

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>07/01/2014</u> and ending <u>06/30/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>THE CRESCENT MANUFACTURING COMPANY U.A.W. RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1958</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>07/01/1958</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>07/01/1958</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>CRESCENT MANUFACTURING COMPANY</u> <u>1310 MAJESTIC DRIVE</u> <u>FREMONT, OH 43420-9142</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-1466700</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>419-332-6484</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>332210</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-1466700</u>	2c Plan Sponsor's telephone number <u>419-332-6484</u>	2d Business code (see instructions) <u>332210</u>	
2b Employer Identification Number (EIN) <u>34-1466700</u>					
2c Plan Sponsor's telephone number <u>419-332-6484</u>					
2d Business code (see instructions) <u>332210</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/05/2016	LISA ADAMS
	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 ☐ Same as Plan Sponsor CRESCENT MANUFACTURING COMPANY 1310 MAJESTIC DRIVE FREMONT, OH 43420-9142	3b Administrator's EIN 34-1466700
	3c Administrator's telephone number 419-332-6484
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 148
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) 33
a(2) Total number of active participants at the end of the plan year	6a(2) 28
b Retired or separated participants receiving benefits	6b 57
c Other retired or separated participants entitled to future benefits.....	6c 51
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 136
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 11
f Total. Add lines 6d and 6e	6f 147
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B	
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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (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) ☒ 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) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

Round off amounts to nearest dollar.
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan THE CRESCENT MANUFACTURING COMPANY U.A.W. RETIREMENT PLAN		B Three-digit plan number (PN)	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CRESCENT MANUFACTURING COMPANY		D Employer Identification Number (EIN) 34-1466700	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month 07 Day 01 Year 2014			
2 Assets:			
a Market value	2a	6200884	
b Actuarial value	2b	5997917	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	63	2152336	2152336
b For terminated vested participants	54	736371	736371
c For active participants	33	1599823	1621183
d Total	150	4488530	4509890
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.44%	
6 Target normal cost	6	70615	

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

SIGN HERE		03/24/2016
Signature of actuary		Date
AMY E. KEMP, A.S.A., E.A., M.A.A.A.		14-06806
Type or print name of actuary		Most recent enrollment number
BPAS ACTUARIAL & PENSION SERVICES		315-703-8942
Firm name		Telephone number (including area code)
ONE LINCOLN CENTER, 12TH FLOOR SYRACUSE, NY 13202-9972		
Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>13.11</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		385623
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.28</u> %		24217
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		409840
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	132.99 %
15 Adjusted funding target attainment percentage	15	132.99 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	121.24 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/15/2014	22500	0	01/15/2015	30000	0
08/15/2014	37500	0	02/15/2015	30000	0
09/15/2014	37500	0	03/15/2015	37500	0
10/15/2014	30000	0	04/15/2015	30000	0
11/15/2014	30000	0	05/15/2015	30000	0
12/15/2014	37500	0	06/15/2015	37500	0
Totals ▶			18(b)	390000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	377892
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd

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

21 Discount rate:			
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 0
22 Weighted average retirement age			22 64
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....		31a	70615
b Excess assets, if applicable, but not greater than line 31a		31b	70615
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment.....		0	0
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..		34	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36		0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37		377892
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	377892
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

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

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

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

For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

A Name of plan <u>THE CRESCENT MANUFACTURING COMPANY U.A.W. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CRESCENT MANUFACTURING COMPANY</u>	D Employer Identification Number (EIN) <u>34-1466700</u>

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)..... ☐ Yes ☒ No

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

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

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

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

HUNTINGTON TRUST CO NA

31-1232181

(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 28 50 51	NONE	40837	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HARBIDGE CONSULTING GROUP, L.L.C.

30-0192194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50 70	NONE	19300	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>07/01/2014</u> and ending <u>06/30/2015</u>		
A Name of plan <u>THE CRESCENT MANUFACTURING COMPANY U.A.W. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CRESCENT MANUFACTURING COMPANY</u>	D Employer Identification Number (EIN) <u>34-1466700</u>	

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	238078	250000
(2) U.S. Government securities	1c(2)	197467	112352
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	205576	101343
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	1197440	1091217
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	4362323	4600441
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	6200884	6155353

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	6200884	6155353
---	-----------	---------	---------

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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	390000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		390000

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	125	
(B) U.S. Government securities	2b(1)(B)	2397	
(C) Corporate debt instruments	2b(1)(C)	4307	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		6829

(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	24359	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	143630	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		167989

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	756307	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	573163	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		183144

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-191877	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-191877

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-302176
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		253909

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	239303	
(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)		239303
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	19300	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	40837	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		60137
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		299440

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-45531
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: HOLBROOK & MANTER, INC.

(2) EIN: 31-0998651

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
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.).....		X	
4d			
e Was this plan covered by a fidelity bond?	X		500000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
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?.....		X	
4g			
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?.....		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
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.)	X		
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

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.
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For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

A Name of plan <u>THE CRESCENT MANUFACTURING COMPANY U.A.W. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CRESCENT MANUFACTURING COMPANY</u>	D Employer Identification Number (EIN) <u>34-1466700</u>

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	<u>0</u>
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): <u>31-1436635</u>		
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	<u>0</u>

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

**CRESCENT MANUFACTURING COMPANY
UAW RETIREMENT PLAN
FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES
JUNE 30, 2015 AND 2014**

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* All other financial schedules required by Section 2520.103-10 of the U.S. Department of Labor's Annual Reporting and Disclosure Requirements under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.



INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Crescent Manufacturing Company UAW Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Crescent Manufacturing Company UAW Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits (modified cash basis) as of June 30, 2015 and 2014 and the related statements of changes in net assets available for benefits (modified cash basis) for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to information summarized in Note 6, which was certified by Huntington National Bank, trustee of the Plan, except for comparing the information with the related information in the financial statements and supplemental schedules. 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 certifications from the trustee as of and for the years ended June 30, 2015 and 2014, that the information provided to the Plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Basis of Accounting

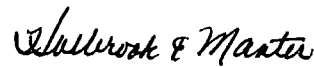
We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Other Matter

The supplemental schedules of (1) Schedule H, line 4i-Schedule of Assets (Held At End of Year), and (2) Schedule H, line 4j-Schedule of Reportable Transactions as of or for the year ended June 30, 2015 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.


Certified Public Accountants

Marion, Ohio
March 30, 2016

CRESCENT MANUFACTURING COMPANY
UAW RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)
JUNE 30, 2015 AND 2014

	<u>2015</u>	<u>2014</u>
ASSETS:-		
Investments at fair value		
Cash equivalents	\$ 250,000	\$ 238,078
Common stocks	1,091,217	1,197,440
Mutual funds	4,600,441	4,362,323
Corporate obligations	101,343	205,576
U.S. government obligations	<u>112,352</u>	<u>197,467</u>
Total investments at fair value	6,155,353	6,200,884
Accrued income	<u>11,011</u>	<u>0</u>
Net assets available for benefits	<u><u>\$ 6,166,364</u></u>	<u><u>\$ 6,200,884</u></u>

The accompanying notes are an integral part of these financial statements.

CRESCENT MANUFACTURING COMPANY
UAW RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)
YEARS ENDED JUNE 30, 2015 AND 2014

	<u>2015</u>	<u>2014</u>
ADDITIONS:-		
Investment income		
Dividends and interest income	\$ 171,276	\$ 144,790
Net (depreciation) appreciation in fair value of investments	(296,356)	597,269
Total investment (loss) income	(125,080)	742,059
CONTRIBUTIONS:-		
Employer contributions	390,000	397,500
Total additions	264,920	1,139,559
DEDUCTIONS:-		
Pension benefit payments	239,303	230,251
Administrative expenses	60,137	49,316
Total deductions	299,440	279,567
Net (decrease) increase in net assets	(34,520)	859,992
Net assets available for benefits - beginning of year	6,200,884	5,340,892
Net assets available for benefits - end of year	\$ 6,166,364	\$ 6,200,884

The accompanying notes are an integral part of these financial statements.

**CRESCENT MANUFACTURING COMPANY
UAW RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014**

NOTE 1 - DESCRIPTION OF THE PLAN:-

- (a) **General** - The following is a brief description of the Crescent Manufacturing Company UAW Retirement Plan (the Plan). The information provided is for general informational purposes only. Details concerning the vesting and benefit provisions of the Plan are included in the Summary Plan Description for the Restated Crescent Manufacturing Company UAW Retirement Plan. Copies of the Summary Plan Description are available from the Plan Administrator.

The Plan is a non-contributory, defined benefit pension plan which covers substantially all hourly paid employees of Crescent Manufacturing Company (the Company) who benefit under the collective bargaining agreement between the Company and the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America, Local No. 959 (the Union) and provides for pension and death benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

- (b) **Eligibility** - An employee will become eligible to participate in the Plan after completing at least one year of credited service, defined as completing at least 1,000 hours of service in any consecutive twelve month period, who is at least 21 years of age, and who benefits under the collective bargaining agreement between the Company and the Union, prior to September 8, 2004. Effective September 8, 2004, the Company amended the Plan to close participation to newly hired employees. See Note 10, Significant Plan activities.

(c) **Retirement**

1. *Normal*:-

- (a) The later of the first day of the month that coincides with or next follows the participant's sixty-fifth birth date or, the first of the month following the participant's completion of five years credited service, whichever is later -or-
(b) Age sixty-two and has completed thirty years of credited service.

2. *Early* - Participant who has attained at least sixty years of age and has completed at least ten years of credited service.

3. *Late* - Participant eligible for normal retirement benefits who remains in the employment of the Company. Retirement benefits shall be computed on the basis of credited service at the date of actual retirement or the day preceding death if prior to normal retirement.

4. *Vested Deferred* - Participant terminated with at least five years of credited service, and who is not entitled to any other benefit under the Plan.

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JUNE 30, 2015 AND 2014

(d) Pension Benefits

1. *Normal Retirement Pension Benefit* - Participating employees are entitled to a monthly pension benefit, generally provided through monthly installments, determined by multiplying the sum of past and future service credits by a monthly benefit rate as of the date of retirement or termination, as defined above.
 - (a) *Past Service Credits* - Effective for participants prior to July 1, 1976, credit for past service in accordance with plan provisions in effect at June 30, 1976.
 - (b) *Future Service Credits* - Effective for service on or after July 1, 1976:
 1. For each plan year during which a participant has more than 1,700 hours, one service credit.
 2. For each plan year during which a participant has less than 1,700 hours, one tenth credit for each 170 hours of service, with an additional one tenth credit if the remaining hours of services are eighty-six or more.
 3. A "one-year break in service" occurs when a participant completes less than 501 hours of service in a plan year, defined as any twelve month period from a participant's anniversary date.
 - (c) *Monthly Benefit Rate* - The monthly benefit rate is the rate set in the collective bargaining agreement as of the date of an employee's retirement or termination. This rate is subject to change.
 2. *Early Retirement Pension Benefit* - A participant eligible to receive an early retirement benefit may elect:
 - (a) A deferred early retirement benefit commencing at normal retirement date equal to the accrued benefit at date of early retirement -or-
 - (b) An immediate early retirement benefit commencing at early retirement equal to the actuarial equivalent of the accrued benefit at the date of early retirement.
 3. *Late* - Benefits are the same as for normal retirement.
 4. *Vested Deferred* - Benefits are the same as for normal retirement.
- (e) Normal Form of Pension Benefit** - The benefit formula provides for a life annuity benefit. However, each participant married at retirement who does not elect otherwise, will receive a joint annuity in a reduced amount providing for a 55% continuation of benefit to a surviving spouse. The benefit amount is also subject to adjustment as set forth in the Article 4 of the plan document.
- (f) Vesting** - As more fully described in Note 10, all participants in the Plan became 100% vested in their accrued benefit effective September 8, 2004.
- (g) Loss of Credit Service** - An employee will lose credit service and shall be considered a new employee if employment is terminated without entitlement to a retirement benefit under the Plan or if there is a break in service and the employee fails to satisfy at least one of the following conditions upon re-employment:-

**CRESCENT MANUFACTURING COMPANY
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1. The number of consecutive years of breaks in service was less than the aggregate number of years of pre-break credited service without regard to whether participation in the Plan commenced, or
2. The number of consecutive years of break in service as of June 30, 1997 was less than the aggregate number of years of pre-break credited service, and upon re-employment the number of consecutive years of break in service was less than five, or
3. The break in service commenced on or after July 1, 1997 and the number of consecutive years of break in service was less than five, or
4. The break in service commenced on or after July 1, 1997 due to maternity or paternity leave of absence, as defined by the Plan, and the number of breaks in service was less than either the aggregate number of years of pre-break credited service plus one year (without regard to commencement of participation in the Plan) or six years.

No loss of credited service shall occur while a participant maintains seniority under the collective bargaining agreement between the Company and the Union.

(h) Lump Sum Distribution of Small Benefits - Should the actuarial equivalent lump sum value of a retirement benefit (including any survivor benefit payable under the Plan) be less than \$1,000, the plan administrator may direct the payment of a lump sum distribution to the participant without consent of the participant (or eligible spouse in case of death) unless the participant (or eligible spouse) is age sixty-two or older.

(i) Rollover Distributions - The Plan allows for rollover distributions of non-periodic payments to other qualified retirement plans.

(j) Administration Expenses - Administrative expenses are paid by the Company or the Plan. Brokerage fees, transfer taxes, and other expenses incurred in connection with the investment of the Plan's assets will be added to the cost of such investments or deducted from the proceeds thereof, as the case may be.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES:-

Accounting Basis - The financial statements of the Plan have been prepared on the modified cash basis of accounting, a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

Plan transactions are accounted for on a modified cash basis to include net unrealized appreciation or depreciation in the fair value of investments.

Income - Interest and dividend income is recognized when received.

Contributions - Employer contributions are recognized as additions to pension benefits when received.

Valuation of Investments - As of June 30, 2015 and 2014, the assets of the Plan were held by Huntington National Bank, the custodian of the Plan. The investments held by Huntington National Bank are stated at fair value determined by current market prices. Securities traded on a national securities exchange are valued at the last reported sales price on the last day of the plan year.

CRESCENT MANUFACTURING COMPANY
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Estimates and Assumptions - The preparation of financial statements in conformity with the modified cash basis of accounting requires the Plan's management to make estimates and assumptions that affect the reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Benefit Payments - Benefit payments to participants are recorded in the statements of changes in net assets available for benefits when paid.

Termination of Plan - While it is the intention of the Company to continue the Plan indefinitely, future conditions may require the Plan to be amended, modified, suspended or terminated. In the event the Plan is discontinued and such discontinuance was to result in termination of the Plan, all assets in the Plan would be used to provide benefits to eligible participants, less expenses, subject to the provisions of ERISA.

Should the Plan terminate or partially terminate, the assets then comprising the trust fund, subject to provisions for expenses of administration upon liquidation, shall be allocated pursuant to Title IV of ERISA. Accrued benefits shall be fully vested and non-forfeitable to the extent then funded.

Certain benefits under the Plan are insured by the Pension Guarantee Corporation (PBGC) should the Plan terminate. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's benefits. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection may be subject to certain limitations as well as the PBGC's ability to fulfill its obligations to insure.

Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. The ceiling, which is adjusted periodically, applies to pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination, whichever comes later. For younger annuitants or for those who elect to receive their benefits in some form different than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed and the ability to insure by the PBGC.

New Accounting Pronouncements - In July 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient* (ASU 2015-12). ASU 2015-12, Part I eliminates the requirements to measure the fair value of fully benefit-responsive investment contracts and provide certain disclosures. Contract value is the only required measure for fully benefit-responsive investment contracts. Part II eliminates the requirements to disclose individual investments that represent 5 percent or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. ASU 2015-12 is effective for fiscal years beginning after December 15, 2015. The Plan has not done early implementation on this guidance.

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NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014

NOTE 3 - INCOME TAX STATUS:-

The Internal Revenue Service has informed the Company by a letter dated September 29, 2003, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. The Company has filed for a determination letter regarding this amendment. The determination letter was still pending as of the date of the auditor's report. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and operated in compliance with the applicable requirements of the Internal Revenue Code. The Plan is therefore not subject to income tax under present law. Once qualified, the Plan is required to operate in accordance with applicable Internal Revenue Code in order to maintain tax exempt status. The tax-exempt status of the Plan does not apply to the taxability of distributions to participants under the Plan.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2015 and 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 4 - FUNDING POLICY:-

The Plan is financed solely by contributions made by the Company.

Contributions are determined annually by actuarial valuations of the Plan by an independent consulting actuary. The actuary determines the maximum amount available under law or regulation as a federal income tax deduction and the minimum amount necessary during any plan year to avoid an accumulated funding deficiency as defined by ERISA.

Generally, it is the Company's intent to contribute an amount to the Plan in excess of the required minimum funding contribution. The amount contributed by the Company (modified cash basis) to the Plan for the years ended June 30, 2015 and 2014 was \$390,000 and \$397,500, respectively. The Company is allowed under IRS and ERISA regulations to contribute amounts to the Plan to meet the current minimum funding standard up to the corporate filing deadline, including extensions. The minimum funding requirements of ERISA were met for each of the years.

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UAW RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014

NOTE 5 - FAIR VALUE MEASUREMENTS:-

The Plan has adopted the Accounting Standards Codification (ASC) No. 820, Fair Value Measurements. ASC No. 820 establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC No. 820 are described below:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2015 and 2014.

Cash equivalents: Valued at fair value.

U.S government obligations: Valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate obligations: Valued using pricing models maximizing the use of observable inputs for similar securities. If quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs such as current yields of similar instruments.

Mutual funds: Valued at the net asset value (NAV) of shares held by the Plan at year end.

Common stocks: Valued at the quoted market price of shares held by the Plan at year end.

The methods described above may produce a fair value that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the 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.

CRESCENT MANUFACTURING COMPANY
UAW RETIREMENT PLAN
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JUNE 30, 2015 AND 2014

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2015 and 2014:

Assets at fair value as of June 30, 2015				
	Level 1	Level 2	Level 3	Total
Cash equivalents	\$ 250,000	\$ 0	\$ 0	\$ 250,000
Mutual funds				
Exchange-traded funds	1,301,400	0	0	1,301,400
Money market	3,216,882	0	0	3,216,882
Real estate	82,159	0	0	82,159
Total mutual funds	4,600,441	0	0	4,600,441
Common stocks				
U.S.	1,015,254	0	0	1,015,254
Foreign	75,963	0	0	75,963
Total common stocks	1,091,217	0	0	1,091,217
U.S. government obligations	112,352	0	0	112,352
Corporate obligations	101,343	0	0	101,343
Total investments at fair value	\$ 6,155,353	\$ 0	\$ 0	\$ 6,155,353

Assets at fair value as of June 30, 2014				
	Level 1	Level 2	Level 3	Total
Cash equivalents	\$ 238,078	\$ 0	\$ 0	\$ 238,078
Mutual funds				
Exchange-traded funds	1,914,020	0	0	1,914,020
Fixed income	1,030,149	0	0	1,030,149
International	746,324	0	0	746,324
Large-cap	496,839	0	0	496,839
Money market	109,765	0	0	109,765
Mid-cap	65,226	0	0	65,226
Total mutual funds	4,362,323	0	0	4,362,323
Common stocks				
U.S.	1,163,313	0	0	1,163,313
Foreign	34,127	0	0	34,127
Total common stocks	1,197,440	0	0	1,197,440
U.S. government obligations	197,467	0	0	197,467
Corporate obligations	205,576	0	0	205,576
Total investments at fair value	\$ 6,200,884	\$ 0	\$ 0	\$ 6,200,884

CRESCENT MANUFACTURING COMPANY
UAW RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014

NOTE 6 - INVESTMENTS:-

All of the information disclosed in the accompanying financial statements and schedules, including investments held at June 30, 2015 and 2014 and net (depreciation) appreciation in fair value of investments, dividends and interest income for the years then ended, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Huntington National Bank, as trustee.

The following table presents balances at June 30, 2015 and 2014 for the Plan's current investment options. Investments that represent five percent or more of the Plan's net assets are separately identified.

	<u>2015</u>	<u>2014</u>
Mutual funds		
Huntington Money Market Fund II	\$ 3,216,882	\$ 109,765
Vanguard Short-Term Bond Index Fund-Admiral Shares	* 0	401,819
Jefferies TR/J Alerian MLP ETF	334,540	408,500
SPDR S&P Midcap 400 ETF	* 5,464	364,784
Other	1,043,555	3,077,455
Total mutual funds	<u>4,600,441</u>	<u>4,362,323</u>
Cash equivalents	250,000	238,078
Common stocks	1,091,217	1,197,440
Corporate obligations	101,343	205,576
U.S. government obligations	112,352	197,467
	<u>\$ 6,155,353</u>	<u>\$ 6,200,884</u>

*Shown for comparison purposes only.

The Plan's investments (including investments bought, sold, and held during the year) appreciated (depreciated) in value for the years ended June 30, 2015 and 2014 is set forth below:

	<u>2015</u>	<u>2014</u>
Mutual funds	\$ (301,211)	\$ 294,437
Common stocks	10,701	305,470
U.S. government obligations	(2,802)	(320)
Corporate obligations	(3,044)	(2,318)
	<u>\$ (296,356)</u>	<u>\$ 597,269</u>

CRESCENT MANUFACTURING COMPANY
UAW RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014

NOTE 7 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:-

The actuarial present value of accumulated plan benefits as of July 1, 2014 and 2013 (Plan years ended June 30, 2015 and 2014) was calculated by the Plan's actuaries, Harbridge Consulting Group, as the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

Accumulated plan benefits are those estimated future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to:

- (a) Retirement or terminated employees or their beneficiaries;
- (b) Beneficiaries of employees who have died; and
- (c) Present employees or their beneficiaries.

Benefits under the Plan are based on employees' years of service. The accumulated plan benefits for active employees are based on years of service prior to the valuation date. All benefits payable for retirement, death, disability and termination of employment, are included to the extent they are deemed attributable to employees' service rendered up to the valuation date.

The more significant assumptions underlying the actuarial computations for the years ended June 30, 2015 and 2014 (valuation dates July 1, 2014 and 2013), respectively are as follows:

Actuarial cost method	Entry age normal	
Asset valuation	Current market value plus employer contribution receivables	
Assumed rate of return on investments	7.5% annually for 2015 and 2014	
Mortality basis	The RP-2000 Mortality Table, with separate tables for males and females	
Allowance for other expenses	None	
Retirement age	<u>Age</u>	<u>Annual rate per 100 participants</u>
	65	100%
	64	10%
	63	10%
	62	25%
Termination	Rates vary with attained age and sex	

The actuarial assumptions identified above are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors may be applicable in determining the actuarial present value of accumulated plan benefits.

CRESCENT MANUFACTURING COMPANY
UAW RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014

The actuarial present value of accumulated plan benefits at July 1, 2014 and 2013, for the plan years ended June 30, 2015 and 2014, respectively, are as follows:

	July 1,	
	2014	2013
Vested benefits:-		
Participants and beneficiaries currently receiving benefits	\$ 1,974,894	\$ 1,916,982
Other participants	2,070,126	2,030,443
Total vested benefits	4,045,020	3,947,425
Nonvested benefits	18,979	62,119
Total actuarial present value of accumulated plan benefits	\$ 4,063,999	\$ 4,009,544

The changes in actuarial present value of accumulated plan benefits during the years beginning July 1, 2014 and 2013, for the plan years ended June 30, 2015 and 2014, respectively, are as follows:

	July 1,	
	2014	2013
Actuarial present value of accumulated plan benefits at beginning of year	\$ 4,009,544	\$ 3,877,629
Increase (decrease) during the year attributed to:		
Benefits accumulated	(19,543)	35,978
Changes in plan design	52,445	
Changes in actuarial assumptions	(40,277)	33,699
Increase for interest due to decrease in the discount period	292,081	282,560
Benefits paid	(230,251)	(220,322)
Actuarial present value of accumulated plan benefits at end of year	\$ 4,063,999	\$ 4,009,544

NOTE 8 - RISKS AND UNCERTAINTIES:-

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

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

CRESCENT MANUFACTURING COMPANY
UAW RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2015 AND 2014

NOTE 9 - PARTIES-IN-INTEREST:-

The Company provides to the Plan certain accounting and administrative services for which no fees are charged. Certain Plan investments are shares of mutual funds managed by the Trustee. These transactions qualify as exempt party-in-interest transactions.

NOTE 10 - SIGNIFICANT PLAN ACTIVITIES:-

Effective September 8, 2012, the Company and the Union ratified a new collective bargaining agreement. The effective period for this agreement extends to September 7, 2016.

Effective September 8, 2004 (the Effective Date), the Company amended the Plan to close participation to new employees hired after the Effective Date. Employees eligible to receive a benefit under the plan prior to the Effective Date continue to accrue benefits under the Plan. Upon closing of participation, all eligible participants under the plan were 100 percent vested.

NOTE 11 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500:-

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

	<u>2015</u>	<u>2014</u>
Net assets available for benefits per the financial statements	\$ 6,166,364	\$ 6,200,884
Accrued income	(11,011)	0
Net assets available for benefits per Form 5500	<u>\$ 6,155,353</u>	<u>\$ 6,200,884</u>

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

	<u>2015</u>
Net decrease in net assets per the financial statements	\$ (34,520)
Accrued income	(11,011)
Net loss per Form 5500	<u>\$ (45,531)</u>

NOTE 12 - SUBSEQUENT EVENTS:-

Management evaluated subsequent events through March 30, 2016, the date which the financial statements were available to be issued.

Effective July 1, 2015, the Plan changed Trustees from Huntington National Bank to another banking institution.

CRESCENT MANUFACTURING COMPANY
UAW RETIREMENT PLAN
FORM 5500 - PART IV, 4i - SCHEDULE H
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (MODIFIED CASH BASIS)
JUNE 30, 2015

EMPLOYER IDENTIFICATION: 34-1466700
PLAN NUMBER: 002

Column (a) Party-in-interest if any identified by *	Column (b) Identity of Issuer, Borrower Lessor, or Similar Part;	Column (c) Description of investment including maturity date, rate of interest collateral, par or maturity value	Column (d) COST	Column (e) CURRENT VALUE
Common Stock:				
	Apple Inc.	700 shares	\$ 10,125	\$ 87,798
	Tractor Supply Company	800 shares	49,640	71,952
	Ebay, Inc.	1,000 shares	57,060	60,240
	Check Point Software Tech.	750 shares	37,338	59,663
	Berkshire Hathaway Inc.	400 shares	38,924	54,444
	Prudential Financial, Inc.	550 shares	49,297	48,136
	Qualcomm Inc.	700 shares	47,026	43,841
	Genuine Parts Co.	485 shares	15,717	43,422
	Deere & Co.	440 shares	15,493	42,702
	Bristol-Myers Squibb Co.	600 shares	16,098	39,924
	Merck & Co.	700 shares	23,043	39,851
	Johnson & Johnson	400 shares	25,707	38,982
	Abbott Laboratories	760 shares	17,248	37,301
	American Express	465 shares	27,491	36,140
	Procter & Gamble Co.	400 shares	23,032	31,296
	Ball Corp.	400 shares	25,279	28,060
	General Electric Co.	1,000 shares	26,260	26,570
	Colgate Palmolive Co.	390 shares	14,571	25,510
	Molson Coors Brewing Co.	365 shares	14,071	25,478
	Parker Hannifin Corp.	215 shares	15,360	25,011
	United Technologies Corp.	225 shares	20,123	24,959
	Archer-Daniels-Midland Co.	500 shares	14,895	24,110
	Devon Energy Corp.	375 shares	24,901	22,309
	Franklin Res Inc.	450 shares	24,829	22,064
	Conocophillips	350 shares	13,769	21,494
	Eastman Chemical Co.	250 shares	20,458	20,454
	Occidental Petroleum Corp.	250 shares	21,489	19,443
	Verizon	400 shares	19,580	18,644
	Sempra Energy	175 shares	18,116	17,315
	Suncor Energy, Inc.	625 shares	25,143	17,200
	Spectra Energy Corp	500 shares	16,590	16,300
	California Resources Corp.	100 shares	776	604
			<u>769,449</u>	<u>1,091,217</u>
Corporate Obligation:				
	Campbell Soup Co.	Due 7/15/2017; 3.05%; 50,000	50,756	51,644
	Allstate Life Global FD TR V/R Series 04-6	Due 11/25/2016; 4.02%; 50,000	<u>50,375</u>	<u>49,699</u>
	Total corporate obligations		<u>101,131</u>	<u>101,343</u>
U. S. Government Obligation:				
	U. S. Treasury	Inflationary Index; Due 7/15/2018; 1.375%, 54,856	48,930	58,178
	U. S. Treasury	Inflationary Index; Due 7/15/2021; .625%, 52,484	<u>53,740</u>	<u>54,174</u>
	Total U.S. Government Obligations		<u>102,670</u>	<u>112,352</u>
Cash Equivalents				
*	Huntington Conservative Deposit Account		<u>250,000</u>	<u>250,000</u>

The accompanying notes are an integral part of these schedules.

CRESCENT MANUFACTURING COMPANY
UAW RETIREMENT PLAN
FORM 5500 - PART IV, 4i - SCHEDULE H
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (MODIFIED CASH BASIS)
JUNE 30, 2015

EMPLOYER IDENTIFICATION: 34-1466700
PLAN NUMBER: 002

Column (a) Party-in-interest if any identified by *	Column (b) Identity of Issuer, Borrower Lessor, or Similar Party	Column (c) Description of investment including maturity date, rate of interest collateral, par or maturity value	Column (d) COST	Column (e) CURRENT VALUE
Mutual Funds				
*	Huntington Money Market Fund II	3,216,882 shares	\$ 3,216,882	\$ 3,216,882
	Jefferies TR/J Alerian MLP ETF	21,500 shares	367,717	334,540
	SPDR Gold Trust ETF	2,629 shares	376,096	295,421
	Ishares MSCI EAFE ETF	3,350 shares	162,025	212,692
	Ishares MSCI Emerging Markets ETF	4,000 shares	168,100	158,480
	Ishares Core S&P Smallcap ETF	910 shares	102,802	107,271
	Vanguard REIT Fund	1,100 shares	85,327	82,159
	Ishares TIPS Bond ETF	709 shares	86,181	79,443
	Powershares DB Agriculture Fund ETF	2,500 shares	75,694	58,375
	Ishares MSCI EAFE VALUE ETF	950 shares	49,960	49,714
	SPDR S&P Midcap 400 ETF	20 shares	3,261	5,464
	Total mutual funds		<u>4,694,045</u>	<u>4,600,441</u>
			<u>\$ 5,917,295</u>	<u>\$ 6,155,353</u>

*Party-in-interest

The accompanying notes are an integral part of these schedules.

CRESCENT MANUFACTURING COMPANY
UAW RETIREMENT PLAN
FORM 5500 - PART IV, 4j - SCHEDULE H
SCHEDULE OF REPORTABLE TRANSACTIONS (MODIFIED CASH BASIS)
FOR THE YEAR ENDED JUNE 30, 2015

EMPLOYER IDENTIFICATION : 34-1466700
PLAN NUMBER: 002

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Trans. Date	Net Gain or (Loss)

Category (i) - Individual transactions in excess of 5% of Plan assets

Federated Bond Fund	Mutual Fund					
	Sold 76,574 shares	\$ 0	\$ 705,247	\$ 732,011	\$ 705,247	\$ (26,764)
Vanguard Short-Term Bond Index Fund	Mutual Fund					
	Sold 57,315 shares	0	601,234	602,760	601,234	(1,526)

Category (iii) - Series of transactions in excess of 5% of Plan assets

SPDR S&P Midcap 400 ETF	Mutual Fund					
	Sold 1,380 shares in 2 transactions	0	354,364	225,008	354,364	129,356
Federated Bond Fund	Mutual Fund					
	Purchased 76,574 shares in 11 transactions	732,011	0	732,011	732,011	0
	Sold 76,574 shares in 1 transaction	0	705,247	732,011	705,247	(26,764)
Vanguard Short-Term Bond Index Fund	Mutual Fund					
	Purchased 19,153 shares in 7 transactions	202,279	0	202,279	202,279	0
	Sold 57,315 shares in 1 transaction	0	601,234	602,760	601,234	(1,526)

There were no category (ii) or (iv) transactions during the Plan year.

Note: Columns (e) and (f) are not applicable.

The accompanying notes are an integral part of these schedules.

Crescent Manufacturing Company U.A.W. Retirement Plan
Schedule SB, Line 26 - Schedule of Active Participant Data
EIN/PN: 34-1466700/002

Attained Age	Years of Credited Service										Summary
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	0	0	0	1	0	0	0	0	1
50 to 54	0	0	0	1	0	1	0	2	0	0	4
55 to 59	0	0	0	1	4	0	4	3	3	0	15
60 to 64	0	0	0	2	1	3	1	3	0	1	11
65 to 69	0	0	0	0	0	0	1	0	0	1	2
70 & up	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	4	5	5	6	8	3	2	33

The valuation of a defined benefit pension plan involves estimates and assumptions about the probability of events occurring far into the future. Examples include assumptions about future employment, mortality, and retirement. Below is a description of the actuarial assumptions used in the valuation.

Funding Target Liability

Valuation Date: July 1, 2014

Demographic Information: The demographic information was provided as of July 1, 2014 by Crescent Manufacturing Company. Although we did not audit the data, we did review the data for reasonableness.

Cost Method: As required by PPA, the Traditional Unit Credit Cost Method is used.

Actuarial Value of Assets: The actuarial value of assets is determined by averaging the fair market value of assets as of the valuation date and the adjusted fair market values as of the preceding two valuation dates. This methodology is consistent with that provided in IRS Notice 2009-22.

Expected Rate of Return on Assets: 7.50% (not to exceed the applicable third segment rate for the period.)

Interest Rates used to Determine the Minimum Required Contribution: The July 2014 segment rates were utilized as prescribed by IRC Section 430(h) and elected by Crescent Manufacturing Company. Please note that these rates reflect the provisions of Moving Ahead for Progress in the 21st Century (MAP-21) as amended by the Highway and Transportation Funding Act of 2014 (HATFA), which was passed into law on August 8, 2014.

Segment	Interest Rate
Segment 1	4.99%
Segment 2	6.32%
Segment 3	6.99%

Segment 1 is applied to benefit payments expected to be made in the first 5 years, segment 2 is applied to benefit payments expected to be made in the next 15 years and segment 3 is applied thereafter.

Effective Interest Rate: 6.44%

Rate of Compensation Increase: N/A

Social Security Wage Base Increase: N/A

Mortality: The blended annuitant/non-annuitant RP-2000 Mortality Tables with projected mortality improvements using Scale AA; specifically as outlined in IRC Regulation 1.430(h)(3)-1 for 2014 valuations. The static mortality tables are projected from the base table for the year 2000 through 2014 with further projection to reflect approximate expected duration of liabilities, namely 7 years for annuitants and 15 years for non-annuitants.

Retirement Incidence: Rates of retirement vary with age. Annual rates at ages 62 through 65 are:

Age	Percentage
62	25.00%*
63	10.00%
64	10.00%
65	100.00%

*Prior to July 1, 2014, the assumed retirement rate at age 62 was 50.00%.

The Crescent Manufacturing Company U.A.W. Retirement Plan

EIN/PN: 34-1466700/002

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

SECTION XI

ACTUARIAL ASSUMPTIONS AND METHODS

Turnover: Rates of turnover vary with attained age and sex. Annual rates at sample ages are:

Age	Males	Females
25	6.47%	12.49%
40	1.90%	2.60%
55	0.52%	0.70%

Administrative Expenses: Actual plan expenses, not including investment advisory fees, paid out of the trust during the previous plan year rounded to the nearest thousand.

Spouse Assumptions: 80% of participants not currently collecting benefits are assumed to be married, with male spouses assumed to be three years older and female spouses assumed to be three years younger than the participant.

Form of Benefit:

Death – Life Annuity to spouse at employee's normal or early retirement age, if eligible.

Termination – Life Annuity at the normal or early retirement date, if eligible.

Retirement – Life Annuity at the normal or early retirement date, if eligible.

Interest Rates used to Determine the Maximum Recommended Contribution: The July 2014 segment rates were utilized as prescribed and elected by Crescent Manufacturing Company.

Segment	Interest Rate
Segment 1	1.14%
Segment 2	4.04%
Segment 3	5.11%

Segment 1 is applied to benefit payments expected to be made in the first 5 years, segment 2 is applied to benefit payments expected to be made in the next 15 years and segment 3 is applied thereafter.

Actuarial Present Value of Accumulated Plan Benefits (ASC 960)

Interest Rate: 7.50%

Unless specifically mentioned, all remaining assumptions for the Actuarial Present Value of Accumulated Plan Benefits remain the same as described for the Funding Target Liability above.

CRESCENT MANUFACTURING COMPANY
UAW RETIREMENT PLAN
FORM 5500 - PART IV, 4j - SCHEDULE H
SCHEDULE OF REPORTABLE TRANSACTIONS (MODIFIED CASH BASIS)
FOR THE YEAR ENDED JUNE 30, 2015

EMPLOYER IDENTIFICATION : 34-1466700
PLAN NUMBER: 002

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Trans. Date	Net Gain or (Loss)

Category (i) - Individual transactions in excess of 5% of Plan assets

Federated Bond Fund	Mutual Fund					
	Sold 76,574 shares	\$ 0	\$ 705,247	\$ 732,011	\$ 705,247	\$ (26,764)
Vanguard Short-Term Bond Index Fund	Mutual Fund					
	Sold 57,315 shares	0	601,234	602,760	601,234	(1,526)

Category (iii) - Series of transactions in excess of 5% of Plan assets

SPDR S&P Midcap 400 ETF	Mutual Fund					
	Sold 1,380 shares in 2 transactions	0	354,364	225,008	354,364	129,356
Federated Bond Fund	Mutual Fund					
	Purchased 76,574 shares in 11 transactions	732,011	0	732,011	732,011	0
	Sold 76,574 shares in 1 transaction	0	705,247	732,011	705,247	(26,764)
Vanguard Short-Term Bond Index Fund	Mutual Fund					
	Purchased 19,153 shares in 7 transactions	202,279	0	202,279	202,279	0
	Sold 57,315 shares in 1 transaction	0	601,234	602,760	601,234	(1,526)

There were no category (ii) or (iv) transactions during the Plan year.

Note: Columns (e) and (f) are not applicable.

The accompanying notes are an integral part of these schedules.

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

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

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

OMB No. 1210-0110

2014**This Form is Open to Public
Inspection**

For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

▶ Round off amounts to nearest dollar.

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

A Name of plan THE CRESCENT MANUFACTURING COMPANY U.A.W. RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CRESCENT MANUFACTURING COMPANY		D Employer Identification Number (EIN) 34-1466700
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information

1 Enter the valuation date: Month 07 Day 01 Year 2014				
2 Assets:				
a Market value		2a	6200884	
b Actuarial value		2b	5997917	
3 Funding target/participant count breakdown		(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment		63	2152336	2152336
b For terminated vested participants		54	736371	736371
c For active participants		33	1599823	1621183
d Total		150	4488530	4509890
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐				
a Funding target disregarding prescribed at-risk assumptions		4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b		
5 Effective interest rate		5	6.44%	
6 Target normal cost		6	70615	

Statement by Enrolled Actuary

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

SIGN HERE	 Amy E. Kemp	03/24/2016
Signature of actuary		Date
AMY E. KEMP, A.S.A., E.A., M.A.A.A.		1406806
Type or print name of actuary		Most recent enrollment number
BPAS ACTUARIAL & PENSION SERVICES		315-703-8942
Firm name		Telephone number (including area code)
ONE LINCOLN CENTER, 12TH FLOOR		
SYRACUSE NY 13202-9972		
Address of the firm		

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

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

Schedule SB (Form 5500) 2014
v. 140124

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>13.11</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		385623
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.28</u> %		24217
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		409840
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	132.99 %
15	Adjusted funding target attainment percentage	15	132.99 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	121.24 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/15/2014	22500	0			
08/15/2014	37500	0			
09/15/2014	37500	0			
10/15/2014	30000	0			
11/15/2014	30000	0			
12/15/2014	37500	0			
01/15/2015	30000	0			
02/15/2015	30000	0			
03/15/2015	37500	0			
04/15/2015	30000	0			
05/15/2015	30000	0			
06/15/2015	37500	0			
Totals ▶			18(b)	390000	18(c)
					0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	377892
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
(4) 4th		

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.99%2nd segment:
6.32%3rd segment:
6.99%☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

0

22 Weighted average retirement age**22**

64

23 Mortality table(s) (see instructions) ☒ Prescribed - combined☐ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years**28**

0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)**29**

0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)**30**

0

Part VIII Minimum Required Contribution For Current Year**31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6)**31a**

70615

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

70615

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

Outstanding Balance

Installment

0

0

b Waiver amortization installment

0

0

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

0

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement

0

0

0

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

0

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

377892

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

377892

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b**

0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)**39**

0

40 Unpaid minimum required contributions for all years**40**

0

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

Crescent Manufacturing Company
U.A.W. Retirement Plan
EIN/Plan # 34-1466700/002

Schedule SB, Line 22 - Description of Weighted Average Retirement Age

Weighted Average Retirement Age = 64

Age (A)	Rates of Retirement (B)	Calculations		
		L_x (C)	# Ret (D)	# Ret x Age (E)
62	25.00%	10000	2500	155000
63	10.00%	7500	750	47250
64	10.00%	6750	675	43200
65	100.00%	6075	6075	394875

The weighted average retirement age is the total for column E divided by the total for column D, rounded to the nearest integral age. It should be noted that while only integral values are shown in the table, the full content of each cell, including decimal portions, is used in the calculations.

This summary is intended as an outline of plan provisions and does not alter the intent or meaning of the provisions contained in the plan document.

Effective Date	July 1, 1958. The Plan year is the twelve month period beginning on July 1, and ending on June 30.
Year of Service	For vesting eligibility, a year of service means a calendar year in which an employee earns at least 1,000 hours of service. Service includes authorized leaves of absence and military service as provided by law during which an employee is or would be paid for at least 1,000 hours of work during such year.
Credited Service	Credited service is the sum of past service and future service.
Past Service	Credited for service prior to July 1, 1976 in accordance with plan provisions in effect on June 30, 1976.
Future Service	For service on and after July 1, 1976, a year of credit is a plan year of service during which a participant earns at least 1,700 hours of credit. One tenth of a year of credit will be earned for every 170 hours worked, with an additional 1/10 year if the remaining hours of service are 86 or more.
Eligibility for Coverage	Hourly employees of Crescent Manufacturing Company who are represented by the bargaining agreement between the Union and the company participate on the first anniversary of hire, after attainment of age 21. However, no employee will become eligible for participation after September 8, 2004.
Normal Retirement Date	Normal retirement date is the first day of the month coincident with or next following the employee's 65 th birthday and the fifth anniversary of participation or the employee's 62 nd birthday and the completion of 30 years of credited service, if earlier.
Employment After Normal Retirement Date	A participant, upon reaching his normal retirement date, may continue in the employ of the Company. Upon retirement he shall receive a pension equal to his pension at his late retirement date.
Normal Retirement Pension	
Eligibility	Must be a participant at normal retirement date and retire on or after that date.

Monthly Pension

For Retirements <u>After</u>	Monthly Benefit Per Year of <u>Credited Service</u>	For Retirements <u>After</u>	Monthly Benefit Per Year of <u>Credited Service</u>
07/01/1958	\$0.40	07/01/1987	10.00
10/22/1958	0.60	07/01/1988	6.50
07/01/1961	1.00	07/01/1989	7.00
07/01/1962	1.30	07/01/1990	10.00
07/01/1963	1.50	10/01/1991	11.00
07/01/1965	2.30	10/01/1992	12.00
07/01/1967	2.65	10/01/1993	13.00
07/01/1970	3.05	10/01/1994	14.00
07/01/1973	3.45	10/01/1995	15.00
07/01/1976	4.00	10/01/1996	16.00
07/01/1979	4.25	10/01/2000	16.50
07/01/1980	4.50	09/01/2004	19.00
07/01/1981	4.75	07/01/2007	19.50
07/01/1982	5.00	09/07/2012	19.85
07/01/1983	5.50	07/01/2014	20.60
07/01/1984	6.00		

Early Retirement Pension

Eligibility	Retirement following the attainment of age 60 and completion of 10 years of service.
Monthly Pension	The normal retirement pension accrued to the early retirement date and reduced to be actuarially equivalent to the normal retirement benefit for each month that the early retirement date precedes the normal retirement date.
Payment	Commences on the first day of the month next following actual retirement and shall be paid monthly for life unless an automatic surviving spouse annuity is in effect or an optional benefit is elected.

Benefits Payable on other Termination of Employment

Eligibility	Completion of 5 or more years of service
Monthly Pension	Calculated as under normal retirement or early retirement.
Payment	Commences on the first day of the month coincident with or next following the normal or early retirement date, if eligible, and continues monthly for life unless some other option has been elected.

Death Benefits

Eligibility	An active employee who has at least 5 vesting years and is married to an eligible surviving spouse or a married terminated employee eligible for a vested deferred benefit that has not yet commenced pension payments.
--------------------	---

Monthly Pension

If eligible for early retirement benefits, the normal retirement pension computed as of the date of death, reduced for early commencement as if the employee had retired the day before his death or, if younger than early retirement age, as if he had retired at his earliest retirement age and further reduced as if the employee had elected the continuation to the spouse under the joint and 55% survivor option.

Payment

Commences on the first day of the month following the employee's death or the month the employee would have attained his earliest retirement age, if later, and will be payable during the surviving spouse's lifetime.

Optional Forms of Payment**Normal Retirement Benefit**

Married Participants – automatic surviving spouse annuity providing a reduced pension payable to the retired participant during his lifetime with 55% continuing monthly for life to his surviving spouse at his death. This form is automatic unless the participant elects otherwise.

Single Participants – single life annuity.

Joint and Survivor Annuity

A reduced amount of pension is payable to the retired participant during his lifetime, with the provision that after his death either (i) 100%, (ii) 75%, (iii) 66-2/3%, or (iv) 50% of such reduced pension shall continue to and for the lifetime of his designated joint annuitant.

Ten Year Certain and Life Option

A reduced pension is payable to the retired participant during his lifetime, with the provision that if his death occurs before he has received 120 monthly payments, such payments will continue to his designated beneficiary until a total of 120 monthly payments have been made.

Transfers to Salaried Plan

A participant who transfers from a group covered by this plan and immediately begins to participate in another plan of the Employer will cease to accrue benefits under this plan, but will retain his accrued benefit in this plan as of the date of transfer. Vesting service will continue to accrue while participating in another plan.

CRESCENT MANUFACTURING COMPANY
UAW RETIREMENT PLAN
FORM 5500 - PART IV, 4i - SCHEDULE H
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (MODIFIED CASH BASIS)
JUNE 30, 2015

EMPLOYER IDENTIFICATION: 34-1466700
PLAN NUMBER: 002

Column (a) Party-in-interest if any identified by *	Column (b) Identity of Issuer, Borrower, Lessor, or Similar Party	Column (c) Description of investment including maturity date, rate of interest collateral, par or maturity value	Column (d) COST	Column (e) CURRENT VALUE
Common Stock:				
	Apple Inc.	700 shares	\$ 10,125	\$ 87,798
	Tractor Supply Company	800 shares	49,640	71,952
	Ebay, Inc.	1,000 shares	57,060	60,240
	Check Point Software Tech.	750 shares	37,338	59,663
	Berkshire Hathaway Inc.	400 shares	38,924	54,444
	Prudential Financial, Inc.	550 shares	49,297	48,136
	Qualcomm Inc.	700 shares	47,026	43,841
	Genuine Parts Co.	485 shares	15,717	43,422
	Deere & Co.	440 shares	15,493	42,702
	Bristol-Myers Squibb Co.	600 shares	16,098	39,924
	Merck & Co.	700 shares	23,043	39,851
	Johnson & Johnson	400 shares	25,707	38,982
	Abbott Laboratories	760 shares	17,248	37,301
	American Express	465 shares	27,491	36,140
	Procter & Gamble Co.	400 shares	23,032	31,296
	Ball Corp.	400 shares	25,279	28,060
	General Electric Co.	1,000 shares	26,260	26,570
	Colgate Palmolive Co.	390 shares	14,571	25,510
	Molson Coors Brewing Co.	365 shares	14,071	25,478
	Parker Hannifin Corp.	215 shares	15,360	25,011
	United Technologies Corp.	225 shares	20,123	24,959
	Archer-Daniels-Midland Co.	500 shares	14,895	24,110
	Devon Energy Corp.	375 shares	24,901	22,309
	Franklin Res Inc.	450 shares	24,829	22,064
	Conocophillips	350 shares	13,769	21,494
	Eastman Chemical Co.	250 shares	20,458	20,454
	Occidental Petroleum Corp.	250 shares	21,489	19,443
	Verizon	400 shares	19,580	18,644
	Sempra Energy	175 shares	18,116	17,315
	Suncor Energy, Inc.	625 shares	25,143	17,200
	Spectra Energy Corp	500 shares	16,590	16,300
	California Resources Corp.	100 shares	776	604
			769,449	1,091,217
Corporate Obligation:				
	Campbell Soup Co.	Due 7/15/2017; 3.05%; 50,000	50,756	51,644
	Allstate Life Global FD TR V/R Series 04-6	Due 11/25/2016; 4.02%; 50,000	50,375	49,699
	Total corporate obligations		101,131	101,343
U. S. Government Obligation:				
	U. S. Treasury	Inflationary Index; Due 7/15/2018; 1.375%, 54,856	48,930	58,178
	U. S. Treasury	Inflationary Index; Due 7/15/2021; .625%, 52,484	53,740	54,174
	Total U.S. Government Obligations		102,670	112,352
Cash Equivalents:				
*	Huntington Conservative Deposit Account		250,000	250,000

The accompanying notes are an integral part of these schedules.

CRESCENT MANUFACTURING COMPANY
UAW RETIREMENT PLAN
FORM 5500 - PART IV, 4i - SCHEDULE H
SCHEDULE OF ASSETS (HELD AT END OF YEAR) (MODIFIED CASH BASIS)
JUNE 30, 2015

EMPLOYER IDENTIFICATION: 34-1466700
PLAN NUMBER: 002

Column (a) Party-in-interest if any identified by *	Column (b) Identity of Issuer, Borrower Lessor, or Similar Party	Column (c) Description of investment including maturity date, rate of interest collateral, par or maturity value	Column (d) COST	Column (e) CURRENT VALUE
Mutual Funds				
*	Huntington Money Market Fund II	3,216,882 shares	\$ 3,216,882	\$ 3,216,882
	Jefferies TR/J Alerian MLP ETF	21,500 shares	367,717	334,540
	SPDR Gold Trust ETF	2,629 shares	376,096	295,421
	Ishares MSCI EAFE ETF	3,350 shares	162,025	212,692
	Ishares MSCI Emerging Markets ETF	4,000 shares	168,100	158,480
	Ishares Core S&P Smallcap ETF	910 shares	102,802	107,271
	Vanguard REIT Fund	1,100 shares	85,327	82,159
	Ishares TIPS Bond ETF	709 shares	86,181	79,443
	Powershares DB Agriculture Fund ETF	2,500 shares	75,694	58,375
	Ishares MSCI EAFE VALUE ETF	950 shares	49,960	49,714
	SPDR S&P Midcap 400 ETF	20 shares	3,261	5,464
	Total mutual funds		<u>4,694,045</u>	<u>4,600,441</u>
			<u>\$ 5,917,295</u>	<u>\$ 6,155,353</u>

*Party-in-interest

The accompanying notes are an integral part of these schedules.

The Crescent Manufacturing Company U.A.W. Retirement Plan

EIN/PN: 34-1466700/002

Schedule SB, Line 24 – Change in Non-Prescribed Actuarial Assumptions

The retirement incidence rates used to determine the Funding Target Liability and the accumulated plan benefits under ASC 960 were updated to better reflect future expectations of Crescent Manufacturing Company. These assumptions were derived based upon actual plan experience and future expectations. The change in the turnover and retirement rates resulted in a decrease of 2% in liabilities. As a result, this assumption may be changed without the approval of the Secretary of the Treasury.