 2005	$24 per year of credited service.
Years between January 1, 2006 and December 31, 2007	$25 per year of credited service.
Years between January 1, 2008 and December 31, 2008	$27 per year of credited service.
Years between January 1, 2009 and December 31, 2009	$29 per year of credited service.
Years between January 1, 2010 and December 31, 2010	$31 per year of credited service.
Years between January 1, 2011 and December 31, 2011	$32.75 per year of credited service.
Years between January 1, 2012 and December 31, 2012	$34.60 per year of credited service.
Years between January 1, 2013 and December 31, 2013	$36.45 per year of credited service.
Years between January 1, 2014 and December 31, 2014	$37.95 per year of credited service.
Years after January 1, 2015	$39.45 per year of credited service.

The Plan limits the number of years of credited service to a maximum of 35 years. Normal retirement date is the first day of the month coinciding with or next following the later of the date on which the employee attains age 65 or which is the fifth anniversary of plan participation. Employee participants may elect early retirement on the first day of any month between the ages of 55 and 65 with 15 years of credited service, or at any age after completing at least 30 years of credited service. New participants hired on or after November 22, 1995 cannot receive retirement benefits prior to their normal retirement date under the 30 years of credited service clause in the plan document. Participants may elect to receive their distributions, subject to certain Plan provisions, in the form of a single life annuity, or 50%, 75%, or 100% joint and survivor annuity. If a participant becomes totally and permanently disabled, the participant will be eligible to receive a pension, regardless of age, so long as the participant has completed at least 15 years of credited service. The disabled participant's benefit payment will be equal to the amount calculated under the plan formula based on the years of credited service attained when the participant became disabled.

1. DESCRIPTION OF THE PLAN

Pension Benefits **(continued)**

Participants vest in their accrued benefits according to the following schedule:

Years of Service	Vested Percentage
Less than five	- %
Five or more	100

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting—The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates—The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits as of the date of the financial statements. Actual results could differ from those estimates.

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

Investment Valuation and Income Recognition—The Plan's investments are stated at fair value as discussed further in Note 3. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date.

On August 1985, the Plan entered into a 30-year group annuity contract with Great-West Life Insurance and Annuity Company (Great-West Life), which will make monthly payments to the Plan equal to the projected benefit payments for a certain group of retirees. Great-West Life maintains contributions in an insurance company general account. The account is credited with earnings on the underlying investments and charged with plan withdrawals and administrative expenses charged by Great-West Life. The contract is included in the financial statements at fair value. The average yield and crediting interest rate was approximately 11.2% in 2014 and 2013 as the Plan entered into the contract in 1985 when interest rates were rather high relative to present rates.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Expenses—Investment and other fees of the Plan are paid by the Plan, as provided in the plan document. All other administrative expenses are paid by the Company.

Payment of Benefits—Benefit payments to participants are recorded upon distribution.

Subsequent Events—The financial statements and related disclosures include evaluation of events up through and including October 12, 2015, the date the December 31, 2014 financial statements were available to be issued.

3. FAIR VALUE MEASUREMENTS

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

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

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

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

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

3. FAIR VALUE MEASUREMENTS (CONTINUED)

As of December 31, 2014 and 2013, the following valuation methodologies have been used to value the Plan's investments:

- Mutual funds – Valued based on quoted market prices.

- Common collective trusts – These investments are investment vehicles valued using the net asset value (NAV) per share (or its equivalent) of the funds provided by the administrator of the trusts. Such NAV is based on the value of the funds' underlying assets and liabilities of the trusts. The investment objectives of the trusts held by the Plan vary and can be determined based on the nature of the investments held as presented below. There are no significant redemption restrictions on the Plan's investments in common collective trusts. Additionally, there are no unfunded commitments relating to such trusts.

- Group annuity contract – Valued at contract value which approximates fair value. Contract value represents investments at cost plus accrued interest income less amounts withdrawn to pay benefits.

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

The following tables summarize by level, within the fair value hierarchy, the Plan's investments accounted for at fair value on a recurring basis as of December 31, 2014 and 2013:

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

Description	Total	Level 1	Level 2
Mutual Funds			
Fixed Income	$ 2,258,391	$ 2,258,391	$ -
International Equity	2,869,900	2,869,900	-
Large Cap Equity	4,318,608	4,318,608	-
Mid Cap Equity	1,419,912	1,419,912	-
Small Cap Equity	861,205	861,205	-
Commodity	340,341	340,341	-
Real Estate	688,470	688,470	-
Total Mutual Funds	12,756,827	12,756,827	-
Common Collective Trusts			
Government Short Term Fund (1)	259,006	-	259,006
Bond Index Funds (2)	3,808,159	-	3,808,159
Total Common Collective Trusts	4,067,165	-	4,067,165
Group Annuity Contract	78,798	-	78,798
Total	$ 16,902,790	$ 12,756,827	$ 4,145,963

3. FAIR VALUE MEASUREMENTS (CONTINUED)

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

Description	Total	Level 1	Level 2
Mutual Funds			
Fixed Income	$ 1,401,239	$ 1,401,239	$ -
International Equity	2,762,650	2,762,650	-
Large Cap Equity	5,101,443	5,101,443	-
Mid Cap Equity	358,125	358,125	-
Small Cap Equity	484,233	484,233	-
Commodity	547,301	547,301	-
Real Estate	655,719	655,719	-
Total Mutual Funds	11,310,710	11,310,710	-
Common Collective Trusts			
Government Short Term Fund (1)	231,623	-	231,623
Bond Index Funds (2)	4,228,313	-	4,228,313
Total Common Collective Trusts	4,459,936	-	4,459,936
Group Annuity Contract	100,284	-	100,284
Total	$ 15,870,930	$ 11,310,710	$ 4,560,220

(1) This class represents an actively managed common collective trust that invests primarily in high quality governmental debt securities, including U.S. T-Bills and T-Bonds, as well as municipal bonds.

(2) This class represents actively managed bond index funds that invest in debt securities. Investments may include U.S. and non-U.S. governmental bonds, corporate bonds, and other fixed-income securities.

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the end of the reporting period. There were no transfers between levels of the fair value hierarchy during the reporting periods.

4. FUNDING POLICY

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in amounts as determined by the Plan's independent actuary. The Company met the minimum funding requirements of ERISA for the years ended December 31, 2014 and 2013.

5. ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and 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 become effective.

The actuarial present value of accumulated plan benefits as of January 1, 2014 is as follows:

Vested benefits:	
Participants and/or beneficiaries currently receiving benefits	$ 5,677,732
Other participants	6,010,479
Total vested benefits	$ 11,688,211
Nonvested benefits	270,807
Total actuarial present value of accumulated plan benefits	$ 11,959,018

The changes in the actuarial present value of the plan's accumulated plan benefits for the year ended January 1, 2014 are as follows:

Actuarial present value of accumulated plan benefits as of January 1, 2013	$ 11,720,405
Increase (decrease) during the year attributable to:	
Benefits accumulated	845,959
Benefits paid	(696,026)
Change in actuarial assumptions	(116,542)
Interest due to the decrease in the discount period	205,222
Actuarial present value of accumulated plan benefits as of January 1, 2014	$ 11,959,018

5. ACCUMULATED PLAN BENEFITS (CONTINUED)

Other changes in the table above represent the normal operation of the pension plan. It consists primarily of the increase due to ongoing benefit accruals (if any) and those items of plan experience that are not associated with plan asset performance.

The significant actuarial assumptions used in the January 1, 2014 valuation were:

- Mortality: RP-2014 Mortality Table with a fully generational projection using scale MP-2014 (2014 Only) and RP-2000 IRS PPA @ 2013 static Non-Annuitant/Annuitant Mortality Tables Projected for 2013 (2013 Only)
- Retirement age: Average retirement age of 65
- Investment return: 7.5% per annum
- Employee turnover rates: Based upon a standard turnover table for the steel industry

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. See Note 9 for the Company's right to terminate the Plan at any time.

6. INVESTMENTS (Unaudited)

The Plan's investments, which represented 5 percent or more of net assets available for benefits as of December 31, 2014 and/or 2013, are as follows:

	2014 Fair Value	2013 Fair Value
Common Collective Trusts:		
Collective Daily Aggregate Bond Index Fund	$ 1,859,028	$ 1,916,416
Collective Daily 1-5 Year Credit Bond Index Fund	1,949,131	2,311,897
Mutual Funds:		
MFO Delaware Value Fund - Large Cap	979,624	0
MFO Harbor Capital Appreciation - Large Cap	977,613	0
Multi-Manager Funds - High Yield	1,085,151	918,221
MFB Benchmark Funds - Stock Index	3,340,995	3,349,340
MFB Benchmark Funds - Int'l Equity Index	1,140,260	1,034,758
Multi-Manager Funds - International Equity	1,234,747	944,403
Multi-Manager Funds - Large Cap	0	1,752,104

7. PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are shares of mutual funds and a common collective trust managed by the Trustee as defined by the Plan. Therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services were $29,213 and $32,041 for the years ended December 31, 2014 and 2013, respectively.

8. FEDERAL INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter, dated August 15, 2013, that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code (IRC). The Company and the Trustee believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC and the Plan continues to be tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014 and 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

9. PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA applicable regulations thereunder and the plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (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. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

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

10. INFORMATION CERTIFIED BY TRUSTEE

The following is a summary of the information regarding the Plan as of and for the years ended December 31, 2014 and 2013, included in the Plan's financial statements and supplemental schedules, that was prepared by or derived from information prepared by the Trustee of the Plan and furnished to the plan administrator. The plan administrator has obtained certifications from the Trustee that such information is complete and accurate.

	2014	2013
Statements of Net Assets:		
Investments	$ 16,902,790	$ 15,870,930
Statements of Changes in Net Assets:		
Dividends and interest	$ 264,118	$ 193,327
Net appreciation in fair value of investments	$ 392,779	$ 1,711,133

All information in:

- Form 5500, Schedule H, Part IV, Line 4i—Schedule of Assets Held at End of Year as of December 31, 2014
- Form 5500, Schedule H, Part IV, Line 4i—Schedule of Investment Assets Acquired and Disposed of Within One Year for the Year Ended December 31, 2014
- Form 5500, Schedule H, Part IV, Line 4j—Schedule of Reportable Transactions for the Year Ended December 31, 2014
- Note 6 to the financial statements

HOURLY WAREHOUSE AND BARGAINING UNIT EMPLOYEES

FORM 5500, SCHEDULE H, PART IV, LINE 4i—

EIN 36-2815417, plan 002

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2014

Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Fair Value
Interest in Common Collective Trusts:			
* The Northern Trust Company	Collective Government Short-Term Trust Investment Fund	$ 259,006	$ 259,006
* The Northern Trust Company	Collective Daily Aggregate Bond Index Fund	1,202,776	1,859,028
* The Northern Trust Company	Collective Daily 1-5 Year Credit Bond Index Fund	1,863,708	1,949,131
Interest in Registered Investment Companies:			
* The Northern Trust Company	MFB Benchmark Funds - Stock Index	2,351,090	3,340,995
* The Northern Trust Company	Multi-Manager Funds- Emerging Markets	548,594	494,892
* The Northern Trust Company	Multi-Manager Funds- International Equity	1,229,830	1,234,747
* The Northern Trust Company	Multi-Manager Funds - High Yield	1,125,142	1,085,151
* The Northern Trust Company	Multi-Manger Funds - Small-Cap	432,001	434,790
* The Northern Trust Company	MFB Benchmark Funds - Int'l Equity Index	1,132,911	1,140,260
* The Northern Trust Company	MFB Benchmark Funds-Small Company Index Portfolio	371,275	426,416
* The Northern Trust Company	MFB Benchmark Funds-Mid Company Index Portfolio	391,879	440,288
* The Northern Trust Company	MFB Benchmark Funds-Multi Mngr Global Infrastructure	332,109	356,144
* The Northern Trust Company	MFB Northern Funds Global Real Estate	325,146	332,326
Delaware Investments	MFO Delaware Value Fund - Large Cap	1,023,223	979,624
Harbor	MFO Harbor Capital Appreciation - Large Cap	965,000	977,613
Doubleline	MFO Doubleline Core Fixed Income Fund	700,000	700,638
MFC Flex Shares Morningstar Global	Upstream Nat Res Index Fund	382,657	340,341
MFC Flex Shares TR IBOXX 5 YR	iBoxx 5-Year Target Duration TIPS Index Fund	226,782	210,270
MFC Flex Shares TR IBOXX 3 YR	iBoxx 3-Year Target Duration TIPS Index Fund	276,244	262,332
Funds Held in Insurance Company General Accounts:			
* Great-West Life Assurance Co.	Group annuity contract #16779GP	78,798	78,798
Total		$ 15,218,171	$ 16,902,790

* Permitted party-in-interest.

PENSION PLAN OF A. FINKL & SONS CO. FOR HOURLY WAREHOUSE AND BARGAINING UNIT EMPLOYEES

FORM 5500, SCHEDULE H, PART IV, LINE 4i—
EIN 36-2815417, plan 002
SCHEDULE OF INVESTMENT ASSETS ACQUIRED AND DISPOSED OF WITHIN ONE YEAR
YEAR ENDED DECEMBER 31, 2014

Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment	Shares	Cost of Acquisition	Proceeds of Disposition
Great-West Life Assurance Co.	Group annuity contract #16779GP	9,450	$ (9,450)	$ 0
		(30,937)	0	30,937

PENSION PLAN OF A. FINKL & SONS CO. FOR HOURLY WAREHOUSE AND BARGAINING UNIT EMPLOYEES

FORM 5500, SCHEDULE H, PART IV, LINE 4j—
EIN 36-2815417, plan 002
SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2014

Series of Transactions by Issue in Excess of 5%

Identity of Party Involved/ Description of Security	Purchase Price	Number of Transactions	Selling Price	Number of Sales	Expenses Incurred with Trades: Purchases	Sales	Total	Cost of Security	Fair Value	Net Gain or Loss
The Northern Trust Company										
Collective Government Short-Term										
All Purchases	$ 1,617,397	54			$ -	$ -	$ -	$ 1,617,397	$ 1,617,397	$ -
All Sales		32	$ 1,590,014	32	$ -	$ -	$ -	$ 1,590,014	$ 1,590,014	$ -
The Northern Trust Company										
Multi Manager Funds - Large Cap										
All Purchases	$ 30,000	1			$ -	$ -	$ -	$ 30,000	$ 30,000	$ -
All Sales		1	$ 1,906,852	1	$ -	$ -	$ -	$ 1,521,016	$ 1,906,852	$ 385,836
Delaware Investments										
MFO Delaware Value Fund										
All Purchases	$ 965,000	2			$ -	$ -	$ -	$ 965,000	$ 965,000	$ -
Harbor										
MFO Harbor Capital Appreciation Fund										
All Purchases	$ 1,023,223	3			$ -	$ -	$ -	$ 1,023,223	$ 1,023,223	$ -

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

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

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

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

A Name of plan

PENSION PLN OF A. FINKL & SONS CO. FOR HRLY WRHS & B.U. EES

B Three-digit plan number (PN) ▶ 002

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

A. FINKL & SONS CO.

D Employer Identification Number (EIN)

36-2815417

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

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

Part I Basic Information

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

2 Assets:

a Market value	2a	16,304,097
b Actuarial value	2b	15,452,134

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	172	6,177,935	6,177,935
b For terminated vested participants	125	1,586,080	1,586,080
c For active participants	251	5,343,809	5,655,143
d Total	548	13,107,824	13,419,158

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	6.48 %
6 Target normal cost	6	358,495

Statement by Enrolled Actuary

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

SIGN HERE

Sheryl Bogolub SB
Signature of actuary

09/22/2015
Date

Sheryl Bogolub
Type or print name of actuary

14-05538
Most recent enrollment number

Aon Consulting, Inc.
Firm name

(312) 381-4800
Telephone number (including area code)

200 East Randolph Street,
Suite 1400
Chicago IL 60601
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	573,939
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	573,939
10	Interest on line 9 using prior year's actual return of 14.11%	0	80983
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		733296
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.30%		46198
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		779494
	d Portion of (c) to be added to prefunding balance		779494
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1434416

Part III Funding Percentages

14	Funding target attainment percentage	14	104.46 %
15	Adjusted funding target attainment percentage	15	115.14 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.10 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/11/2014	274,356				
07/02/2014	221,959				
10/07/2014	221,959				
07/28/2015	354,264				
			Totals ► 18(b)	1,072,538	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1,017,364

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

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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**	358,495
b Excess assets, if applicable, but not greater than line 31a	**31b**	358,495

32 Amortization installments:

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

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

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1,017,364
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	1,017,364
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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

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

Schedule SB Attachment (Form 5500)—2014 Plan Year
Pension Plan of A. Finkl & Sons Co. for Hourly Warehouse and Bargaining Unit Employees
EIN: 36-2815417 PN: 002

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2014

Date	Amount	Days to Discount to 1/1/2014 at 6.48%	Interest Adjusted Contribution
April 11, 2014	$ 274,356	100	$ 269,677
July 2, 2014	221,959	182	215,118
October 7, 2014	221,959	279	211,558
July 28, 2015	354,264	573	321,011
Total Contribution	$ 1,072,538		$ 1,017,364

Schedule SB Attachment (Form 5500)—2014 Plan Year
Pension Plan of A. Finkl & Sons Co. for Hourly Warehouse and Bargaining Unit Employees
EIN: 36-2815417 PN: 002

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	6.50%	1.0000	3.58
56	5.81%	0.9350	3.04
57	6.38%	0.8807	3.20
58	6.61%	0.8245	3.16
59	8.71%	0.7700	3.96
60	11.20%	0.7029	4.72
61	14.89%	0.6242	5.67
62	20.72%	0.5313	6.82
63	15.98%	0.4212	4.24
64	23.25%	0.3539	5.27
65	35.20%	0.2716	6.21
66	21.38%	0.1760	2.48
67	16.84%	0.1384	1.56
68	19.68%	0.1151	1.54
69	23.19%	0.0924	1.48
70	100.00%	0.0710	4.97
		Weighted Average	61.90

Schedule SB Attachment (Form 5500)—2014 Plan Year
Pension Plan of A. Finkl & Sons Co. for Hourly Warehouse and Bargaining Unit Employees
EIN: 36-2815417 PN: 002

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2013), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.99%
2nd Segment Rate	6.32%
3rd Segment Rate	6.99%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2013), without regard to interest rate stabilization
1st Segment Rate	1.37%
2nd Segment Rate	4.05%
3rd Segment Rate	5.06%
Retirement Age	
Active Participants	See Tables 1-2
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2014 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 3
Disability Rates	See Table 4
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $210,000.

Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2012 Plan Year	7.50%, limited to 6.32%
2013 Plan Year	7.50%, limited to 6.76%
Trust Expenses Included in Target Normal Cost	Set equal to prior year's administrative expenses
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2014

Table 1

Retirement Rates—For Participants Hired On or After November 22, 1995

Age	Rate
55	6.50%
56	5.81%
57	6.38%
58	6.61%
59	8.71%
60	11.20%
61	14.89%
62	20.72%
63	15.98%
64	23.25%
65	35.20%
66	21.38%
67	16.84%
68	19.68%
69	23.19%
70	100.00%

Table 2

Retirement Rates—For Participants Hired Before November 22, 1995

	Years of Service				
Age	**0-9**	**10**	**11-29**	**30**	**31+**
48	0.00%	0.00%	0.00%	20.00%	5.00%
49	0.00%	0.00%	0.00%	20.00%	5.00%
50	0.00%	0.00%	0.00%	20.00%	5.00%
51	0.00%	0.00%	0.00%	20.00%	5.00%
52	0.00%	0.00%	0.00%	20.00%	5.00%
53	0.00%	0.00%	0.00%	20.00%	5.00%
54	0.00%	0.00%	0.00%	20.00%	5.00%
55	0.00%	20.00%	5.00%	5.00%	5.00%
56	0.00%	20.00%	5.00%	5.00%	5.00%
57	0.00%	20.00%	5.00%	5.00%	5.00%
58	0.00%	20.00%	5.00%	5.00%	5.00%
59	0.00%	20.00%	5.00%	5.00%	5.00%
60	0.00%	20.00%	5.00%	5.00%	5.00%
61	0.00%	20.00%	5.00%	5.00%	5.00%
62	0.00%	20.00%	10.00%	10.00%	10.00%
63	0.00%	20.00%	5.00%	5.00%	5.00%
64	0.00%	20.00%	5.00%	5.00%	5.00%
65+	100.00%	100.00%	100.00%	100.00%	100.00%

Table 3

Withdrawal Rates

Age	Rate	Age	Rate
15	7.9384%	45	3.9753%
16	7.9384%	46	3.7270%
17	7.9384%	47	3.4650%
18	7.9384%	48	3.1850%
19	7.9384%	49	2.8841%
20	7.9384%	50	2.5627%
21	7.8989%	51	2.2260%
22	7.8587%	52	1.8837%
23	7.8169%	53	1.5472%
24	7.7723%	54	1.2288%
25	7.7242%	55	0.9394%
26	7.6700%	56	0.6847%
27	7.5912%	57	0.4713%
28	7.4890%	58	0.3024%
29	7.3654%	59	0.1767%
30	7.2219%	60	0.0901%
31	7.0603%	61	0.0367%
32	6.8829%	62	0.0094%
33	6.6916%	63	0.0000%
34	6.4888%	64	0.0000%
35	6.2764%	65+	0.0000%
36	6.0572%		
37	5.8332%		
38	5.6066%		
39	5.3786%		
40	5.1504%		
41	4.9206%		
42	4.6881%		
43	4.4533%		
44	4.2159%		

Table 4

Disability Rates

Age	Rate	Age	Rate
30	0.06%	60	1.62%
31	0.06%	61	1.75%
32	0.06%	62	1.88%
33	0.06%	63	2.02%
34	0.07%	64	2.16%
35	0.07%	65	2.30%
36	0.08%	66+	0.00%
37	0.08%		
38	0.09%		
39	0.10%		
40	0.11%		
41	0.13%		
42	0.15%		
43	0.17%		
44	0.19%		
45	0.22%		
46	0.25%		
47	0.28%		
48	0.33%		
49	0.38%		
50	0.46%		
51	0.57%		
52	0.69%		
53	0.80%		
54	0.91%		
55	1.02%		
56	1.13%		
57	1.25%		
58	1.37%		
59	1.49%		

Schedule SB, Part V—Summary of Plan Provisions

General Information

Original Effective Date	January 1, 1960
Plan Year	January 1 to December 31
Eligibility	All employees who are an hourly paid individual or an individual represented by one of the unions are eligible to participate in the plan.
Service	Effective for any plan year ending on or after December 31, 1974, credited service shall be determined as follows:

Hours of Service During Plan Year	Credited Service
Less then 375 hours	None
375–749	0.25
750–1,124	0.50
1,125–1,499	0.75
1,500 or more hours	1.00

Normal Retirement Date	The first of the month following the later of age 65 or the fifth anniversary of participation in the plan.
Normal Retirement Benefit	Effective January 1, 2005, the standard retirement benefit is a monthly benefit payable for life according to the following schedule for each of the respective unions.
Machinists Union	$16 multiplied by the number of years of credited service earned before January 1, 1990; plus $17 multiplied by the number of years of credited service earned between January 1, 1990 and December 31, 1992; plus $19 multiplied by the number of years of credited service earned between January 1, 1993 and December 31, 1995; plus $21 multiplied by the number of years of credited service earned between January 1, 1996 and December 31, 1998; plus $22 multiplied by the number of years of credited service earned between January 1, 1999 and December 31, 2001; plus $24 multiplied by the number of years of credited service earned between January 1, 2002 and December 31, 2004; plus $25 multiplied by the number of years of credited service earned between January 1, 2005 and December 31, 2005; plus $26 multiplied by the number

	of years of credited service earned between January 1, 2006 and December 31, 2007; plus $27 multiplied by the number of years of credited service earned between January 1, 2008 and December 31, 2008; plus $28 multiplied by the number of years of credited service earned between January 1, 2009 and December 31, 2009; plus $29 multiplied by the number of years of credited service earned between January 1, 2010 and December 31, 2010; plus $31 multiplied by the number of years of credited service earned between January 1, 2011 and December 31, 2011; plus $33 multiplied by the number of years of credited service earned between January 1, 2012 and December 31, 2012; plus $34 multiplied by the number of years of credited service earned between January 1, 2013 and December 31, 2013; plus $35 multiplied by the number of years of credited service earned between January 1, 2014 and December 31, 2014; plus $36 multiplied by the number of years of credited service earned between January 1, 2015 and December 31, 2015; plus $37 multiplied by the number of years of credited service earned on or after December 31, 2015, with a 35 year maximum for credited service.
Blacksmiths Union	$16 multiplied by the number of years of credited service earned before January 1, 1980; plus $17 multiplied by the number of years of credited service earned January 1, 1980 and December 31, 1989; plus $18 multiplied by the number of years of credited service earned between January 1, 1990 and December 31, 1992; plus $20 multiplied by the number of years of credited service earned between January 1, 1993 and December 31, 1998; plus $21 multiplied by the number of years of credited service earned between January 1, 1999 and December 31, 2001; plus $23 multiplied by the number of years of credited service earned between January 1, 2002 and December 31, 2004; plus $24 multiplied by the number of years of credited service earned between January 1, 2005 and December 31, 2005; plus $25 multiplied by the number of years of credited service earned on or after January 1, 2006 and December 31, 2007; plus $27 multiplied by the number of years of credited service earned between January 1, 2008 and December 31, 2008; plus $29 multiplied by the number of years of credited service earned between January 1, 2009 and December 31, 2009; plus $31 multiplied by the number of years of credited service earned between January 1,

	2010 and December 31, 2010; plus $32.75 multiplied by the number of years of credited service earned between January 1, 2011 and December 31, 2011; plus $34.60 multiplied by the number of years of credited service earned between January 1, 2012 and December 31, 2012; plus $36.45 multiplied by the number of years of credited service earned between January 1, 2013 and December 31, 2013; plus $37.95 multiplied by the number of years of credited service earned between January 1, 2014 and December 31, 2014; plus $39.45 multiplied by the number of years of credited service earned between January 1, 2015 and December 31, 2015; plus $40.95 multiplied by the number of years of credited service earned on or after December 31, 2015, with a 35 year maximum for credited service.
Early Retirement Date	A participant may retire early once they reach age 55 with 10 years of service, or at any age with 30 years of credited service, provided that they were hired prior to November 22, 1995.
Early Retirement Benefit	A participant who elects to retire early is entitled to the accrued retirement benefit determined as of his early retirement date and payable commencing at his normal retirement date. However, a participant may elect to have his benefit commence prior to his normal retirement date in a reduced amount determined in accordance with the provisions of the plan. If retirement occurs after 30 years of credited service and you were hired before November 22, 1995, no reduction in benefits is applied. (Prior to 30 years of service, benefits are reduced for each month by which the early retirement precedes the normal retirement date.)
Disability Retirement Benefit	An eligible disabled participant shall be entitled to his accrued retirement benefit, based upon his credited service as of his disability retirement date commencing as of his date of disability. Benefits shall cease upon recovery or attainment of age 65, at which time retirement benefits shall commence.
Death Benefit	If a participant’s death occurs after his completion of five years of service while actively employed, his surviving spouse shall be entitled to a benefit payable for life equal to 50% of the benefit that would have been payable if the participant had terminated employment on his date of death, survived to his earliest retirement age, and elected a joint and survivor benefit with 50%

	continuing to his spouse. This benefit shall commence on the date that the participant would have attained his earliest retirement age. If a participant terminates employment after August 22, 1984 with a deferred vested benefit and dies before commencement of his retirement benefit, his surviving spouse shall be entitled to a benefit payable for life equal to 50% of the benefit that would have been payable if the participant had survived to his earliest retirement age and elected a joint and survivor benefit with 50% continuing to his spouse. This benefit shall commence on the date that the participant would have attained his earliest retirement age. If a participant retires before age 65 with 30 years of service or with a disability benefit, and dies before age 65, his surviving spouse shall be entitled to a benefit payable for life equal to 50% of the benefit that would have been payable if the participant had survived to his earliest retirement age and elected a joint and survivor benefit with 50% continuing to his spouse. The benefit shall commence on the date that the participant would have attained his earliest retirement age.
Severance Benefit	A participant who terminates employment after completing at least five years of vesting service shall be 100% vested in his accrued retirement benefit, determined as of his termination date and payable commencing at his normal retirement date. However, a participant may elect to have his benefit commence at his early retirement date in a reduced amount, determined in the same manner as early retirement benefits.
Amendment or Termination of Plan	The employer reserves the right to amend or terminate the plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the plan if the employer fails to meet the minimum funding standards or is unable to pay benefits when due. If the plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure, and the employer shall be liable for any unfunded vested benefits to the extent required by law.

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

Plan Changes Since the Prior Year

The funding and plan reporting valuations reflect the following plan changes.

- The Machinists Union increased pension to $35 per month per year of credited service after January 1, 2014, to $36 per month per year of credited service after January 1, 2015, and to $37 per month per year of credited service after January 1, 2016.
- The Blacksmiths Union increased pension to $37.95 per month per year of credited service after January 1, 2014, to $39.45 per month per year of credited service after January 1, 2015, and to $40.95 per month per year of credited service after January 1, 2016.

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

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

As a result of an internal change in assignments at Aon Hewitt, the Enrolled Actuary has changed.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Pension Plan of A. Finkl & Sons Co. for Hourly Warehouse and Bargaining Unit Employees
EIN: 36-2815417 PN: 002

Schedule SB, line 25—Change in Method

The funding valuation reflects the following method change:

- A change in the Enrolled Actuary for the 2014 plan year.

This change has automatic approval under final regulations, Notice 2010-3, or other IRS guidance.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Pension Plan of A. Finkl & Sons Co. for Hourly Warehouse and Bargaining Unit Employees
EIN: 36-2815417 PN: 002

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

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	3	10	1							
25-29	3	18	11							
30-34		8	10							
35-39		11	4	2	3					
40-44	1	12	10	3	5	1	1			
45-49		7	7	3	2	3	5			
50-54		5	6	1	4	3	5	3	1	
55-59		5	7	2	5	1	5	3	6	1
60-64		1	5	2		5	6	2	4	5
65-69			1	1	1	1	5		2	2
70+			1							

N-251

Schedule SB Attachment (Form 5500)—2014 Plan Year
Pension Plan of A. Finkl & Sons Co. for Hourly Warehouse and Bargaining Unit Employees
EIN: 36-2815417 PN: 002

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2014

Date	Amount	Days to Discount to 1/1/2014 at 6.48%	Interest Adjusted Contribution
April 11, 2014	$ 274,356	100	$ 269,677
July 2, 2014	221,959	182	215,118
October 7, 2014	221,959	279	211,558
July 28, 2015	354,264	573	321,011
Total Contribution	$ 1,072,538		$ 1,017,364

Schedule SB Attachment (Form 5500)—2014 Plan Year
Pension Plan of A. Finkl & Sons Co. for Hourly Warehouse and Bargaining Unit Employees
EIN: 36-2815417 PN: 002

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	6.50%	1.0000	3.58
56	5.81%	0.9350	3.04
57	6.38%	0.8807	3.20
58	6.61%	0.8245	3.16
59	8.71%	0.7700	3.96
60	11.20%	0.7029	4.72
61	14.89%	0.6242	5.67
62	20.72%	0.5313	6.82
63	15.98%	0.4212	4.24
64	23.25%	0.3539	5.27
65	35.20%	0.2716	6.21
66	21.38%	0.1760	2.48
67	16.84%	0.1384	1.56
68	19.68%	0.1151	1.54
69	23.19%	0.0924	1.48
70	100.00%	0.0710	4.97
		Weighted Average	61.90

Schedule SB Attachment (Form 5500)—2014 Plan Year
Pension Plan of A. Finkl & Sons Co. for Hourly Warehouse and Bargaining Unit Employees
EIN: 36-2815417 PN: 002

Schedule SB, line 25—Change in Method

The funding valuation reflects the following method change:

- A change in the Enrolled Actuary for the 2014 plan year.

This change has automatic approval under final regulations, Notice 2010-3, or other IRS guidance.

Schedule SB Attachment (Form 5500)—2014 Plan Year
Pension Plan of A. Finkl & Sons Co. for Hourly Warehouse and Bargaining Unit Employees
EIN: 36-2815417 PN: 002

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

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	3	10	1							
25-29	3	18	11							
30-34		8	10							
35-39		11	4	2	3					
40-44	1	12	10	3	5	1	1			
45-49		7	7	3	2	3	5			
50-54		5	6	1	4	3	5	3	1	
55-59		5	7	2	5	1	5	3	6	1
60-64		1	5	2		5	6	2	4	5
65-69			1	1	1	1	5		2	2
70+			1							

N-251

Schedule SB Attachment (Form 5500)—2014 Plan Year
Pension Plan of A. Finkl & Sons Co. for Hourly Warehouse and Bargaining Unit Employees
EIN: 36-2815417 PN: 002

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2013), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.99%
2nd Segment Rate	6.32%
3rd Segment Rate	6.99%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2013), without regard to interest rate stabilization
1st Segment Rate	1.37%
2nd Segment Rate	4.05%
3rd Segment Rate	5.06%
Retirement Age	
Active Participants	See Tables 1-2
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2014 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 3
Disability Rates	See Table 4
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $210,000.

Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2012 Plan Year	7.50%, limited to 6.32%
2013 Plan Year	7.50%, limited to 6.76%
Trust Expenses Included in Target Normal Cost	Set equal to prior year's administrative expenses
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2014

Table 1

Retirement Rates—For Participants Hired On or After November 22, 1995

Age	Rate
55	6.50%
56	5.81%
57	6.38%
58	6.61%
59	8.71%
60	11.20%
61	14.89%
62	20.72%
63	15.98%
64	23.25%
65	35.20%
66	21.38%
67	16.84%
68	19.68%
69	23.19%
70	100.00%

Table 2

Retirement Rates—For Participants Hired Before November 22, 1995

	Years of Service				
Age	**0-9**	**10**	**11-29**	**30**	**31+**
48	0.00%	0.00%	0.00%	20.00%	5.00%
49	0.00%	0.00%	0.00%	20.00%	5.00%
50	0.00%	0.00%	0.00%	20.00%	5.00%
51	0.00%	0.00%	0.00%	20.00%	5.00%
52	0.00%	0.00%	0.00%	20.00%	5.00%
53	0.00%	0.00%	0.00%	20.00%	5.00%
54	0.00%	0.00%	0.00%	20.00%	5.00%
55	0.00%	20.00%	5.00%	5.00%	5.00%
56	0.00%	20.00%	5.00%	5.00%	5.00%
57	0.00%	20.00%	5.00%	5.00%	5.00%
58	0.00%	20.00%	5.00%	5.00%	5.00%
59	0.00%	20.00%	5.00%	5.00%	5.00%
60	0.00%	20.00%	5.00%	5.00%	5.00%
61	0.00%	20.00%	5.00%	5.00%	5.00%
62	0.00%	20.00%	10.00%	10.00%	10.00%
63	0.00%	20.00%	5.00%	5.00%	5.00%
64	0.00%	20.00%	5.00%	5.00%	5.00%
65+	100.00%	100.00%	100.00%	100.00%	100.00%

Table 3

Withdrawal Rates

Age	Rate	Age	Rate
15	7.9384%	45	3.9753%
16	7.9384%	46	3.7270%
17	7.9384%	47	3.4650%
18	7.9384%	48	3.1850%
19	7.9384%	49	2.8841%
20	7.9384%	50	2.5627%
21	7.8989%	51	2.2260%
22	7.8587%	52	1.8837%
23	7.8169%	53	1.5472%
24	7.7723%	54	1.2288%
25	7.7242%	55	0.9394%
26	7.6700%	56	0.6847%
27	7.5912%	57	0.4713%
28	7.4890%	58	0.3024%
29	7.3654%	59	0.1767%
30	7.2219%	60	0.0901%
31	7.0603%	61	0.0367%
32	6.8829%	62	0.0094%
33	6.6916%	63	0.0000%
34	6.4888%	64	0.0000%
35	6.2764%	65+	0.0000%
36	6.0572%		
37	5.8332%		
38	5.6066%		
39	5.3786%		
40	5.1504%		
41	4.9206%		
42	4.6881%		
43	4.4533%		
44	4.2159%		

Table 4

Disability Rates

Age	Rate	Age	Rate
30	0.06%	60	1.62%
31	0.06%	61	1.75%
32	0.06%	62	1.88%
33	0.06%	63	2.02%
34	0.07%	64	2.16%
35	0.07%	65	2.30%
36	0.08%	66+	0.00%
37	0.08%		
38	0.09%		
39	0.10%		
40	0.11%		
41	0.13%		
42	0.15%		
43	0.17%		
44	0.19%		
45	0.22%		
46	0.25%		
47	0.28%		
48	0.33%		
49	0.38%		
50	0.46%		
51	0.57%		
52	0.69%		
53	0.80%		
54	0.91%		
55	1.02%		
56	1.13%		
57	1.25%		
58	1.37%		
59	1.49%		

Schedule SB Attachment (Form 5500)—2014 Plan Year
Pension Plan of A. Finkl & Sons Co. for Hourly Warehouse and Bargaining Unit Employees
EIN: 36-2815417 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

General Information

Original Effective Date	January 1, 1960
Plan Year	January 1 to December 31
Eligibility	All employees who are an hourly paid individual or an individual represented by one of the unions are eligible to participate in the plan.
Service	Effective for any plan year ending on or after December 31, 1974, credited service shall be determined as follows:

Hours of Service During Plan Year	Credited Service
Less then 375 hours	None
375–749	0.25
750–1,124	0.50
1,125–1,499	0.75
1,500 or more hours	1.00

Normal Retirement Date	The first of the month following the later of age 65 or the fifth anniversary of participation in the plan.
Normal Retirement Benefit	Effective January 1, 2005, the standard retirement benefit is a monthly benefit payable for life according to the following schedule for each of the respective unions.
Machinists Union	$16 multiplied by the number of years of credited service earned before January 1, 1990; plus $17 multiplied by the number of years of credited service earned between January 1, 1990 and December 31, 1992; plus $19 multiplied by the number of years of credited service earned between January 1, 1993 and December 31, 1995; plus $21 multiplied by the number of years of credited service earned between January 1, 1996 and December 31, 1998; plus $22 multiplied by the number of years of credited service earned between January 1, 1999 and December 31, 2001; plus $24 multiplied by the number of years of credited service earned between January 1, 2002 and December 31, 2004; plus $25 multiplied by the number of years of credited service earned between January 1, 2005 and December 31, 2005; plus $26 multiplied by the number

	of years of credited service earned between January 1, 2006 and December 31, 2007; plus $27 multiplied by the number of years of credited service earned between January 1, 2008 and December 31, 2008; plus $28 multiplied by the number of years of credited service earned between January 1, 2009 and December 31, 2009; plus $29 multiplied by the number of years of credited service earned between January 1, 2010 and December 31, 2010; plus $31 multiplied by the number of years of credited service earned between January 1, 2011 and December 31, 2011; plus $33 multiplied by the number of years of credited service earned between January 1, 2012 and December 31, 2012; plus $34 multiplied by the number of years of credited service earned between January 1, 2013 and December 31, 2013; plus $35 multiplied by the number of years of credited service earned between January 1, 2014 and December 31, 2014; plus $36 multiplied by the number of years of credited service earned between January 1, 2015 and December 31, 2015; plus $37 multiplied by the number of years of credited service earned on or after December 31, 2015, with a 35 year maximum for credited service.
Blacksmiths Union	$16 multiplied by the number of years of credited service earned before January 1, 1980; plus $17 multiplied by the number of years of credited service earned January 1, 1980 and December 31, 1989; plus $18 multiplied by the number of years of credited service earned between January 1, 1990 and December 31, 1992; plus $20 multiplied by the number of years of credited service earned between January 1, 1993 and December 31, 1998; plus $21 multiplied by the number of years of credited service earned between January 1, 1999 and December 31, 2001; plus $23 multiplied by the number of years of credited service earned between January 1, 2002 and December 31, 2004; plus $24 multiplied by the number of years of credited service earned between January 1, 2005 and December 31, 2005; plus $25 multiplied by the number of years of credited service earned on or after January 1, 2006 and December 31, 2007; plus $27 multiplied by the number of years of credited service earned between January 1, 2008 and December 31, 2008; plus $29 multiplied by the number of years of credited service earned between January 1, 2009 and December 31, 2009; plus $31 multiplied by the number

	of years of credited service earned between January 1, 2010 and December 31, 2010; plus $32.75 multiplied by the number of years of credited service earned between January 1, 2011 and December 31, 2011; plus $34.60 multiplied by the number of years of credited service earned between January 1, 2012 and December 31, 2012; plus $36.45 multiplied by the number of years of credited service earned between January 1, 2013 and December 31, 2013; plus $37.95 multiplied by the number of years of credited service earned between January 1, 2014 and December 31, 2014; plus $39.45 multiplied by the number of years of credited service earned between January 1, 2015 and December 31, 2015; plus $40.95 multiplied by the number of years of credited service earned on or after December 31, 2015, with a 35 year maximum for credited service.
Early Retirement Date	A participant may retire early once they reach age 55 with 10 years of service, or at any age with 30 years of credited service, provided that they were hired prior to November 22, 1995.
Early Retirement Benefit	A participant who elects to retire early is entitled to the accrued retirement benefit determined as of his early retirement date and payable commencing at his normal retirement date. However, a participant may elect to have his benefit commence prior to his normal retirement date in a reduced amount determined in accordance with the provisions of the plan. If retirement occurs after 30 years of credited service and you were hired before November 22, 1995, no reduction in benefits is applied. (Prior to 30 years of service, benefits are reduced for each month by which the early retirement precedes the normal retirement date.)
Disability Retirement Benefit	An eligible disabled participant shall be entitled to his accrued retirement benefit, based upon his credited service as of his disability retirement date commencing as of his date of disability. Benefits shall cease upon recovery or attainment of age 65, at which time retirement benefits shall commence.
Death Benefit	If a participant’s death occurs after his completion of five years of service while actively employed, his surviving spouse shall be entitled to a benefit payable for life equal to 50% of the benefit that would have been payable if the participant had terminated employment

	on his date of death, survived to his earliest retirement age, and elected a joint and survivor benefit with 50% continuing to his spouse. This benefit shall commence on the date that the participant would have attained his earliest retirement age. If a participant terminates employment after August 22, 1984 with a deferred vested benefit and dies before commencement of his retirement benefit, his surviving spouse shall be entitled to a benefit payable for life equal to 50% of the benefit that would have been payable if the participant had survived to his earliest retirement age and elected a joint and survivor benefit with 50% continuing to his spouse. This benefit shall commence on the date that the participant would have attained his earliest retirement age. If a participant retires before age 65 with 30 years of service or with a disability benefit, and dies before age 65, his surviving spouse shall be entitled to a benefit payable for life equal to 50% of the benefit that would have been payable if the participant had survived to his earliest retirement age and elected a joint and survivor benefit with 50% continuing to his spouse. The benefit shall commence on the date that the participant would have attained his earliest retirement age.
Severance Benefit	A participant who terminates employment after completing at least five years of vesting service shall be 100% vested in his accrued retirement benefit, determined as of his termination date and payable commencing at his normal retirement date. However, a participant may elect to have his benefit commence at his early retirement date in a reduced amount, determined in the same manner as early retirement benefits.
Amendment or Termination of Plan	The employer reserves the right to amend or terminate the plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the plan if the employer fails to meet the minimum funding standards or is unable to pay benefits when due. If the plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure, and the employer shall be liable for any unfunded vested benefits to the extent required by law.

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

Plan Changes Since the Prior Year

The funding and plan reporting valuations reflect the following plan changes.

- The Machinists Union increased pension to $35 per month per year of credited service after January 1, 2014, to $36 per month per year of credited service after January 1, 2015, and to $37 per month per year of credited service after January 1, 2016.
- The Blacksmiths Union increased pension to $37.95 per month per year of credited service after January 1, 2014, to $39.45 per month per year of credited service after January 1, 2015, and to $40.95 per month per year of credited service after January 1, 2016.

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

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

As a result of an internal change in assignments at Aon Hewitt, the Enrolled Actuary has changed.

Plan Name	**Pension Plan of A. Finkl & Sons Co. For Hourly Warehouse & Bargaining Unit Employees**
Plan Sponsor EIN	**36-2815417**
ERISA Plan No.	**002**
Plan Year End	**12/31/2014**

The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line Item	Description
5500 Schedule H	Line 4i	Schedule of Assets (Held at End of Year)

Plan Name	**Pension Plan of A. Finkl & Sons Co. For Hourly Warehouse & Bargaining Unit Employees**
Plan Sponsor EIN	**36-2815417**
ERISA Plan No.	**002**
Plan Year End	**12/31/2014**

The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line Item	Description
5500 Schedule H	Line 4j	Schedule of Reportable Transactions