Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 04/01/2014 and ending 03/31/2015

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
SUPERIOR MACHINE COMPANY OF SC, INC. SAVINGS

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/08/1971

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
SUPERIOR MACHINE COMPANY OF SOUTH CAROLINA, INC.

P.O. BOX 5419
FLORENCE, SC 29502

2b Employer Identification Number (EIN)
57-0743770

2c Plan Sponsor's telephone number
843-468-9218

2d Business code (see instructions)
333900

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.	01/11/2016	CATHEY ALLEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

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

5	Total number of participants at the beginning of the plan year	**5**	182
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)**	169
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	165
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	17
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	182
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	182
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	102
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	3
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:
2E 2F 2G 2J 2K 2T 3D

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)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

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

For calendar plan year 2014 or fiscal plan year beginning 04/01/2014 and ending 03/31/2015

A Name of plan
SUPERIOR MACHINE COMPANY OF SC, INC. SAVINGS

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SUPERIOR MACHINE COMPANY OF SOUTH CAROLINA, INC.

D Employer Identification Number (EIN)
57-0743770

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

ACADIAN FUNDS

04-2929221

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

AMERICAN BEACON

75-2401150

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

DREYFUS

13-5673135

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

FIDELITY INVESTMENTS

06-1194217

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

GOLDMAN SACHS

13-5108880

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

HARBOR

04-2679462

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

JANUS

43-1804048

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

THORNBURG

85-0301299

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

OAKMARK

04-3276558

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

PIMCO FUNDS

95-2632339

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

T.ROWE PRICE

52-2264646

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

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

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

WELLS FARGO BANK, N.A.

94-1347393

(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?
15 37 49 50 52 60 62 63 64	SERVICE PROVIDER	25767	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

WELLS FARGO ADVISORS, LLC

34-1542819

(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?
27 51	SERVICE PROVIDER	12205	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a	Name:	**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:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 04/01/2014 and ending 03/31/2015

A Name of plan
SUPERIOR MACHINE COMPANY OF SC, INC. SAVINGS

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SUPERIOR MACHINE COMPANY OF SOUTH CAROLINA, INC.

D Employer Identification Number (EIN)
57-0743770

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

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

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
46-6208187-001	C	16975

a Name of MTIA, CCT, PSA, or 103-12 IE: STABLE RETURN FUND N

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
41-6202499-001	C	2892842

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO CORE BOND CIT

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
94-3222878-001	C	65481

a Name of MTIA, CCT, PSA, or 103-12 IE: ENHANCED STOCK MARKET FUND N

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
56-6288528-001	C	935969

a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. AGGREGATE BOND INDEX FUND N

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-5699010-001	C	77649

a Name of MTIA, CCT, PSA, or 103-12 IE: DODGE & COX INTERMEDIATE BOND CIT

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
47-6566265-001	C	16687

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

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6648640-001	C	54247

a Name of MTIA, CCT, PSA, or 103-12 IE: MULTI-MANAGER SMALL CAP CIT

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN 45-6648658-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23317

a Name of MTIA, CCT, PSA, or 103-12 IE: CAUSEWAY INTERNATIONAL VALUE CIT

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN 47-6375784-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23141

a Name of MTIA, CCT, PSA, or 103-12 IE: T.ROWE PRICE INSTITUTIONAL LG-CAP

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN 45-6648614-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11531

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

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN 46-6136833-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18878

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO LARGE CAP GROWTH CIT

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN 56-6649361-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19474

a Name of MTIA, CCT, PSA, or 103-12 IE: T.ROWE PRICE INSTITUTIONAL EQUITY

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN 46-6586666-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30432

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 04/01/2014 and ending 03/31/2015

A Name of plan
SUPERIOR MACHINE COMPANY OF SC, INC. SAVINGS

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SUPERIOR MACHINE COMPANY OF SOUTH CAROLINA, INC.

D Employer Identification Number (EIN)
57-0743770

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
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)	168534	124615
(9) Value of interest in common/collective trusts	1c(9)	3743484	4186623
(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)	1039197	1100695
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	4951215	5411933
	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 through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	4951215	5411933

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)	185831	
	(B) Participants	2a(1)(B)	306094	
	(C) Others (including rollovers)	2a(1)(C)	56725	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		548650
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)	6342	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6342
	(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)	85661	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		85661
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	32	
	(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)		32
	(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)		161463
(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)		15470
c Other income	2c		333
d Total income. Add all **income** amounts in column (b) and enter total	2d		817951
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	274344	
(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)		274344
f Corrective distributions (see instructions)	2f		40000
g Certain deemed distributions of participant loans (see instructions)	2g		793
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	42096	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		42096
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		357233
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		460718
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: BAUKNIGHT, PIETRAS & STORMER, P.A. **(2)** EIN: 57-0940019

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 04/01/2014 and ending 03/31/2015

A Name of plan
SUPERIOR MACHINE COMPANY OF SC, INC. SAVINGS

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SUPERIOR MACHINE COMPANY OF SOUTH CAROLINA, INC.

D Employer Identification Number (EIN)
57-0743770

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): 41-6257133

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**

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Financial Statements
and Supplemental Schedule

Superior Machine Company of SC, Inc.
Savings Incentive Plan

Years Ended March 31, 2015 and 2014
with Report of Independent Auditors

Superior Machine Company of SC, Inc. Savings Incentive Plan
Financial Statements
and Supplemental Schedule
Years Ended March 31, 2015 and 2014

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BAUKNIGHT PIETRAS & STORMER, P.A.
Tax | Assurance | Consulting

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Columbia, SC 29202
T 803-771-8943
F 803-771-8958

Report of Independent Auditors

To the Retirement Committee of the
Superior Machine Company of SC, Inc. Savings Incentive Plan

We were engaged to audit the accompanying financial statements of the Superior Machine Company of SC, Inc. Savings Incentive Plan (the "Plan"), which comprise the statements of net assets available for plan benefits as of March 31, 2015 and 2014, and the related statements of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States; 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.

Auditors' Responsibility
Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States. 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 ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended March 31, 2015 and 2014, that the information provided to the Plan administrator by the trustee is complete and accurate.

To the Retirement Committee of the
Superior Machine Company of SC, Inc. Savings Incentive Plan

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

Other Matter
The supplemental schedule of assets held for investment purposes as of March 31, 2015, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations
The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Bauknight Pietras & Storms, P.A.

October 1, 2015

Superior Machine Company of SC, Inc. Savings Incentive Plan
Statements of Net Assets Available for Plan Benefits

	March 31, 2015	2014
Assets		
Investments at fair value:		
Mutual funds	**$ 1,100,695**	$ 1,039,197
Common/collective trusts	**4,241,587**	3,765,545
Total investments	**5,342,282**	4,804,742
Employer contributions receivable	**--**	87,237
Participant loans receivable	**124,615**	168,534
Total assets	**5,466,897**	5,060,513
Liabilities		
Excess contributions payable to participants	**5,590**	40,000
Net assets available for plan benefits at fair value	**5,461,307**	5,020,513
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	**(54,964)**	(22,062)
Net assets available for plan benefits	**$ 5,406,343**	$ 4,998,451

See accompanying notes.

Superior Machine Company of SC, Inc. Savings Incentive Plan
Statements of Changes in Net Assets Available for Plan Benefits

	Years Ended March 31, 2015	2014
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments:		
Mutual funds	**$ 15,470**	$ 103,470
Common/collective trusts	**161,463**	201,830
Interest and dividends	**86,028**	71,194
	262,961	376,494
Interest on notes receivable from participants	**6,342**	7,890
Employee contributions, including rollovers	**362,819**	302,157
Employer contributions	**98,593**	87,237
Total net additions	**730,715**	773,778
Deductions from net assets attributed to:		
Benefits paid to participants, including rollovers	**280,727**	253,960
Administrative expenses	**42,096**	27,009
Total deductions	**322,823**	280,969
Net change	**407,892**	492,809
Net assets available for plan benefits, beginning	**4,998,451**	4,505,642
Net assets available for plan benefits, ending	**$ 5,406,343**	$ 4,998,451

See accompanying notes.

Superior Machine Company of SC, Inc. Savings Incentive Plan
Notes to Financial Statements
March 31, 2015 and 2014

1. Description of Plan

The following description of the Superior Machine Company of SC, Inc. Savings Incentive Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all full-time employees of Superior Machine Company of South Carolina, Inc. (the "Company") who have completed ninety days of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Contributions to the Plan are made by the Company and its employees. Employee salary reduction contributions range between one percent and one hundred percent of the employee's salary, subject to certain Internal Revenue Code ("IRC") limitations. The Company may make a discretionary matching and/or a profit sharing contribution. The Company made discretionary contributions of approximately $99,000 and $87,000 for the years ended March 31, 2015 and 2014, respectively.

Participants who have attained age 50 before the end of the Plan year are eligible to make catch–up contributions. Participants may also contribute amounts representing rollover distributions from other qualified benefit plans.

Participant Accounts

Each participant's account is credited with the participant's contributions, allocations of the Company's contributions, if any, and Plan earnings or losses. Each participant's account is charged with an allocation of administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Forfeitures of the non-vested portion of terminated participants account balances remain in the Plan. These forfeitures may be used for paying administrative expenses and/or reducing employer contributions. At March 31, 2015 and 2014, there were no significant forfeiture balances.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service. Vesting is based on years of continuous service according to the following schedule:

Years of Service	Vesting Percentage
1	0%
2	50%
3	100%

1. Description of Plan (continued)

Participant Loans Receivable

Participants are permitted to borrow a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance, subject to Internal Revenue Service ("IRS") guidelines. Terms range from one to five years and loans bear interest at prime plus one percent at the date the loan is issued. Interest rates on outstanding loans range from 4.25% to 10.50% at March 31, 2015 and 2014. Each loan is collateralized by the balance in the participant's account.

Payment of Benefits

Upon retirement, disability, death, termination of employment or attainment of age 59½, participants or their beneficiaries may elect to receive their vested portion of Plan assets. While employed by the Company, participants are permitted to withdraw funds before age 59½ only in cases of severe financial hardship.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared in accordance with accounting principles generally accepted in the United States ("GAAP").

Estimates

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

Participant Loans Receivable

Loans receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document.

Risks and Uncertainties

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

2. Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition

The Plan's investments are held in mutual funds and common/collective trusts by Wells Fargo Bank, N.A. (the "Trustee").

Securities traded on a national securities exchange are valued at the last reported sales price on the last business day of the Plan year. The net appreciation/depreciation in fair value of investments represents (1) the difference between the fair value of the investments held at year-end and either the fair value at the end of the preceding year or the actual cost if purchased later, and (2) realized gains or losses on sales of investments. The average cost basis is used in determining the cost of investments sold.

Purchases and sales of securities are reflected on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

In accordance with GAAP, investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the term of the Plan. Contract value represents contributions made, plus earnings, less withdrawals and administrative expenses.

Participants who withdraw amounts that are invested in fully benefit-responsive contracts prior to the termination of the contract are subject to withdrawal charges equal to the difference between the guaranteed interest rate in effect for new contributions at the date of surrender and the composite guaranteed rate of the investments being surrendered, multiplied by the number of years or portion thereof remaining in the contract period, multiplied by the total amount being surrendered.

In this regard, the Plan's investments include certain common/collective trusts that invest in a variety of fully benefit-responsive investment contracts. The accompanying statements of net assets available for plan benefits present the investments at fair value, as well as an additional line showing an adjustment to contract value. The accompanying statements of changes in net assets available for benefits are presented based on contract value.

Administrative Expenses

The Plan pays all custodial and recordkeeping fees. All other professional fees are paid by the Company.

3. Fair Value Measurements

GAAP establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of quoted prices in active markets for identical assets and have the highest priority; Level 2 inputs consist of observable inputs other than quoted prices for identical assets; and Level 3 inputs to the valuation methodology are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 3 inputs were used by the Plan, and Level 2 inputs were only used when Level 1 inputs were not available.

The following tables present fair value measurement information for the Plan's investments:

	At March 31, 2015		
	Quoted Market Prices (Level 1)	**Significant Other Observable Inputs (Level 2)**	**Total**
Mutual funds:			
Balanced funds	$ 724,280	$ --	$ 724,280
Value funds	291,809	--	291,809
Bond funds	37,042	--	37,042
Growth funds	35,806	--	35,806
Real estate funds	11,758	--	11,758
Total mutual funds	1,100,695	--	1,100,695
Common/collective trusts	--	4,241,587	4,241,587
Total investments	$ 1,100,695	$ 4,241,587	$ 5,342,282

3. Fair Value Measurements (continued)

	At March 31, 2014		
	Quoted Market Prices (Level 1)	**Significant Other Observable Inputs (Level 2)**	**Total**
Mutual funds:			
Balanced funds	$ 600,297	$ --	$ 600,297
Value funds	287,419	--	287,419
Bond funds	73,353	--	73,353
Growth funds	70,727	--	70,727
Real estate funds	7,401	--	7,401
Total mutual funds	1,039,197	--	1,039,197
Common/collective trusts	--	3,765,545	3,765,545
Total investments	$ 1,039,197	$ 3,765,545	$ 4,804,742

Level 1 Fair Value Measurements- The fair value of mutual funds is based on quoted market prices of the shares held by the Plan at year-end.

Level 2 Fair Value Measurements- Common/collective trust funds are stated at fair value as determined by the issuer of the common/collective trust funds based on the fair value of the underlying investments.

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

4. Investments

Individual investments (all of which are participant directed, and which have been certified by the Trustee), that represent 5% or more of the Plan's net assets available for Plan benefits are as follows:

	March 31, 2015	2014
WF Stable Return Fund N	**$ 2,892,842**	$ 2,725,537
WF Enhanced Stock Market Fund N	**935,969**	818,450
Oakmark Equity & Income Fund - II	**476,157**	370,919
All others, less than 5%	**1,037,314**	889,836
Total investments at fair value	**$ 5,342,282**	$ 4,804,742

During 2015 and 2014, the Plan's investments (including investments bought, sold, and held during the year) appreciated in value by approximately $177,000 and $305,000, respectively.

5. Party-in-Interest Transactions

Plan investments are managed by the Trustee. All transactions with the Trustee qualify as party-in-interest transactions. Fees paid by the Plan to the Trustee for custodial, recordkeeping, and investment advisory services amounted to approximately $42,000 and $27,000 for the years ended March 31, 2015 and 2014, respectively.

6. Income Tax Status

On March 31, 2008, the IRS stated that the prototype adopted by the Plan, as then designed, qualified under Section 401(a) of the IRC. The Plan has not received a determination letter specific to the Plan itself. The Plan has been amended and restated to comply with legislative actions since adopting the prototype.

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GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. No such liabilities were identified at March 31, 2015 and 2014. The Plan is subject to routine audits by tax authorities; however, there are currently no audits in progress for any open tax periods. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2012.

7. Plan Termination

Although it has not expressed any intent to do so, the Company has the right, under the Plan, to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

8. Reconciliation of Audited Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500:

	March 31, 2015	March 31, 2014
Net assets available for benefits per the financial statements	**$ 5,406,343**	$ 4,998,451
Adjustment for employer contribution receivable	**--**	(87,237)
Adjustment for excess contributions liability	**5,590**	40,000
Net assets available for benefits per Form 5500	**$ 5,411,933**	$ 4,951,214

	Years Ended March 31, 2015	Years Ended March 31, 2014
Increase in net assets per the financial statements	**$ 407,892**	$ 492,809
Adjustment for prior year excess contributions liability	**(40,000)**	(9,892)
Adjustment for current year excess contributions liability	**5,590**	40,000
Adjustment for prior year employer contribution receivable	**87,237**	81,550
Adjustment for current year employer contribution receivable	**--**	(87,237)
Net increase per Form 5500	**$ 460,719**	$ 517,230

9. Subsequent Events

The Plan evaluated events and transactions after March 31, 2015 through October 1, 2015, the date the financial statements were available to be issued. Effective July 1, 2015, the Plan implemented an automatic enrollment feature whereby employees who are eligible are automatically enrolled with a deferral rate of 2%. There were no other subsequent events to report during this period.

SUPPLEMENTAL SCHEDULE

Superior Machine Company of SC, Inc. Savings Incentive Plan
Employer ID# 57-0743770/Plan #001
Schedule H, Line 4i-Schedule of Assets Held for Investment Purposes at End of Year
March 31, 2015

	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
(a)	**Mutual Funds:**			
	Oakmark Equity & Income Fund - II	Mutual fund	$ --	$ 476,157
	Goldman Sachs S/C Value-A	Mutual fund	--	235,646
	Dreyfus Midcap Index Fund	Mutual fund	--	220,754
	American Beacon L/Cap Val Inv CL	Mutual fund	--	46,468
	Harbor International Instl	Mutual fund	--	27,369
	Pimco High Yield Fund for Advice	Mutual fund	--	19,272
	Pimco Real Return Fund Inst	Mutual fund	--	17,770
	Janus Triton Fund-R	Mutual fund	--	16,653
	Thornburg Intl Value F/C R3	Mutual fund	--	13,277
	T Rowe Price Real Estate	Mutual fund	--	11,758
	Acadian Emerging Markets Equity Fund	Mutual fund	--	9,695
	Fidelity Adv New Insights CL T	Mutual fund	--	5,876
			$ --	$ 1,100,695
	Common/Collective Trusts:			
*	WF Stable Return Fund N**	Common/collective trust	$ --	$ 2,892,842
*	WF Enhanced Stock Market Fund N**	Common/collective trust	--	935,969
*	W/BR US AGG BD Index CIT AT**	Common/collective trust	--	77,649
*	Wells Fargo Core Bond CIT AT**	Common/collective trust	--	65,481
*	WF / MFS Value CIT AT**	Common/collective trust	--	54,247
*	WF / TRP INST EQ INC MGD CIT AT**	Common/collective trust	--	30,431
*	WF / Multi-Manager Small Cap CIT AT**	Common/collective trust	--	23,317
*	WF / Causeway Intl Value CIT AT**	Common/collective trust	--	23,141
*	Wells Fargo Large Cap Growth CIT AT**	Common/collective trust	--	19,474
*	WF / International Bond CIT AT**	Common/collective trust	--	18,878
	Stable Return Fund AT**	Common/collective trust	--	16,975
*	WF / D&C Intermed BD CIT AT**	Common/collective trust	--	16,687
*	WF / TRP Inst LCG MGD CIT AT**	Common/collective trust	--	11,532
			$ --	$ 4,186,623
*	Participant Notes Receivable	Interest Rate Range: 4.25% to 10.50%	$ --	$ 124,615

* Indicates a party-in-interest to the Plan.
**Reported at contract value. The fair value of these investments is $4,241,587.

Note: The above schedule was derived from information certified by the Trustee. Cost has been omitted for participant-directed funds.

Financial Statements
and Supplemental Schedule

Superior Machine Company of SC, Inc.
Savings Incentive Plan

Years Ended March 31, 2015 and 2014
with Report of Independent Auditors

Superior Machine Company of SC, Inc. Savings Incentive Plan
Financial Statements
and Supplemental Schedule
Years Ended March 31, 2015 and 2014

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Report of Independent Auditors

To the Retirement Committee of the
Superior Machine Company of SC, Inc. Savings Incentive Plan

We were engaged to audit the accompanying financial statements of the Superior Machine Company of SC, Inc. Savings Incentive Plan (the "Plan"), which comprise the statements of net assets available for plan benefits as of March 31, 2015 and 2014, and the related statements of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States; 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.

Auditors' Responsibility
Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States. 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 ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended March 31, 2015 and 2014, that the information provided to the Plan administrator by the trustee is complete and accurate.

To the Retirement Committee of the
Superior Machine Company of SC, Inc. Savings Incentive Plan

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

Other Matter
The supplemental schedule of assets held for investment purposes as of March 31, 2015, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations
The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Bauknight Pietras & Storms, P.A.

October 1, 2015

Superior Machine Company of SC, Inc. Savings Incentive Plan
Statements of Net Assets Available for Plan Benefits

	March 31, 2015	2014
Assets		
Investments at fair value:		
Mutual funds	**$ 1,100,695**	$ 1,039,197
Common/collective trusts	**4,241,587**	3,765,545
Total investments	**5,342,282**	4,804,742
Employer contributions receivable	**--**	87,237
Participant loans receivable	**124,615**	168,534
Total assets	**5,466,897**	5,060,513
Liabilities		
Excess contributions payable to participants	**5,590**	40,000
Net assets available for plan benefits at fair value	**5,461,307**	5,020,513
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	**(54,964)**	(22,062)
Net assets available for plan benefits	**$ 5,406,343**	$ 4,998,451

See accompanying notes.

Superior Machine Company of SC, Inc. Savings Incentive Plan
Statements of Changes in Net Assets Available for Plan Benefits

	Years Ended March 31, 2015	2014
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments:		
Mutual funds	**$ 15,470**	$ 103,470
Common/collective trusts	**161,463**	201,830
Interest and dividends	**86,028**	71,194
	262,961	376,494
Interest on notes receivable from participants	**6,342**	7,890
Employee contributions, including rollovers	**362,819**	302,157
Employer contributions	**98,593**	87,237
Total net additions	**730,715**	773,778
Deductions from net assets attributed to:		
Benefits paid to participants, including rollovers	**280,727**	253,960
Administrative expenses	**42,096**	27,009
Total deductions	**322,823**	280,969
Net change	**407,892**	492,809
Net assets available for plan benefits, beginning	**4,998,451**	4,505,642
Net assets available for plan benefits, ending	**$ 5,406,343**	$ 4,998,451

See accompanying notes.

Superior Machine Company of SC, Inc. Savings Incentive Plan
Notes to Financial Statements
March 31, 2015 and 2014

1. Description of Plan

The following description of the Superior Machine Company of SC, Inc. Savings Incentive Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all full-time employees of Superior Machine Company of South Carolina, Inc. (the "Company") who have completed ninety days of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Contributions to the Plan are made by the Company and its employees. Employee salary reduction contributions range between one percent and one hundred percent of the employee's salary, subject to certain Internal Revenue Code ("IRC") limitations. The Company may make a discretionary matching and/or a profit sharing contribution. The Company made discretionary contributions of approximately $99,000 and $87,000 for the years ended March 31, 2015 and 2014, respectively.

Participants who have attained age 50 before the end of the Plan year are eligible to make catch–up contributions. Participants may also contribute amounts representing rollover distributions from other qualified benefit plans.

Participant Accounts

Each participant's account is credited with the participant's contributions, allocations of the Company's contributions, if any, and Plan earnings or losses. Each participant's account is charged with an allocation of administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Forfeitures of the non-vested portion of terminated participants account balances remain in the Plan. These forfeitures may be used for paying administrative expenses and/or reducing employer contributions. At March 31, 2015 and 2014, there were no significant forfeiture balances.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service. Vesting is based on years of continuous service according to the following schedule:

Years of Service	Vesting Percentage
1	0%
2	50%
3	100%

1. Description of Plan (continued)

Participant Loans Receivable

Participants are permitted to borrow a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance, subject to Internal Revenue Service ("IRS") guidelines. Terms range from one to five years and loans bear interest at prime plus one percent at the date the loan is issued. Interest rates on outstanding loans range from 4.25% to 10.50% at March 31, 2015 and 2014. Each loan is collateralized by the balance in the participant's account.

Payment of Benefits

Upon retirement, disability, death, termination of employment or attainment of age 59½, participants or their beneficiaries may elect to receive their vested portion of Plan assets. While employed by the Company, participants are permitted to withdraw funds before age 59½ only in cases of severe financial hardship.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared in accordance with accounting principles generally accepted in the United States ("GAAP").

Estimates

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

Participant Loans Receivable

Loans receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document.

Risks and Uncertainties

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

2. Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition

The Plan's investments are held in mutual funds and common/collective trusts by Wells Fargo Bank, N.A. (the "Trustee").

Securities traded on a national securities exchange are valued at the last reported sales price on the last business day of the Plan year. The net appreciation/depreciation in fair value of investments represents (1) the difference between the fair value of the investments held at year-end and either the fair value at the end of the preceding year or the actual cost if purchased later, and (2) realized gains or losses on sales of investments. The average cost basis is used in determining the cost of investments sold.

Purchases and sales of securities are reflected on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

In accordance with GAAP, investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the term of the Plan. Contract value represents contributions made, plus earnings, less withdrawals and administrative expenses.

Participants who withdraw amounts that are invested in fully benefit-responsive contracts prior to the termination of the contract are subject to withdrawal charges equal to the difference between the guaranteed interest rate in effect for new contributions at the date of surrender and the composite guaranteed rate of the investments being surrendered, multiplied by the number of years or portion thereof remaining in the contract period, multiplied by the total amount being surrendered.

In this regard, the Plan's investments include certain common/collective trusts that invest in a variety of fully benefit-responsive investment contracts. The accompanying statements of net assets available for plan benefits present the investments at fair value, as well as an additional line showing an adjustment to contract value. The accompanying statements of changes in net assets available for benefits are presented based on contract value.

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The following tables present fair value measurement information for the Plan's investments:

	At March 31, 2015		
	Quoted Market Prices (Level 1)	**Significant Other Observable Inputs (Level 2)**	**Total**
Mutual funds:			
Balanced funds	$ 724,280	$ --	$ 724,280
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Common/collective trusts	--	4,241,587	4,241,587
Total investments	$ 1,100,695	$ 4,241,587	$ 5,342,282

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SUPPLEMENTAL SCHEDULE

Superior Machine Company of SC, Inc. Savings Incentive Plan
Employer ID# 57-0743770/Plan #001
Schedule H, Line 4i-Schedule of Assets Held for Investment Purposes at End of Year
March 31, 2015

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*	Wells Fargo Core Bond CIT AT**	Common/collective trust	--	65,481
*	WF / MFS Value CIT AT**	Common/collective trust	--	54,247
*	WF / TRP INST EQ INC MGD CIT AT**	Common/collective trust	--	30,431
*	WF / Multi-Manager Small Cap CIT AT**	Common/collective trust	--	23,317
*	WF / Causeway Intl Value CIT AT**	Common/collective trust	--	23,141
*	Wells Fargo Large Cap Growth CIT AT**	Common/collective trust	--	19,474
*	WF / International Bond CIT AT**	Common/collective trust	--	18,878
	Stable Return Fund AT**	Common/collective trust	--	16,975
*	WF / D&C Intermed BD CIT AT**	Common/collective trust	--	16,687
*	WF / TRP Inst LCG MGD CIT AT**	Common/collective trust	--	11,532
			$ --	$ 4,186,623
*	Participant Notes Receivable	Interest Rate Range: 4.25% to 10.50%	$ --	$ 124,615

* Indicates a party-in-interest to the Plan.
**Reported at contract value. The fair value of these investments is $4,241,587.

Note: The above schedule was derived from information certified by the Trustee. Cost has been omitted for participant-directed funds.

Financial Statements
and Supplemental Schedule

Superior Machine Company of SC, Inc.
Savings Incentive Plan

Years Ended March 31, 2015 and 2014
with Report of Independent Auditors

Superior Machine Company of SC, Inc. Savings Incentive Plan
Financial Statements
and Supplemental Schedule
Years Ended March 31, 2015 and 2014

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Report of Independent Auditors

To the Retirement Committee of the
Superior Machine Company of SC, Inc. Savings Incentive Plan

We were engaged to audit the accompanying financial statements of the Superior Machine Company of SC, Inc. Savings Incentive Plan (the "Plan"), which comprise the statements of net assets available for plan benefits as of March 31, 2015 and 2014, and the related statements of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States; 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.

Auditors' Responsibility
Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States. 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 ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended March 31, 2015 and 2014, that the information provided to the Plan administrator by the trustee is complete and accurate.

To the Retirement Committee of the
Superior Machine Company of SC, Inc. Savings Incentive Plan

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

Other Matter
The supplemental schedule of assets held for investment purposes as of March 31, 2015, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations
The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Bauknight Pietras & Storms, P.A.

October 1, 2015

Superior Machine Company of SC, Inc. Savings Incentive Plan
Statements of Net Assets Available for Plan Benefits

	March 31, 2015	2014
Assets		
Investments at fair value:		
Mutual funds	**$ 1,100,695**	$ 1,039,197
Common/collective trusts	**4,241,587**	3,765,545
Total investments	**5,342,282**	4,804,742
Employer contributions receivable	**--**	87,237
Participant loans receivable	**124,615**	168,534
Total assets	**5,466,897**	5,060,513
Liabilities		
Excess contributions payable to participants	**5,590**	40,000
Net assets available for plan benefits at fair value	**5,461,307**	5,020,513
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	**(54,964)**	(22,062)
Net assets available for plan benefits	**$ 5,406,343**	$ 4,998,451

See accompanying notes.

Superior Machine Company of SC, Inc. Savings Incentive Plan
Statements of Changes in Net Assets Available for Plan Benefits

	Years Ended March 31, 2015	2014
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments:		
Mutual funds	**$ 15,470**	$ 103,470
Common/collective trusts	**161,463**	201,830
Interest and dividends	**86,028**	71,194
	262,961	376,494
Interest on notes receivable from participants	**6,342**	7,890
Employee contributions, including rollovers	**362,819**	302,157
Employer contributions	**98,593**	87,237
Total net additions	**730,715**	773,778
Deductions from net assets attributed to:		
Benefits paid to participants, including rollovers	**280,727**	253,960
Administrative expenses	**42,096**	27,009
Total deductions	**322,823**	280,969
Net change	**407,892**	492,809
Net assets available for plan benefits, beginning	**4,998,451**	4,505,642
Net assets available for plan benefits, ending	**$ 5,406,343**	$ 4,998,451

See accompanying notes.

Superior Machine Company of SC, Inc. Savings Incentive Plan
Notes to Financial Statements
March 31, 2015 and 2014

1. Description of Plan

The following description of the Superior Machine Company of SC, Inc. Savings Incentive Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all full-time employees of Superior Machine Company of South Carolina, Inc. (the "Company") who have completed ninety days of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Contributions to the Plan are made by the Company and its employees. Employee salary reduction contributions range between one percent and one hundred percent of the employee's salary, subject to certain Internal Revenue Code ("IRC") limitations. The Company may make a discretionary matching and/or a profit sharing contribution. The Company made discretionary contributions of approximately $99,000 and $87,000 for the years ended March 31, 2015 and 2014, respectively.

Participants who have attained age 50 before the end of the Plan year are eligible to make catch–up contributions. Participants may also contribute amounts representing rollover distributions from other qualified benefit plans.

Participant Accounts

Each participant's account is credited with the participant's contributions, allocations of the Company's contributions, if any, and Plan earnings or losses. Each participant's account is charged with an allocation of administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Forfeitures of the non-vested portion of terminated participants account balances remain in the Plan. These forfeitures may be used for paying administrative expenses and/or reducing employer contributions. At March 31, 2015 and 2014, there were no significant forfeiture balances.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service. Vesting is based on years of continuous service according to the following schedule:

Years of Service	Vesting Percentage
1	0%
2	50%
3	100%

1. Description of Plan (continued)

Participant Loans Receivable

Participants are permitted to borrow a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance, subject to Internal Revenue Service ("IRS") guidelines. Terms range from one to five years and loans bear interest at prime plus one percent at the date the loan is issued. Interest rates on outstanding loans range from 4.25% to 10.50% at March 31, 2015 and 2014. Each loan is collateralized by the balance in the participant's account.

Payment of Benefits

Upon retirement, disability, death, termination of employment or attainment of age 59½, participants or their beneficiaries may elect to receive their vested portion of Plan assets. While employed by the Company, participants are permitted to withdraw funds before age 59½ only in cases of severe financial hardship.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared in accordance with accounting principles generally accepted in the United States ("GAAP").

Estimates

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

Participant Loans Receivable

Loans receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document.

Risks and Uncertainties

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

2. Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition

The Plan's investments are held in mutual funds and common/collective trusts by Wells Fargo Bank, N.A. (the "Trustee").

Securities traded on a national securities exchange are valued at the last reported sales price on the last business day of the Plan year. The net appreciation/depreciation in fair value of investments represents (1) the difference between the fair value of the investments held at year-end and either the fair value at the end of the preceding year or the actual cost if purchased later, and (2) realized gains or losses on sales of investments. The average cost basis is used in determining the cost of investments sold.

Purchases and sales of securities are reflected on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

In accordance with GAAP, investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the term of the Plan. Contract value represents contributions made, plus earnings, less withdrawals and administrative expenses.

Participants who withdraw amounts that are invested in fully benefit-responsive contracts prior to the termination of the contract are subject to withdrawal charges equal to the difference between the guaranteed interest rate in effect for new contributions at the date of surrender and the composite guaranteed rate of the investments being surrendered, multiplied by the number of years or portion thereof remaining in the contract period, multiplied by the total amount being surrendered.

In this regard, the Plan's investments include certain common/collective trusts that invest in a variety of fully benefit-responsive investment contracts. The accompanying statements of net assets available for plan benefits present the investments at fair value, as well as an additional line showing an adjustment to contract value. The accompanying statements of changes in net assets available for benefits are presented based on contract value.

Administrative Expenses

The Plan pays all custodial and recordkeeping fees. All other professional fees are paid by the Company.

3. Fair Value Measurements

GAAP establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of quoted prices in active markets for identical assets and have the highest priority; Level 2 inputs consist of observable inputs other than quoted prices for identical assets; and Level 3 inputs to the valuation methodology are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 3 inputs were used by the Plan, and Level 2 inputs were only used when Level 1 inputs were not available.

The following tables present fair value measurement information for the Plan's investments:

	At March 31, 2015		
	Quoted Market Prices (Level 1)	**Significant Other Observable Inputs (Level 2)**	**Total**
Mutual funds:			
Balanced funds	$ 724,280	$ --	$ 724,280
Value funds	291,809	--	291,809
Bond funds	37,042	--	37,042
Growth funds	35,806	--	35,806
Real estate funds	11,758	--	11,758
Total mutual funds	1,100,695	--	1,100,695
Common/collective trusts	--	4,241,587	4,241,587
Total investments	$ 1,100,695	$ 4,241,587	$ 5,342,282

3. Fair Value Measurements (continued)

	At March 31, 2014		
	Quoted Market Prices (Level 1)	**Significant Other Observable Inputs (Level 2)**	**Total**
Mutual funds:			
Balanced funds	$ 600,297	$ --	$ 600,297
Value funds	287,419	--	287,419
Bond funds	73,353	--	73,353
Growth funds	70,727	--	70,727
Real estate funds	7,401	--	7,401
Total mutual funds	1,039,197	--	1,039,197
Common/collective trusts	--	3,765,545	3,765,545
Total investments	$ 1,039,197	$ 3,765,545	$ 4,804,742

Level 1 Fair Value Measurements- The fair value of mutual funds is based on quoted market prices of the shares held by the Plan at year-end.

Level 2 Fair Value Measurements- Common/collective trust funds are stated at fair value as determined by the issuer of the common/collective trust funds based on the fair value of the underlying investments.

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

4. Investments

Individual investments (all of which are participant directed, and which have been certified by the Trustee), that represent 5% or more of the Plan's net assets available for Plan benefits are as follows:

	March 31, 2015	2014
WF Stable Return Fund N	**$ 2,892,842**	$ 2,725,537
WF Enhanced Stock Market Fund N	**935,969**	818,450
Oakmark Equity & Income Fund - II	**476,157**	370,919
All others, less than 5%	**1,037,314**	889,836
Total investments at fair value	**$ 5,342,282**	$ 4,804,742

During 2015 and 2014, the Plan's investments (including investments bought, sold, and held during the year) appreciated in value by approximately $177,000 and $305,000, respectively.

5. Party-in-Interest Transactions

Plan investments are managed by the Trustee. All transactions with the Trustee qualify as party-in-interest transactions. Fees paid by the Plan to the Trustee for custodial, recordkeeping, and investment advisory services amounted to approximately $42,000 and $27,000 for the years ended March 31, 2015 and 2014, respectively.

6. Income Tax Status

On March 31, 2008, the IRS stated that the prototype adopted by the Plan, as then designed, qualified under Section 401(a) of the IRC. The Plan has not received a determination letter specific to the Plan itself. The Plan has been amended and restated to comply with legislative actions since adopting the prototype.

The Plan administrator believes the Plan was designed and is currently being operated in compliance with the applicable requirements of the IRC and believes the Plan is qualified and the related trust was tax-exempt, therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. No such liabilities were identified at March 31, 2015 and 2014. The Plan is subject to routine audits by tax authorities; however, there are currently no audits in progress for any open tax periods. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2012.

7. Plan Termination

Although it has not expressed any intent to do so, the Company has the right, under the Plan, to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

8. Reconciliation of Audited Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500:

	March 31, 2015	March 31, 2014
Net assets available for benefits per the financial statements	**$ 5,406,343**	$ 4,998,451
Adjustment for employer contribution receivable	**--**	(87,237)
Adjustment for excess contributions liability	**5,590**	40,000
Net assets available for benefits per Form 5500	**$ 5,411,933**	$ 4,951,214

	Years Ended March 31, 2015	Years Ended March 31, 2014
Increase in net assets per the financial statements	**$ 407,892**	$ 492,809
Adjustment for prior year excess contributions liability	**(40,000)**	(9,892)
Adjustment for current year excess contributions liability	**5,590**	40,000
Adjustment for prior year employer contribution receivable	**87,237**	81,550
Adjustment for current year employer contribution receivable	**--**	(87,237)
Net increase per Form 5500	**$ 460,719**	$ 517,230

9. Subsequent Events

The Plan evaluated events and transactions after March 31, 2015 through October 1, 2015, the date the financial statements were available to be issued. Effective July 1, 2015, the Plan implemented an automatic enrollment feature whereby employees who are eligible are automatically enrolled with a deferral rate of 2%. There were no other subsequent events to report during this period.

SUPPLEMENTAL SCHEDULE

Superior Machine Company of SC, Inc. Savings Incentive Plan
Employer ID# 57-0743770/Plan #001
Schedule H, Line 4i-Schedule of Assets Held for Investment Purposes at End of Year
March 31, 2015

	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
(a)	**Mutual Funds:**			
	Oakmark Equity & Income Fund - II	Mutual fund	$ --	$ 476,157
	Goldman Sachs S/C Value-A	Mutual fund	--	235,646
	Dreyfus Midcap Index Fund	Mutual fund	--	220,754
	American Beacon L/Cap Val Inv CL	Mutual fund	--	46,468
	Harbor International Instl	Mutual fund	--	27,369
	Pimco High Yield Fund for Advice	Mutual fund	--	19,272
	Pimco Real Return Fund Inst	Mutual fund	--	17,770
	Janus Triton Fund-R	Mutual fund	--	16,653
	Thornburg Intl Value F/C R3	Mutual fund	--	13,277
	T Rowe Price Real Estate	Mutual fund	--	11,758
	Acadian Emerging Markets Equity Fund	Mutual fund	--	9,695
	Fidelity Adv New Insights CL T	Mutual fund	--	5,876
			$ --	$ 1,100,695
	Common/Collective Trusts:			
*	WF Stable Return Fund N**	Common/collective trust	$ --	$ 2,892,842
*	WF Enhanced Stock Market Fund N**	Common/collective trust	--	935,969
*	W/BR US AGG BD Index CIT AT**	Common/collective trust	--	77,649
*	Wells Fargo Core Bond CIT AT**	Common/collective trust	--	65,481
*	WF / MFS Value CIT AT**	Common/collective trust	--	54,247
*	WF / TRP INST EQ INC MGD CIT AT**	Common/collective trust	--	30,431
*	WF / Multi-Manager Small Cap CIT AT**	Common/collective trust	--	23,317
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*	Wells Fargo Large Cap Growth CIT AT**	Common/collective trust	--	19,474
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			$ --	$ 4,186,623
*	Participant Notes Receivable	Interest Rate Range: 4.25% to 10.50%	$ --	$ 124,615

* Indicates a party-in-interest to the Plan.
**Reported at contract value. The fair value of these investments is $4,241,587.

Note: The above schedule was derived from information certified by the Trustee. Cost has been omitted for participant-directed funds.