

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

Part II	Basic Plan Information —enter all requested information										
1a Name of plan MOLEX INCORPORATED HOURLY EMPLOYEES' PENSION PLAN 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) MOLEX INCORPORATED 2222 WELLINGTON COURT LISLE, IL 60532-1682	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 50%; text-align: center;">002</td> </tr> <tr> <td colspan="2">1c Effective date of plan 07/01/1973</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 36-2369491</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number 630-969-4550</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 335900</td> </tr> </table>	1b Three-digit plan number (PN) ▶	002	1c Effective date of plan 07/01/1973		2b Employer Identification Number (EIN) 36-2369491		2c Plan Sponsor's telephone number 630-969-4550		2d Business code (see instructions) 335900	
1b Three-digit plan number (PN) ▶	002										
1c Effective date of plan 07/01/1973											
2b Employer Identification Number (EIN) 36-2369491											
2c Plan Sponsor's telephone number 630-969-4550											
2d Business code (see instructions) 335900											

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	BRYN WILEY
	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) GRANT THORNTON LLP 175 W. JACKSON BLVD., 20TH FLOOR CHICAGO, IL 60604			Preparer's telephone number (optional) 312-856-0200

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:		4b EIN	
a Sponsor's name		4c PN	
5 Total number of participants at the beginning of the plan year		5	3215
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)	1506
a(2) Total number of active participants at the end of the plan year		6a(2)	1398
b Retired or separated participants receiving benefits		6b	437
c Other retired or separated participants entitled to future benefits.....		6c	1238
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	3073
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	80
f Total. Add lines 6d and 6e		6f	3153
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	19
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 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)	☐	(1)	☐
Insurance		Insurance	
(2)	☐	(2)	☐
Code section 412(e)(3) insurance contracts		Code section 412(e)(3) insurance contracts	
(3)	☒	(3)	☒
Trust		Trust	
(4)	☐	(4)	☐
General assets of the sponsor		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		b General Schedules	
(1)	☒ R (Retirement Plan Information)	(1)	☒ H (Financial Information)
(2)	☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2)	☐ I (Financial Information – Small Plan)
(3)	☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3)	☐ A (Insurance Information)
		(4)	☒ C (Service Provider Information)
		(5)	☐ D (DFE/Participating Plan Information)
		(6)	☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014	
Round off amounts to nearest dollar.	
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan MOLEX INCORPORATED HOURLY EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MOLEX INCORPORATED	D Employer Identification Number (EIN) 36-2369491
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2014			
2	Assets:			
	a Market value	2a	86175619	
	b Actuarial value	2b	81924848	
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	461	18030227	18030227
	b For terminated vested participants	1243	18229164	18229164
	c For active participants	1506	32350499	32491712
	d Total	3210	68609890	68751103
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	6.62%	
6	Target normal cost	6	1582860	

Statement by Enrolled Actuary

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

SIGN HERE		09/22/2015
	Signature of actuary	Date
MICHAEL R. MACE	Type or print name of actuary	14-06591
		Most recent enrollment number
TOWERS WATSON DELAWARE, INC.	Firm name	314-719-5900
		Telephone number (including area code)
101 SOUTH HANLEY ST. LOUIS, MO 63105-3411	Address of the firm	

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

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
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	1582860	
b Excess assets, if applicable, but not greater than line 31a	31b	1582860	
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	0	
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	1403363	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1403363	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

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

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan MOLEX INCORPORATED HOURLY EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 MOLEX INCORPORATED	D Employer Identification Number (EIN) 36-2369491	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

HEWITT ASSOCIATES

36-2235791

(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?
11 50	NONE	118256	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BMO HARRIS BANK

39-6436442

(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 50	NONE	39111	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

a Name: ERIN R. SABO	b EIN: 36-2235791
c Position: ENROLLED ACTUARY	
d Address: 4 OVERLOOK POINT LINCOLNSHIRE, IL 60069	e Telephone: 847-295-5000

Explanation: AS THE RESULT OF THE ACQUISITION OF MOLEX INCORPORATED BY KOCH INDUSTRIES, INC., TOWERS WATSON WAS APPOINTED AS THE PLAN ACTUARY, REPLACING AON HEWITT. THIS CHANGE WAS EFFECTIVE FOR THE 2014 PLAN YEAR.

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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>MOLEX INCORPORATED HOURLY EMPLOYEES' PENSION PLAN</u>		B Three-digit plan number (PN) ► <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MOLEX INCORPORATED</u>		D Employer Identification Number (EIN) <u>36-2369491</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	1500000	1500000
	(2) Participant contributions.....	1b(2)		
	(3) Other.....	1b(3)	74742	6344
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common.....	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property).....	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans.....	1c(8)		
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(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)	84665461	86611452
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	86240203	88117796

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	86240203	88117796
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1500000	
(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)		1500000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1892227	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1892227
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(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)		989992
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4382219

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2187223	
(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)		2187223
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)	118256	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	199147	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		317403
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2504626

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1877593
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: GRANT THORNTON LLP

(2) EIN: 36-6055558

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	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		10000000
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

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan MOLEX INCORPORATED HOURLY EMPLOYEES' PENSION PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 MOLEX INCORPORATED		D Employer Identification Number (EIN) 36-2369491
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): 39-6436442		
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 4
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☒ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☒ N/A		
Part III Amendments		
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		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2014 v. 140124		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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: 46.8% Investment-Grade Debt: 20.7% High-Yield Debt: 11.8% Real Estate: 8.9% Other: 11.8%
- 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):



Financial Statements and Report of Independent
Certified Public Accountants

Molex Incorporated
Hourly Employees' Pension Plan

December 31, 2014 and 2013

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

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Employee Benefits Fiduciary Committee
Molex Incorporated
Hourly Employees' Pension Plan

Report on the financial statements

We were engaged to audit the accompanying financial statements of Molex Incorporated Hourly Employees' Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated Plan benefits as of December 31, 2013, and the related statement of changes in accumulated Plan benefits for the year ended December 31, 2013, and the related notes to the financial statements.

Management's responsibility for the financial statements

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

Auditor's responsibility

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

Basis for disclaimer of opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified information described in note D, except for comparing such information with the related information included in the financial statements. We have been informed by the

Plan administrator that the certifying entity meets the requirements of 29 CFR 2520.103-8. The Plan administrator obtained certifications from this entity as of and for the years ended December 31, 2014 and 2013, stating that the certified information provided to the Plan administrator is complete and accurate.

Disclaimer of opinion

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

Supplementary information

The supplemental schedules of assets (held at end of year) as of December 31, 2014, and of reportable transactions for the year ended December 31, 2014, are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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 certified information described in note D, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Chicago, Illinois
October 15, 2015

Molex Incorporated
Hourly Employees' Pension Plan
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31,

	<u>2014</u>	<u>2013</u>
Assets		
Investments, at fair value		
Mutual funds	\$86,611,452	\$84,665,461
Receivables		
Accrued interest and dividends	6,344	74,742
Employer contributions	<u>1,500,000</u>	<u>1,500,000</u>
Total receivables	<u>1,506,344</u>	<u>1,574,742</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$88,117,796</u>	<u>\$86,240,203</u>

The accompanying notes are an integral part of these statements.

Molex Incorporated
Hourly Employees' Pension Plan
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years ended December 31,

	2014	2013
Additions		
Investment income		
Net appreciation in fair value of mutual funds	\$ 989,992	\$ 7,189,451
Interest and dividend income	<u>1,892,227</u>	<u>1,705,682</u>
Total investment income	2,882,219	8,895,133
Employer contributions	<u>1,500,000</u>	<u>1,550,000</u>
Total additions	\$4,382,219	10,445,133
Deductions		
Distributions to participants	2,187,223	1,836,535
Administrative expenses	<u>317,403</u>	<u>217,298</u>
Total deductions	<u>2,504,626</u>	<u>2,053,833</u>
NET INCREASE	1,877,593	8,391,300
Net assets available for benefits		
Beginning of year	<u>86,240,203</u>	<u>77,848,903</u>
End of year	<u>\$88,117,796</u>	<u>\$86,240,203</u>

The accompanying notes are an integral part of these statements.

Molex Incorporated
Hourly Employees' Pension Plan
STATEMENT OF ACCUMULATED PLAN BENEFITS
December 31, 2013

Actuarial present value of accumulated Plan benefits

Vested benefits

Active employees	\$29,637,347
Participants with deferred benefits	16,625,581
Participants with deferred benefits	<u>16,805,228</u>

Total vested benefits	63,068,156
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Non-vested benefits	<u>131,640</u>
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Total actuarial present value of accumulated Plan benefits	<u>\$63,199,796</u>
--	---------------------

The accompanying notes are an integral part of this statement.

Molex Incorporated
Hourly Employees' Pension Plan
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
Year ended December 31, 2013

Actuarial present value of accumulated Plan benefits, beginning of year	\$57,045,927
Increase (decrease) during the year attributable to	
Benefits accumulated	(631,393)
Decrease in the discount period	4,349,894
Actual benefits paid	(1,836,535)
Assumption changes	<u>4,271,903</u>
Net increase	<u>6,153,869</u>
Actuarial present value of accumulated Plan benefits, end of year	<u>\$63,199,796</u>

The accompanying notes are an integral part of this statement.

Molex Incorporated
Hourly Employees' Pension Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2014 and 2013

NOTE A - DESCRIPTION OF THE PLAN

The following description of the Molex Incorporated Hourly Employees' Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a non-contributory, defined benefit plan for the plant hourly employees of Molex Incorporated (the Company). Effective January 1, 2011, the Company amended the Plan to freeze participation and benefit accruals and exclude certain future compensation from the calculation of Plan benefits. All prior eligible employees of the Company had begun participation in the Plan as of their date of hire.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Pension Benefits

The normal annual retirement benefit is equal to the sum of (1) \$110 multiplied by the years and months of service of the participants and (2) one-half of 1% of the participants' average compensation, as defined, multiplied by their years and months of service, subject to certain minimum and maximum provisions, but not less than 1% of the participants' final average salary, as defined, multiplied by their years and months of service. The normal retirement date of participants is the first day of the month coinciding with, or the next following, their 65th birthdate. Early retirement is permitted, with a corresponding reduction in the normal retirement benefits. A participant is eligible for early retirement if he or she satisfies 10 years of service and has attained age 55.

Vesting

Participants vest in their accounts after five years of service. A participant becomes fully vested upon attaining normal retirement age of 65 if not otherwise already vested. Distributions to participants generally are in the form of monthly annuity payments, commencing on the retirement date and ceasing upon the date of death. Certain other distribution options are available under the Plan.

Contributions and Funding Policy

Contributions to provide benefits under the Plan are made solely by the Company. The actuarial assumptions referred to in note C have been designed to provide sufficient funds to pay benefits as they become payable under the Plan. Prior service costs are funded over the average future years of service of the active participants. The Plan has met the ERISA minimum funding requirements.

Expenses

Investment management, Pension Benefit Guaranty Corporation (PBGC) payments and administrative record-keeping expenses of the Plan are paid by the Plan unless the Company elects to pay the expenses.

Molex Incorporated
Hourly Employees' Pension Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2014 and 2013

NOTE B - SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (exit price). See note F for further discussion of fair value measurements.

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

Administrative Expenses

Investment management and administrative record-keeping expenses of the Plan are paid by the Plan unless the Company elects to pay the expenses.

NOTE C - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

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

Molex Incorporated
Hourly Employees' Pension Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2014 and 2013

The significant actuarial assumptions underlying the actuarial computations are as follows:

Discount rate of return on investments	7.25% in 2014 and 7.75% in 2013
Retirement age	65
Mortality tables	2014 - The RP-2000 table projected to 2029 using Scale AA for Employees and Healthy Annuitants. 2013 - The 2013 Static Mortality Table for Annuitants and Non-Annuitants

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

NOTE D - INFORMATION CERTIFIED BY TRUSTEE

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, BMO Harris Bank N.A. (BMO Harris), the trustee of the Plan, has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate:

- Investments and accrued interest and dividends, as shown in the statements of net assets available for benefits as of December 31, 2014 and 2013.
- Investment income, as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2014 and 2013.
- Schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2014.
- Schedule H, line 4j - schedule of reportable transactions for the year ended December 31, 2014.

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

Molex Incorporated
Hourly Employees' Pension Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2014 and 2013

NOTE E - INVESTMENTS

Investments that represent 5% or more of the Plan's net assets at December 31, 2014 and 2013, are as follows:

	2014	2013
Vanguard Institutional Index Fund	\$14,746,868	\$14,125,385
Franklin High Income Fund	10,055,773	N/A*
Nuveen Real Estate Securities Fund	9,632,925	7,546,506
PIMCO Commodity Real Return Strategy Fund	8,508,520	9,368,832
Delaware Pooled Trust - The Emerging Markets Portfolio Fund	6,890,981	6,950,430
Ivy International Core Equity	6,540,809	6,820,952
American Euro Pacific Growth Fund	6,536,899	6,831,022
Dodge & Cox Income Fund	6,243,245	N/A*
Vanguard Inflation Protected Securities Fund	4,795,707	4,416,914
PIMCO Total Return Fund	N/A*	5,703,731
JP Morgan High Yield Bond Fund	N/A*	9,980,930

*Below 5% threshold.

NOTE F - FAIR VALUE MEASUREMENTS

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (i.e., an exit price). The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value. The fair value hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

Level 1 - Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.

Level 2 - Inputs other than quoted prices in active markets for identical assets and liabilities that are observable, either directly or indirectly, for substantially the full term of the asset or liability. Level 2 inputs include the following:

- Quoted prices for similar assets and liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in markets that are not active.
- Observable inputs other than quoted prices that are used in the valuation of the assets or liabilities (e.g., interest rate and yield curve quotes at commonly quoted intervals).
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Molex Incorporated
Hourly Employees' Pension Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2014 and 2013

Level 3 - Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs include management's own assumption about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

The level in the fair value hierarchy in which the fair value measurement is classified is determined based on the lowest level of input that is significant to the fair value measurement in its entirety.

The following is a description of the valuation technique and inputs used for each major class of assets measured at fair value by the Plan:

Mutual funds - Valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets carried at fair value as of December 31:

2014				
	Level 1	Level 2	Level 3	Total
Mutual funds				
Fixed income	28,626,341	\$ -	\$ -	28,626,341
U.S. equities	37,775,528	-	-	37,775,528
International equities	240,894	-	-	240,894
Money market fund	<u>19,968,689</u>	<u>-</u>	<u>-</u>	<u>19,968,689</u>
Total assets at fair value	<u>\$86,611,452</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$86,611,452</u>
2013				
	Level 1	Level 2	Level 3	Total
Mutual funds				
Fixed income	\$27,609,883	\$ -	\$ -	\$27,609,883
U.S. equities	35,846,039	-	-	35,846,039
International equities	20,602,405	-	-	20,602,405
Money market fund	<u>607,134</u>	<u>-</u>	<u>-</u>	<u>607,134</u>
Total assets at fair value	<u>\$84,665,461</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$84,665,461</u>

NOTE G - INCOME TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service (the IRS) dated May 30, 2012, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the IRC) and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan, as amended and restated, is qualified and the related trust is tax-exempt.

Molex Incorporated
Hourly Employees' Pension Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2014 and 2013

U.S. GAAP requires Plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to not be sustained upon examination by the IRS. 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. The Plan has recognized no interest or penalties related to uncertain tax positions. 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.

NOTE H - PLAN TERMINATION

Should the Plan terminate at some future time, its net assets may not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated Plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

NOTE I - RELATED-PARTY TRANSACTIONS

The Plan holds shares of a mutual fund managed by BMO Harris, the trustee of the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA. Fees paid by the Plan to BMO Harris for investment management were \$42,390 and \$35,986 for the years ended December 31, 2014 and 2013, respectively.

NOTE J - RISKS AND UNCERTAINTIES

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

Plan contributions are made and the actuarial present value of accumulated Plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

Molex Incorporated
Hourly Employees' Pension Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2014 and 2013

NOTE K - SUBSEQUENT EVENTS

Management evaluated its December 31, 2014, financial statements for subsequent events through October 15, 2015, the date the financial statements were available to be issued. Management is not aware of any subsequent events that would require recognition or disclosure in the financial statements.

SUPPLEMENTAL SCHEDULES

Molex Incorporated
Hourly Employees' Pension Plan
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2015

Description of investment	Shares/ units	Cost	Current value
Delaware Pooled Trust - The Emerging Markets Portfolio Fund	816,467	\$ 8,098,806	\$ 6,890,981
American EuroPacific Growth Fund	141,308	4,900,743	6,536,899
Nuveen Real Estate Securities Fund	404,915	7,088,132	9,632,925
Hartford Small Cap Growth HLS Fund	89,926	1,558,044	2,513,440
Ivy International Core Equity	382,727	5,720,683	6,540,809
Dreyfus Funds - The Boston Co. Small Cap Value Fund	98,579	1,965,851	2,373,775
PIMCO Commodity Real Return Strategy Fund	1,899,223	12,410,411	8,508,520
Dodge & Cox Income Fund	453,066	6,287,996	6,243,245
Franklin High Income Fund	5,078,673	10,561,578	10,055,773
PIMCO Foreign Bond Fund	383,574	4,016,528	3,793,546
Vanguard Institutional Index Fund	78,162	8,236,587	14,746,868
Vanguard Inflation Protected Securities Fund	455,001	4,506,045	4,795,707
Wells Fargo Advantage International Bond Fund	353,984	3,925,523	3,738,070
BMO Prime Money Market Fund*	-	<u>240,894</u>	<u>240,894</u>
Total investments		<u>\$79,517,821</u>	<u>\$86,611,452</u>

*Party-in-interest.

Molex Inc Hourly Employees Pens Plan

Account Number: 91-0341-01-5
Statement Period: 01/01/14 through 12/31/14

5% Transactions

Description	Number of Purchases / Sales	Commissions	Other Costs	Unit Price	Proceeds of Purchase / Sale	Cost of Purchase / Sale	Realized Gain / Loss
- Dodge & Cox Income Fund #147							
Purchased 448437.884 Shs 10/07/14	*	.00	.00	13.880	6,224,317.83	6,224,317.83	.00
Recd 2835.327 Shs As A Reinvested Div of \$ 13.760 Per Sh		.00	.00	13.760	39,014.10	39,014.10	.00
Recd 1466.548 Shs As A Reinvested Capital Gains Distribution		.00	.00	13.760	20,179.70	20,179.70	.00
Recd 325.900 Shs As A Reinvested Capital Gains Distribution		.00	.00	13.760	4,484.38	4,484.38	.00
Purchases	4	.00	.00	13.879	6,287,996.01	6,287,996.01	.00
- Franklin High Income Fund - Ad #605							
Purchased 5027763.721 Shs 10/07/14	*	.00	.00	2.080	10,457,748.54	10,457,748.54	.00
Recd 25017.377 Shs As A Reinvested Div of \$ 2.070 Per Sh		.00	.00	2.070	51,785.97	51,785.97	.00
Recd 25892.363 Shs As A Reinvested Div of \$ 2.010 Per Sh		.00	.00	2.010	52,043.65	52,043.65	.00
Purchases	3	.00	.00	2.080	10,561,578.16	10,561,578.16	.00
- JP Morgan High Yield Fund Select Shs #3580							
Recd 7523.267 Shs As A Reinvested Div of \$ 7.980 Per Sh		.00	.00	7.980	60,035.67	60,035.67	.00
Recd 5504.915 Shs As A Reinvested Div of \$ 8.000 Per Sh		.00	.00	8.000	44,039.32	44,039.32	.00
Recd 5602.927 Shs As A Reinvested Div of \$ 8.120 Per Sh		.00	.00	8.120	45,495.77	45,495.77	.00
Recd 6598.233 Shs As A Reinvested Div of \$ 8.080 Per Sh		.00	.00	8.080	53,313.72	53,313.72	.00
Recd 5677.999 Shs As A Reinvested Div of \$ 8.090 Per Sh		.00	.00	8.090	45,935.01	45,935.01	.00

Molex Inc Hourly Employees Pens Plan

Account Number: 91-0341-01-5
Statement Period: 01/01/14 through 12/31/14

5% Transactions

Description	Number of Purchases / Sales	Commissions	Other Costs	Unit Price	Proceeds of Purchase / Sale	Cost of Purchase / Sale	Realized Gain / Loss
Recd 5510.783 Shs As A Reinvested Div of \$ 8.140 Per Sh		.00	.00	8.140	44,857.77	44,857.77	.00
Recd 5829.250 Shs As A Reinvested Div of \$ 8.170 Per Sh		.00	.00	8.170	47,624.97	47,624.97	.00
Recd 5965.168 Shs As A Reinvested Div of \$ 8.020 Per Sh		.00	.00	8.020	47,840.65	47,840.65	.00
Recd 5766.017 Shs As A Reinvested Div of \$ 8.110 Per Sh		.00	.00	8.110	46,762.40	46,762.40	.00
Recd 5773.105 Shs As A Reinvested Div of \$ 7.910 Per Sh		.00	.00	7.910	45,665.26	45,665.26	.00
Sold 1310494.802 Shs 10/06/14	*	.00	.00	7.980	10,457,748.54	10,671,776.68	- 214,028.14
Purchases	10	.00	.00	8.060	481,570.54	481,570.54	.00
Sales	1	.00	.00	7.980	10,457,748.54	10,671,776.68	- 214,028.14
- PIMCO Total Return Fund Inst #35							
Recd 693.100 Shs As A Reinvested Div At \$ 10.690 Per Sh		.00	.00	10.690	7,409.24	7,409.24	.00
Recd 25.967 Shs As A Reinvested Div At \$ 10.690 Per Sh		.00	.00	10.690	277.59	277.59	.00
Recd 720.206 Shs As A Reinvested Div At \$ 10.820 Per Sh		.00	.00	10.820	7,792.63	7,792.63	.00
Recd 785.297 Shs As A Reinvested Div At \$ 10.860 Per Sh		.00	.00	10.860	8,528.32	8,528.32	.00
Recd 922.950 Shs As A Reinvested Div At \$ 10.780 Per Sh		.00	.00	10.780	9,949.40	9,949.40	.00
Recd 973.948 Shs As A Reinvested Div At \$ 10.840 Per Sh		.00	.00	10.840	10,557.60	10,557.60	.00
Recd 1240.069 Shs As A Reinvested Div At \$ 10.950 Per Sh		.00	.00	10.950	13,578.76	13,578.76	.00

Molex Inc Hourly Employees Pens Plan

Account Number: 91-0341-01-5
Statement Period: 01/01/14 through 12/31/14

5% Transactions

Description	Number of Purchases / Sales	Commissions	Other Costs	Unit Price	Proceeds of Purchase / Sale	Cost of Purchase / Sale	Realized Gain / Loss
Recd 1006.555 Shs As A Reinvested Div At \$ 10.970 Per Sh		.00	.00	10.970	11,041.91	11,041.91	.00
Recd 1120.662 Shs As A Reinvested Div At \$ 10.890 Per Sh		.00	.00	10.890	12,204.01	12,204.01	.00
Recd 1052.297 Shs As A Reinvested Div At \$ 10.990 Per Sh		.00	.00	10.990	11,564.74	11,564.74	.00
Purchased 27573.529 Shs 09/15/14		.00	.00	10.880	300,000.00	300,000.00	.00
Recd 842.704 Shs As A Reinvested Div At \$ 10.870 Per Sh		.00	.00	10.870	9,160.19	9,160.19	.00
Sold 570514.925 Shs 10/06/14	*	.00	.00	10.910	6,224,317.83	6,114,916.72	109,401.11
Purchases	12	.00	.00	10.879	402,064.39	402,064.39	.00
Sales	1	.00	.00	10.910	6,224,317.83	6,114,916.72	109,401.11
- BMO Prime Money Market Cl Y #200 Purchases	36	.00	.00	1.000	20,413,498.89	20,413,498.89	.00
Sales	61	.00	.00	1.000	20,779,738.98	20,779,738.98	.00

* Transactions noted by an asterisk are in themselves greater than 5% of beginning Plan Year market values.

Attachment to Schedule SB - Line 26 - Schedule of Active Participant Data
Molex Incorporated Hourly Employees' Pension Plan
EIN: 36-2369491
Plan Number: 002

Average Age: 48.2
Average Service: 8.6

Attained Age	Schedule of Active Participant Data Completed Years of Credited Service									
	< 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
< 25	17	3	0	0	0	0	0	0	0	0
25 to 29	31 38,917	32 41,767	10	0	0	0	0	0	0	0
30 to 34	20 41,671	58 39,949	28 47,495	16	0	0	0	0	0	0
35 to 39	13	52 48,644	34 52,223	51 53,389	8	0	0	0	0	0
40 to 44	20 30,906	69 39,216	38 56,569	60 52,232	18	2	0	0	0	0
45 to 49	16	69 38,016	33 55,248	75 55,151	33 56,801	7	3	0	0	0
50 to 54	16	65 35,741	33 54,742	78 55,130	43 58,699	13	9	4	0	0
55 to 59	14	45 29,746	25 50,525	61 48,557	19	10	11	1	2	0
60 to 64	10	33	16	43 43,674	17	12	14	2	1	0
65 to 69	8	12	9	19	5	3	2	0	0	0
70 & up	1	14	9	4	6	1	0	0	0	0

Statement of Actuarial Assumptions and Methods

Assumptions and Methods for Contribution Purposes

Actuarial Assumptions and Methods – Contributions

Economic Assumptions

Interest rate basis:

- ▶ Applicable month
- ▶ Yield curve basis

September 2013
Segment rates

Interest rates:

- ▶ First segment rate
- ▶ Second segment rate
- ▶ Third segment rate
- ▶ Effective interest rate
- ▶ Lump sum interest rate

Reflecting HATFA Corridors	Not Reflecting Corridors
4.99%	1.37%
6.32%	4.05%
6.99%	5.06%
6.62%	4.57%
September 2013 segment rates with HATFA corridors	September 2013 segment rates

Annual rates of increase:

- ▶ Salaries
- ▶ Cash balance interest crediting rate

3.50%
3.50%

Demographic Assumptions

New or rehired employees

It was assumed there will be no new or rehired employees.

Mortality

- ▶ Healthy
- ▶ Disabled

Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2029 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2021 using Scale AA).

Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2029 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2021 using Scale AA).

Termination

Representative percentages varying by age and service, as follows:

Age	Years of Service			
	0	1	2	3+
15	26.625%	26.625%	26.625%	26.625%
20	26.625%	26.625%	26.625%	26.625%
25	24.975%	22.200%	21.075%	21.075%
30	24.975%	22.200%	19.650%	15.225%
35	24.975%	22.200%	19.650%	10.425%
40	24.975%	22.200%	19.650%	6.750%
45	24.975%	22.200%	19.650%	4.200%
50	24.975%	22.200%	19.650%	2.775%
55	24.975%	22.200%	19.650%	2.475%
60	24.975%	22.200%	19.650%	2.475%
63+	24.975%	22.200%	19.650%	2.475%

Disability

Representative percentages varying by age

Age	Rate	Age	Rate
15	0.010%	40	0.260%
20	0.050%	45	0.400%
25	0.070%	50	0.580%
30	0.090%	55	0.780%
35	0.160%	60	1.150%
		65+	1.150%

Retirement

Rates varying by age, per 1,000 participants as follows:

Age	Short-term (2014 – 2015)	Long Term (2016+)
55-59	30	50
60-61	30	100
62	50	150
63-64	100	100
65	150	350
66-67	150	250
68-69	50	250
70+	1,000	1,000

Benefit commencement date:

► Deferred vested benefit

Age 65

Form of payment

100% elect life annuity (Hourly Plan)
100% elect lump sum (Woodhead Plan)

Percent married

70%

Spouse age

Wife two years younger than husband.

Covered pay

The 2013 pensionable pay increased with the salary increase assumption.

Administrative expense

Prior year administrative expenses paid, adjusted for expected deviations and PBGC premiums for the year. This year an amount of \$470,000 was included in the target normal cost.

At-risk assumptions	For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which is usually the lump sum form of payment.
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Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits.
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year.
Actuarial value of assets	<p>Average of the fair market value of assets on the valuation date and the dates 12 and 24 months before the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable.</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p>
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. Towers Watson has reviewed the plan provisions with Molex Incorporated and, based on that review, is not aware of any significant benefits required to be valued that were not.
Change in assumptions and methods since prior valuation	<p>The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2012 to September 2013. The segment rates were updated to include the application of interest rate corridors under MAP-21 as updated by HATFA.</p> <p>The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements.</p> <p>The assumed plan-related expenses was changed to the prior year administrative expenses paid, adjusted for expected deviations and PBGC premiums for the year. This year an amount of \$470,000 was included in the target normal cost.</p>

Molex Inc Hourly Employees Pens Plan

Account Number: 91-0341-01-5
Statement Period: 01/01/14 through 12/31/14

5% Transactions

Description	Number of Purchases / Sales	Commissions	Other Costs	Unit Price	Proceeds of Purchase / Sale	Cost of Purchase / Sale	Realized Gain / Loss
- Dodge & Cox Income Fund #147							
Purchased 448437.884 Shs 10/07/14	*	.00	.00	13.880	6,224,317.83	6,224,317.83	.00
Recd 2835.327 Shs As A Reinvested Div of \$ 13.760 Per Sh		.00	.00	13.760	39,014.10	39,014.10	.00
Recd 1466.548 Shs As A Reinvested Capital Gains Distribution		.00	.00	13.760	20,179.70	20,179.70	.00
Recd 325.900 Shs As A Reinvested Capital Gains Distribution		.00	.00	13.760	4,484.38	4,484.38	.00
Purchases	4	.00	.00	13.879	6,287,996.01	6,287,996.01	.00
- Franklin High Income Fund - Ad #605							
Purchased 5027763.721 Shs 10/07/14	*	.00	.00	2.080	10,457,748.54	10,457,748.54	.00
Recd 25017.377 Shs As A Reinvested Div of \$ 2.070 Per Sh		.00	.00	2.070	51,785.97	51,785.97	.00
Recd 25892.363 Shs As A Reinvested Div of \$ 2.010 Per Sh		.00	.00	2.010	52,043.65	52,043.65	.00
Purchases	3	.00	.00	2.080	10,561,578.16	10,561,578.16	.00
- JP Morgan High Yield Fund Select Shs #3580							
Recd 7523.267 Shs As A Reinvested Div of \$ 7.980 Per Sh		.00	.00	7.980	60,035.67	60,035.67	.00
Recd 5504.915 Shs As A Reinvested Div of \$ 8.000 Per Sh		.00	.00	8.000	44,039.32	44,039.32	.00
Recd 5602.927 Shs As A Reinvested Div of \$ 8.120 Per Sh		.00	.00	8.120	45,495.77	45,495.77	.00
Recd 6598.233 Shs As A Reinvested Div of \$ 8.080 Per Sh		.00	.00	8.080	53,313.72	53,313.72	.00
Recd 5677.999 Shs As A Reinvested Div of \$ 8.090 Per Sh		.00	.00	8.090	45,935.01	45,935.01	.00

Molex Inc Hourly Employees Pens Plan

Account Number: 91-0341-01-5
Statement Period: 01/01/14 through 12/31/14

5% Transactions

Description	Number of Purchases / Sales	Commissions	Other Costs	Unit Price	Proceeds of Purchase / Sale	Cost of Purchase / Sale	Realized Gain / Loss
Recd 5510.783 Shs As A Reinvested Div of \$ 8.140 Per Sh		.00	.00	8.140	44,857.77	44,857.77	.00
Recd 5829.250 Shs As A Reinvested Div of \$ 8.170 Per Sh		.00	.00	8.170	47,624.97	47,624.97	.00
Recd 5965.168 Shs As A Reinvested Div of \$ 8.020 Per Sh		.00	.00	8.020	47,840.65	47,840.65	.00
Recd 5766.017 Shs As A Reinvested Div of \$ 8.110 Per Sh		.00	.00	8.110	46,762.40	46,762.40	.00
Recd 5773.105 Shs As A Reinvested Div of \$ 7.910 Per Sh		.00	.00	7.910	45,665.26	45,665.26	.00
Sold 1310494.802 Shs 10/06/14	*	.00	.00	7.980	10,457,748.54	10,671,776.68	- 214,028.14
Purchases	10	.00	.00	8.060	481,570.54	481,570.54	.00
Sales	1	.00	.00	7.980	10,457,748.54	10,671,776.68	- 214,028.14
- PIMCO Total Return Fund Inst #35							
Recd 693.100 Shs As A Reinvested Div At \$ 10.690 Per Sh		.00	.00	10.690	7,409.24	7,409.24	.00
Recd 25.967 Shs As A Reinvested Div At \$ 10.690 Per Sh		.00	.00	10.690	277.59	277.59	.00
Recd 720.206 Shs As A Reinvested Div At \$ 10.820 Per Sh		.00	.00	10.820	7,792.63	7,792.63	.00
Recd 785.297 Shs As A Reinvested Div At \$ 10.860 Per Sh		.00	.00	10.860	8,528.32	8,528.32	.00
Recd 922.950 Shs As A Reinvested Div At \$ 10.780 Per Sh		.00	.00	10.780	9,949.40	9,949.40	.00
Recd 973.948 Shs As A Reinvested Div At \$ 10.840 Per Sh		.00	.00	10.840	10,557.60	10,557.60	.00
Recd 1240.069 Shs As A Reinvested Div At \$ 10.950 Per Sh		.00	.00	10.950	13,578.76	13,578.76	.00

Molex Inc Hourly Employees Pens Plan

Account Number: 91-0341-01-5
Statement Period: 01/01/14 through 12/31/14

5% Transactions

Description	Number of Purchases / Sales	Commissions	Other Costs	Unit Price	Proceeds of Purchase / Sale	Cost of Purchase / Sale	Realized Gain / Loss
Recd 1006.555 Shs As A Reinvested Div At \$ 10.970 Per Sh		.00	.00	10.970	11,041.91	11,041.91	.00
Recd 1120.662 Shs As A Reinvested Div At \$ 10.890 Per Sh		.00	.00	10.890	12,204.01	12,204.01	.00
Recd 1052.297 Shs As A Reinvested Div At \$ 10.990 Per Sh		.00	.00	10.990	11,564.74	11,564.74	.00
Purchased 27573.529 Shs 09/15/14		.00	.00	10.880	300,000.00	300,000.00	.00
Recd 842.704 Shs As A Reinvested Div At \$ 10.870 Per Sh		.00	.00	10.870	9,160.19	9,160.19	.00
Sold 570514.925 Shs 10/06/14	*	.00	.00	10.910	6,224,317.83	6,114,916.72	109,401.11
Purchases	12	.00	.00	10.879	402,064.39	402,064.39	.00
Sales	1	.00	.00	10.910	6,224,317.83	6,114,916.72	109,401.11
- BMO Prime Money Market Cl Y #200 Purchases	36	.00	.00	1.000	20,413,498.89	20,413,498.89	.00
Sales	61	.00	.00	1.000	20,779,738.98	20,779,738.98	.00

* Transactions noted by an asterisk are in themselves greater than 5% of beginning Plan Year market values.

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

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

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

A Name of plan MOLEX INCORPORATED HOURLY EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MOLEX INCORPORATED	D Employer Identification Number (EIN) 36-2369491
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month 01 Day 01 Year 2014	
2 Assets:	
a Market value.....	2a 86175619
b Actuarial value.....	2b 81924848
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.....	461 18030227 18030227
b For terminated vested participants.....	1243 18229164 18229164
c For active participants.....	1506 32350499 32491712
d Total.....	3210 68609890 68751103
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 6.62%
6 Target normal cost.....	6 1582860

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	MICHAEL R. MACE Signature of actuary	9/22/2015 Date
MICHAEL R. MACE Type or print name of actuary	TOWERS WATSON DELAWARE, INC. Firm name	1406591 Most recent enrollment number
101 SOUTH HANLEY ST. LOUIS MO 63105-3411 Address of the firm		314-719-5900 Telephone number (including area code)

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

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).....	7708292	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	1456567	0
9 Amount remaining (line 7 minus line 8)	6251725	0
10 Interest on line 9 using prior year's actual return of <u>11.74%</u>	733953	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		1397584
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.49%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		164076
c Total available at beginning of current plan year to add to prefunding balance		1561660
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	1500000	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	5485678	0

Part III Funding Percentages

14 Funding target attainment percentage	14	111.18%
15 Adjusted funding target attainment percentage	15	119.16%
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	111.65%
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
01/15/2015	1500000	0			
Totals ►			18(b)	1500000	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	1403363

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: 4.99%	2nd segment: 6.32%	3rd segment: 6.99%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
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	1582860	
b Excess assets, if applicable, but not greater than line 31a	31b	1582860	
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	0	
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	1403363	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1403363	
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		

Attachment to Schedule SB, Line 22 –
Description of Weighted Average Retirement Age
Molex Incorporated Hourly Employees' Pension Plan
EIN: 36-2369491
Plan Number: 002

Long Term Retirement Rate (2016+)

Age	Retirement Rate	Assumed Number Eligible	Assumed Number Retiring	Age * Number Retiring
55	5%	1,000	50	2,750
56	5%	950	48	2,688
57	5%	902	45	2,565
58	5%	857	43	2,494
59	5%	814	41	2,419
60	10%	773	77	4,620
61	10%	696	70	4,270
62	15%	626	94	5,828
63	10%	532	53	3,339
64	10%	479	48	3,072
65	35%	431	151	9,815
66	25%	280	70	4,620
67	25%	210	53	3,551
68	25%	157	39	2,652
69	25%	118	30	2,070
70	100%	88	88	<u>6,160</u>
			1,000	62,913
				<u>/ 1,000</u>
				63

Weighted Average Retirement Age

Short Term Retirement Rates (2014-2015)

Age	Retirement Rate	Assumed Number Eligible	Assumed Number Retiring	Age * Number Retiring
55	3%	1,000	30	1,650
56	3%	970	29	1,624
57	3%	941	28	1,596
58	3%	913	27	1,566
59	3%	886	27	1,593
60	3%	859	26	1,560
61	3%	833	25	1,525
62	5%	808	40	2,480
63	10%	768	77	4,851
64	10%	691	69	4,416
65	15%	622	93	6,045
66	15%	529	79	5,214
67	15%	450	68	4,556
68	5%	382	19	1,292
69	5%	363	18	1,242
70	100%	345	345	<u>24,150</u>
			1,000	65,360
				<u>/ 1,000</u>
				65

Weighted Average Retirement Age

Summary of Plan Provisions

Plan Name	Molex Incorporated Hourly Employees' Pension Plan	Plan Effective	6/30/1973
		Last Change Effective	1/1/2010
Type of Plan	Final average pay formula and career average pay formula		
Normal Form	50% joint and survivor, if married, and life annuity otherwise		
Plan Eligibility	Effective December 31, 2010, no new participants will enter the plan		
Benefit Service	From Date of Hire, frozen as of December 31, 2010		
Pension Earnings	Base pay plus overtime and additional compensation (see plan document) for the calendar year		
EE Contributions	None		
Class	All Employees of Molex Incorporated paid on an hourly basis, that are not covered under another pension plan due to a collectively bargaining agreement		
Accumulated Benefit	<p>Generally, greater of</p> <p>A) The sum of \$110 times service and 0.50% of career average compensation times service</p> <p>B) 1.00% of final five-year average pay times service</p> <p>For Plan Hourly employees of Molex Fiber Optics, Molex Auburn Hills, Molex New England, Molex Copper Flex Products, and Woodhead, the accrued benefit is only calculated according to B). Pay increases through December 31, 2016 only. Benefit service frozen as of December 31, 2010.</p>		

Benefit	Age	Cont Svc	Age + Memb Svc	Description
Normal Retirement	65	--		AB, payable immediately
Early	55	10		AB, reduced ERF shown in the table
Postponed	>65	--		AB, including earnings and service to actual retirement. The accrued benefit is actuarially increased for retirements after age 65.
Vesting	--	5		AB, payable at NRD
Pre Ret Death	--	5		AB, payable at NRD for life of spouse

Optional Forms of Payment

In addition to the normal form of payment, participants are eligible to elect the following actuarially equivalent optional forms:

Life Annuity – An annuity payable for your participant's lifetime only. No monthly benefits are payable after participant's death.

Joint and Survivor Annuity – An annuity payable for the participant's life and upon death, an annuity payable to the beneficiary based on the percentage elected.

Certain and Life Annuity – An annuity payable for participant's life. If participant dies after payments begin and within the guaranteed period chosen, payments will continue to the beneficiary for the remaining period guaranteed.

Social Security Adjustment Option – Actuarially increased payments before the participant attains age 65 (or age 62) and reduced after that age so that payments prior to age 65 approximate the sum of the reduced plan benefits and Social Security benefits.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

ERF Table

Age	Factor	Age	Factor
64	0.886	59	0.508
63	0.788	58	0.458
62	0.703	57	0.414
61	0.629	56	0.375
60	0.564	55	0.340

Attachment to Schedule SB - Part V
Summary of Plan Provisions
Molex Incorporated Hourly Employees' Pension Plan
EIN: 36-2369491 / Plan Number: 002

Plan Name	Retirement Plan for Employees of Woodhead Industries Inc. & Affiliated Companies	Plan Effective	10/1/1973
		Last Change Effective	9/30/2009
Type of Plan	Final average pay formula		
Normal Form	50% joint and survivor, if married, and life annuity otherwise		
Plan Eligibility	Effective September 30, 2009, the Woodhead Plan merged into the Molex Incorporated Hourly Employees' Pension Plan		
Credited Service	From Date of Hire, frozen as of December 31, 2007		
Pension Earnings	Compensation for the calendar year limited to the Social Security Wage Base		
EE Contributions	None		
Class	All employees of Woodhead Industries, that are not covered under another pension plan due to a collectively bargaining agreement		
Accumulated Benefit	<p>Generally, greater of</p> <p>A) 1.2% of average monthly compensation less 0.6% of covered compensation up to 30 years (offset cannot exceed 0.6% of final average compensation times service up to 30 years)</p> <p>B) \$2.50 times service</p> <p>Participants employed by Advanced Interconnect, Inc. shall be entitled to a monthly pension that is the Actuarial Equivalent of a Participant's Cash Balance Account, commencing at his Normal Retirement Date, determined as follows:</p> <p>Cash Balance Account: A Participant's Cash Balance Account shall be the sum of the Compensation Credits and Interest Credits credited to his Cash Balance Account.</p> <p>Compensation Credits: The Participant's Cash Balance Account shall be credited with a Compensation Credit equal to 3.0% of the Participant's Compensation for the Plan Year.</p> <p>Interest Credits: The Participant's Cash Balance Account shall be credited with an Interest Credit equal to the Participant's Cash Balance Account balance as of the first day of such Plan Year times the Interest Credit Rate for such Plan Year. The Interest Credit Rate for any Plan Year is the annual interest rate on ten-year Treasury Constant Maturities for the month of September preceding, or in which occurs, the first day of the Plan Year.</p> <p>The Plan was frozen as of December 31, 2007 with no further accruals.</p>		

Attachment to Schedule SB - Part V
Summary of Plan Provisions
Molex Incorporated Hourly Employees' Pension Plan
EIN: 36-2369491 / Plan Number: 002

Benefit	Age	Cont Svc	Age + Memb Svc	Description
Normal Retirement	65	5		AB, payable immediately
Early	55	10		AB, reduced 6.7% per year to age 60 and 3.3% to age 55.
Postponed	>65	--		AB, including earnings and service to actual retirement
Vesting	--	5		AB, payable at NRD
Disability	--	5		AB, payable at age 55 or date of disability
Pre Ret Death	--	5		AB, payable at age 55 or date of death with no reduction for commencement prior to age 55 for the life of the spouse

Optional Forms of Payment

In addition to the normal form of payment, participants are eligible to elect the following actuarially equivalent optional forms:

Life Annuity – An annuity payable for your participant's lifetime only. No monthly benefits are payable after participant's death.

Joint and Survivor Annuity – An annuity payable for the participant's life and upon death, an annuity payable to the beneficiary based on the percentage elected.

Certain and Life Annuity – An annuity payable for participant's life. If participant dies after payments begin and within the guaranteed period chosen, payments will continue to the beneficiary for the remaining period guaranteed.

Lump Sum – Single payment paid to participant who meets plan requirements.

Social Security Adjustment Option – Actuarially increased payments before the participant attains age 65 (or age 62) and reduced after that age so that payments prior to age 65 approximate the sum of the reduced plan benefits and Social Security benefits.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Molex Incorporated
Hourly Employees' Pension Plan
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2015

Description of investment	Shares/ units	Cost	Current value
Delaware Pooled Trust - The Emerging Markets Portfolio Fund	816,467	\$ 8,098,806	\$ 6,890,981
American EuroPacific Growth Fund	141,308	4,900,743	6,536,899
Nuveen Real Estate Securities Fund	404,915	7,088,132	9,632,925
Hartford Small Cap Growth HLS Fund	89,926	1,558,044	2,513,440
Ivy International Core Equity	382,727	5,720,683	6,540,809
Dreyfus Funds - The Boston Co. Small Cap Value Fund	98,579	1,965,851	2,373,775
PIMCO Commodity Real Return Strategy Fund	1,899,223	12,410,411	8,508,520
Dodge & Cox Income Fund	453,066	6,287,996	6,243,245
Franklin High Income Fund	5,078,673	10,561,578	10,055,773
PIMCO Foreign Bond Fund	383,574	4,016,528	3,793,546
Vanguard Institutional Index Fund	78,162	8,236,587	14,746,868
Vanguard Inflation Protected Securities Fund	455,001	4,506,045	4,795,707
Wells Fargo Advantage International Bond Fund	353,984	3,925,523	3,738,070
BMO Prime Money Market Fund*	-	<u>240,894</u>	<u>240,894</u>
Total investments		<u>\$79,517,821</u>	<u>\$86,611,452</u>

*Party-in-interest.

Attachment to Schedule SB, Line 24 – Change in Actuarial Assumptions
Molex Incorporated Hourly Employees' Pension Plan
EIN: 36-2369491
Plan Number: 002

Aspect of Valuation	Old	New
Expenses	Expenses were assumed to be equal to the average of the prior three year's administrative expenses paid from the trust, rounded to the nearest \$10,000 (\$90,000 for 2013)	Prior year administrative expenses paid, adjusted for expected deviations and PBGC premiums for the year. For 2014, an amount of \$470,000 was included in the target normal cost.