

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2014
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>10/01/2014</u> and ending <u>09/30/2015</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>EGS ELECTRICAL GROUP, LLC PENSION PLAN FOR BARGAINING UNIT EMPLOYEES</u>	1b Three-digit plan number (PN) ▶ <u>006</u> 1c Effective date of plan <u>09/15/1997</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>EGS ELECTRICAL GROUP, LLC</u> <u>EMERSON ELECTRIC COMPANY</u> <u>8000 WEST FLORISSANT AVENUE</u> <u>ST. LOUIS, MO 63136</u>	2b Employer Identification Number (EIN) <u>36-4178995</u> 2c Plan Sponsor's telephone number <u>314-553-2000</u> 2d Business code (see instructions) <u>335310</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	<u>Filed with authorized/valid electronic signature.</u>	<u>07/15/2016</u>	<u>LARRY BRUNNER</u>
	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	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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	5 626
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) 92
a(2) Total number of active participants at the end of the plan year	6a(2) 75
b Retired or separated participants receiving benefits	6b 232
c Other retired or separated participants entitled to future benefits.....	6c 292
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 599
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 13
f Total. Add lines 6d and 6e	6f 612
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 8
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 1D	
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 10/01/2014 and ending 09/30/2015

▶ 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 EGS ELECTRICAL GROUP, LLC PENSION PLAN FOR BARGAINING UNIT EMPLOYEES	B Three-digit plan number (PN) ▶ 006
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF EGS ELECTRICAL GROUP, LLC	D Employer Identification Number (EIN) 36-4178995

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 10 Day 01 Year 2014			
2 Assets:			
a Market value	2a	9568211	
b Actuarial value	2b	9127456	
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.....	247	3511976	3511976
b For terminated vested participants.....	287	2473614	2473614
c For active participants.....	92	1129236	1201332
d Total.....	626	7114826	7186922
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	6.53%	
6 Target normal cost	6	121053	

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

SIGN HERE		
Signature of actuary	06/29/2016	Date
RANDALL K. LYNN	14-03145	Most recent enrollment number
TOWERS WATSON DELAWARE INC.	314-719-5900	Telephone number (including area code)
101 SOUTH HANLEY, SUITE 900 ST. LOUIS, MO 63105-3411		
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)	1077939	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)	1077939	0
10 Interest on line 9 using prior year's actual return of 13.25%	142827	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.35%		0
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		0
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)	1220766	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	110.01 %
15 Adjusted funding target attainment percentage	15	127.00 %
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	119.99 %
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
05/18/2016	600000	0			
Totals ►			18(b)	600000	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	541199
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 4
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	121053										
b Excess assets, if applicable, but not greater than line 31a	31b	121053										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment.....</td> <td>0</td> <td>0</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment.....	0	0	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment.....	0	0										
b Waiver amortization installment	0	0										
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0										
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	0										
		Carryover balance	Prefunding balance									
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	541199										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	541199										
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	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

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 10/01/2014 and ending 09/30/2015

A Name of plan <u>EGS ELECTRICAL GROUP, LLC PENSION PLAN FOR BARGAINING UNIT EMPLOYEES</u>	B Three-digit plan number (PN) <u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>EGS ELECTRICAL GROUP, LLC</u>	D Employer Identification Number (EIN) <u>36-4178995</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
<u>NORTHERN TRUST INVESTMENTS LLC</u> <u>50 SOUTH LASALLE STREET</u> <u>CHICAGO, IL 60603</u>
<u>36-3608252</u>

(b) Enter name and EIN or address of person who provided you disclosure 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)

BRYAN CAVE LLP

43-0602162

(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?
29	NONE	28246	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GRANT THORNTON LLP

36-6055558

(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?
10	NONE	12000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TOWERS WATSON

23-1159360

(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	NONE	10000	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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">2014</div> This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 10/01/2014 and ending 09/30/2015

A Name of plan <u>EGS ELECTRICAL GROUP, LLC PENSION PLAN FOR BARGAINING UNIT EMPLOYEES</u>	B Three-digit plan number (PN) ► <u>006</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>EGS ELECTRICAL GROUP, LLC</u>	D Employer Identification Number (EIN) <u>36-4178995</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: EMERSON ELECTRIC RET MASTER TRUST

b Name of sponsor of entity listed in (a): EMERSON ELECTRIC COMPANY

c EIN-PN <u>43-0259330-121</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8854865</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 10/01/2014 and ending 09/30/2015	
A Name of plan EGS ELECTRICAL GROUP, LLC PENSION PLAN FOR BARGAINING UNIT EMPLOYEES	B Three-digit plan number (PN) ► 006
C Plan sponsor's name as shown on line 2a of Form 5500 EGS ELECTRICAL GROUP, LLC	D Employer Identification Number (EIN) 36-4178995

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		600000
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	9	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	9568398	8854865
(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)		
(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	9568407	9454865

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	1565	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1565	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	9566842	9454865
---	-----------	---------	---------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	600000	
(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)		600000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	173565	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		173565
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		-459009
(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		314556

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	344483	
(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)		344483
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)	50246	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	31804	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		82050
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		426533

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-111977
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: GRANT THORNTON LLP

(2) EIN: 36-6055558

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

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

Part IV Compliance Questions

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

During the plan year:

- a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....
- b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		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		25000000
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.)		X	
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 10/01/2014 and ending 09/30/2015

A Name of plan <u>EGS ELECTRICAL GROUP, LLC PENSION PLAN FOR BARGAINING UNIT EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>EGS ELECTRICAL GROUP, LLC</u>	D Employer Identification Number (EIN) <u>36-4178995</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>36-3046063</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>1</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)
----------------	--

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____



Financial Statements and Report of Independent
Certified Public Accountants

EGS Electrical Group LLC
Pension Plan for Bargaining Unit Employees

September 30, 2015 and 2014

Contents

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

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Plan Administrator
EGS Electrical Group LLC
Pension Plan for Bargaining Unit Employees

Report on the financial statements

We were engaged to audit the accompanying financial statements of the EGS Electrical Group LLC Pension Plan for Bargaining Unit Employees (the Plan), which comprise the statements of net assets available for benefits as of September 30, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's responsibility for the financial statements

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

Auditor's responsibility

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

Basis for disclaimer of opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified information described in note H, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the certifying entity meets the requirements of 29 CFR 2520.103-8. The Plan administrator obtained a certification from this entity as of and for the years ended

September 30, 2015 and 2014, stating that the certified information provided to the Plan administrator is complete and accurate.

Disclaimer of opinion

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

Report on form and content in compliance with DOL rules and regulations

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



Chicago, Illinois

July 14, 2016

EGS Electrical Group LLC
Pension Plan for Bargaining Unit Employees
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
September 30,

	<u>2015</u>	<u>2014</u>
Assets		
Investments, at fair value		
Plan interest in Emerson Electric Co. Master Trust (note C)	\$8,854,865	\$9,568,398
Employer contribution receivable	600,000	-
Interest income receivable	<u>-</u>	<u>9</u>
Total assets	9,454,865	9,568,407
Liabilities		
Due to affiliated plans	<u>-</u>	<u>(1,565)</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$9,454,865</u>	<u>\$9,566,842</u>

The accompanying notes are an integral part of these statements.

EGS Electrical Group LLC
Pension Plan for Bargaining Unit Employees
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years ended September 30,

	2015	2014
Investment (loss) income		
Net (depreciation) appreciation in fair value of mutual funds	\$ (459,009)	\$ 952,811
Interest and dividend income	<u>173,565</u>	<u>150,464</u>
Net investment (loss) income	(285,444)	1,103,275
Employer contributions	600,000	-
Trust fee	(82,050)	(131)
Benefits paid directly to participants	<u>(344,483)</u>	<u>(335,406)</u>
NET (DECREASE) INCREASE	(111,977)	767,738
Net assets available for benefits		
Beginning of year	<u>9,566,842</u>	<u>8,799,104</u>
End of year	<u>\$9,454,865</u>	<u>\$9,566,842</u>

The accompanying notes are an integral part of these statements.

EGS Electrical Group LLC
Pension Plan for Bargaining Unit Employees
NOTES TO FINANCIAL STATEMENTS
September 30, 2015 and 2014

NOTE A - DESCRIPTION OF PLAN

General

In order to simplify the administration of the collectively bargained retirement plans, in fiscal year 2001, EGS Electrical Group LLC (the Company or the Sponsor) deemed it advisable to merge the following plans into the O-Z /Gedney, Terryville Pension Plan for Bargaining Unit Employees, which was renamed the EGS Electrical Group LLC Pension Plan for Bargaining Unit Employees (the Plan):

- The Appleton Electric Company, South Milwaukee Foundry Division Pension Plan for Bargaining Unit Employees.
- Appleton Electric Pension Plan for Bargaining Unit Employees.
- O-Z /Gedney Pension Plan for Bargaining Unit Employees.
- Hevi-Duty /Nelson Pension Plan for Bargaining Unit Employees.
- Sola/Hevi-Duty Pension Plan for Bargaining Unit Employees.
- Birch Hills Foundries Pension Plan for Bargaining Unit Employees.
- G.S. Electrical Group Neer Pension Plan for Bargaining Unit Employees.

Effective October 1, 2000, the aforementioned plans were merged into the Plan. Notwithstanding the merger of the plans, separate plan documents continue to be maintained. The benefit provisions of each plan, as in effect before the merger, have been retained with respect to the class of eligible employees covered under the particular plan before the merger until the Company, at its discretion, determines otherwise.

The Plan is currently a non-contributory defined benefit plan covering all bargaining unit employees. The Company contributes such amounts as are necessary on an actuarially determined basis to provide the Plan with assets sufficient to meet the benefits to be paid to Plan participants. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). Participants should refer to the respective plan document for more complete information.

The Plan was amended to update for final regulations under, and to clarify the actuarial factors used in determining the Plan's compliance with, Section 415 of the Internal Revenue Code (IRC) of 1986. The Plan was also amended to adopt the updated benefit accrual provisions to reflect collective bargaining agreement provisions.

Pension Benefits

Each plan merged into the Plan has different benefit payments, which are documented in the individual plan documents and generally provide for benefits at normal retirement age 65, based on either a formula considering compensation and years of service or a stated dollar amount times years of service.

EGS Electrical Group LLC
Pension Plan for Bargaining Unit Employees
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2015 and 2014

Due to changes in the law, effective March 28, 2005, the cash-out provisions of the Plan have been revised to require a lump-sum cash-out over \$1,000 of a participant's vested benefit be transferred to an individual retirement account (IRA) or annuity if the participant has not reached the later of age 62 or his or her normal retirement age, and the participant fails to timely consent to payment or select an IRA or another eligible retirement plan into which to roll the distribution.

Vesting

A participant's vested portion of benefits is based on his or her years of credited service up to his or her termination of employment. Participants become 100% vested after five years of continuous service or at age 65, whichever occurs first.

Death and Disability Benefits

If an active employee dies at a specified age, which varies by location, a death benefit equal to the value of the employee's vested accumulated pension benefits is paid to the employee's beneficiary. Active employees who become totally disabled receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled, subject to defined age and/or years of service vesting requirements. Disability benefits are paid until normal retirement age, at which time disabled participants begin receiving normal retirement benefits computed as though they had been employed to normal retirement age, with their annual compensation remaining the same as at the time they became disabled.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis of accounting and present the net assets available for benefits and changes in those net assets in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Investments

Investments are stated at fair value. Securities traded on a national securities exchange are valued at the last reported sale price on the last business day of the fiscal year. Purchases and sales of securities are reflected on the trade dates. Realized gains and losses on sales of securities are based on the average cost of the securities and are included in investment income. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net (depreciation) appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

The Plan's investments in the Emerson Electric Co. Master Trust (Master Trust) are stated at fair value as determined based on the fair value of the underlying investments of the Master Trust. See note D for discussion on fair value measurements.

The Plan's interest in the Master Trust is based on an allocation of the Plan's assets compared to total assets in the Master Trust. Purchases and sales of investments are recorded on a trade-date basis. Investment income is recorded as earned. Dividends are recorded on the ex-dividend date.

EGS Electrical Group LLC
Pension Plan for Bargaining Unit Employees
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2015 and 2014

Investors may use various financial instruments, particularly forward foreign currency contracts, options and futures, commonly referred to as derivatives, to manage risk. No investments are engaged in market making or other speculative activities. Established practices require that derivative financial instruments relate to specific asset, liability or equity transactions, or to currency exposure.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Use of Estimates

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

New Accounting Pronouncements

In May 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Updated ASU No. 2015-07, *Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*, which exempts investments measured using the net asset value (NAV) practical expedient in Accounting Standards Codification 820, *Fair Value Measurement*, from categorization within the fair value hierarchy. The guidance requires retrospective application and is effective for public business entities for fiscal years, and interim periods within those years, beginning after December 15, 2015. For all other entities, the guidance is effective for fiscal years, and interim periods within those years, beginning after December 15, 2016. Early adoption is permitted. The Plan administrator is currently evaluating the impact the updated guidance will have on the Plan's financial statement disclosures.

In July 2015, the FASB issued ASU No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and 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*. This three-part standard simplifies employee benefit plan reporting with respect to fully benefit-responsive investment contracts and plan investment disclosures, and provides for a measurement-date practical expedient. Part I and Part II are effective for fiscal years beginning after December 15, 2015, and should be applied retrospectively, with early application permitted. Part III is effective for fiscal years beginning after December 15, 2015, and should be applied prospectively, with early application permitted.

The Plan administrator is currently evaluating the impact the updated guidance will have on the Plan's financial statement disclosures.

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.

EGS Electrical Group LLC
Pension Plan for Bargaining Unit Employees
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2015 and 2014

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

Subsequent Events

The Plan has evaluated its September 30, 2015, financial statements for subsequent events through July __, 2016, the date the financial statements were available to be issued. There were no subsequent events that require recognition or additional disclosure in the Plan's financial statements.

NOTE C - INTEREST IN MASTER TRUST

During 2014, Emerson Electric Co. (Emerson) acquired the remaining non-controlling interest of the Company. In connection with the acquisition, the Plan's assets were transferred to the Master Trust effective September 30, 2014. The Master Trust was established for the investment of assets of the Plan and several other Emerson-sponsored retirement plans. Each plan in the Master Trust has an undivided interest in the Master Trust. At September 30, 2015 and 2014, the Plan's interest in the net assets of the Master Trust was approximately 0.23% and 0.22%, respectively. The net assets of the Master Trust at September 30, 2015 and 2014, are summarized as follows (in thousands):

	2015	2014
Assets		
Investments, at fair value		
Cash and cash equivalents	\$ 109,225	\$ 191,032
U.S. government securities	544,284	555,744
Corporate debt instruments	536,528	609,587
Equity securities	2,430,729	2,863,799
Limited partnerships	257,311	175,997
Other investments	<u>19,367</u>	<u>33,136</u>
Total investments	3,897,444	4,429,295
Accrued income	14,274	12,692
Pending sales	<u>126,459</u>	<u>51,609</u>
Total assets	4,038,177	4,493,596
Liabilities		
Pending purchases	<u>119,548</u>	<u>50,358</u>
Total liabilities	<u>119,548</u>	<u>50,358</u>
Total net assets in Master Trust	<u>\$3,918,629</u>	<u>\$4,443,238</u>

EGS Electrical Group LLC
Pension Plan for Bargaining Unit Employees
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2015 and 2014

The net investment income of the Master Trust for the years ended September 30, 2015 and 2014, is summarized below (in thousands):

	2015	2014
Income		
Dividend and interest income	\$ 81,415	\$ 78,133
Other investment income	<u>10,204</u>	<u>4,505</u>
Total income	91,619	82,638
Net (depreciation) appreciation in fair value of investments		
Cash and cash equivalents	(32)	(1,424)
U.S. government securities	15,613	41,336
Corporate debt instruments	(49,406)	30,024
Equity securities	(175,588)	293,206
Limited partnerships	8,299	20,060
Other investments	<u>1,457</u>	<u>6,428</u>
Total net (depreciation) appreciation in fair value of investments	(199,657)	389,630
Less investment expenses	<u>(17,559)</u>	<u>(19,121)</u>
Net investment (loss) income	<u><u>\$(125,597)</u></u>	<u><u>\$453,147</u></u>

NOTE D - FAIR VALUE MEASUREMENTS

The FASB has issued guidance regarding the disclosure of fair value measurements. The guidance establishes a formal hierarchy and framework for measuring fair value and provides guidance on the disclosure of fair value measurements and the reliability of valuation inputs. Under the guidance, measurement assumes the transaction to sell an asset or transfer a liability occurs in the principal or at least the most advantageous market for that asset or liability. Within the hierarchy, Level 1 instruments use observable market prices for the identical item in active markets and have the most reliable valuations. Level 2 instruments are valued through broker/dealer quotations or through market-observable inputs for similar items in active markets, including forward and spot prices, interest rates and volatilities. Level 3 instruments are valued using inputs that are not observable in an active market, such as company-developed future cash flow estimates, and are considered the least reliable. The following tables are in thousands:

EGS Electrical Group LLC
Pension Plan for Bargaining Unit Employees
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2015 and 2014

		2015			
		Level 1	Level 2	Level 3	Total
Equities					
United States		\$ 950,249	\$ 377,062	\$ -	\$1,327,311
International		501,506	255,188	-	756,694
Emerging market		<u>-</u>	<u>201,541</u>	<u>-</u>	<u>201,541</u>
Total equities		1,451,755	833,791	-	2,285,546
Limited partnerships		-	-	257,311	257,311
Bonds					
Government		-	578,984	-	578,984
Corporate		-	426,356	-	426,356
High yield		<u>-</u>	<u>174,594</u>	<u>-</u>	<u>174,594</u>
Total bonds		-	1,179,934	-	1,179,934
Other		<u>109,225</u>	<u>61,778</u>	<u>3,650</u>	<u>174,653</u>
Total		<u>\$1,560,980</u>	<u>\$2,075,503</u>	<u>\$260,291</u>	<u>\$3,897,444</u>
		2014			
		Level 1	Level 2	Level 3	Total
Equities					
United States		\$1,091,185	\$ 435,398	\$ -	\$1,526,583
International		589,659	320,846	-	910,505
Emerging market		<u>-</u>	<u>267,799</u>	<u>-</u>	<u>267,799</u>
Total equities		1,680,844	1,024,043	-	2,704,887
Limited partnerships		-	-	184,293	184,293
Bonds					
Government		-	465,960	-	465,960
Corporate		-	531,477	-	531,477
High yield		<u>-</u>	<u>177,206</u>	<u>-</u>	<u>177,206</u>
Total bonds		-	1,174,643	-	1,174,643
Cash, cash equivalents and insurance contracts		<u>188,802</u>	<u>172,839</u>	<u>3,831</u>	<u>365,472</u>
Total		<u>\$1,869,646</u>	<u>\$2,371,525</u>	<u>\$188,124</u>	<u>\$4,429,295</u>

The primary objective for the investment of Plan assets is to secure participant retirement benefits while earning a reasonable rate of return. Plan assets are invested consistent with the provisions of the prudence and diversification rules of ERISA and with a long-term investment horizon. The Company continuously monitors

EGS Electrical Group LLC
Pension Plan for Bargaining Unit Employees
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2015 and 2014

the value of assets by class and routinely rebalances to remain within target allocations. The strategy for equity assets is to minimize concentrations of risk by investing primarily in companies in a diversified mix of industries worldwide, while targeting neutrality in exposure to market capitalization levels, growth versus value profile, global versus regional markets, fund types and fund managers. The approach for bonds emphasizes investment-grade corporate and government debt with maturities matching a portion of the longer-duration pension liabilities. The bonds strategy also includes a high-yield element, which is generally shorter in duration. A small portion of the U.S. Plan assets is allocated to private equity partnerships and real assets fund investments for diversification, providing opportunities for above-market returns. Leveraging techniques are not used and the use of derivatives in any fund is limited to exchange-traded futures contracts and is inconsequential.

U.S. equities reflect companies domiciled in the United States, including multi-national companies. International equities are composed of companies domiciled in developed nations outside the United States. Emerging market equities are composed of companies domiciled in portions of Asia, Africa, Eastern Europe and Latin America.

Government bonds include investment-grade instruments issued by federal, state and local governments, primarily in the United States. Corporate bonds represent investment-grade debt of issuers primarily from the United States. High-yield bonds include non-investment-grade debt from a diverse group of developed market issuers.

Other assets include cash, interests in mixed asset funds investing in commodities, natural resources, agriculture and exchange-traded real estate funds, life insurance contracts (United States), and shares in certain general investment funds of financial institutions or insure arrangements (non-United States) that typically ensure no market losses or provide for small minimum return guarantee.

Valuations of Level 1 assets for all classes shown above are based on quoted closing market prices from the principal exchanges where the individual securities are traded. Cash is valued at cost, which approximates fair value.

Equity securities categorized as Level 2 assets are primarily non-exchange-traded commingled or collective funds in which the underlying securities have observable prices available from active markets. Valuation is based on the NAV of fund units held as derived from the fair value of the underlying assets. Funds based on NAV are valued daily and have no redemption restrictions. The NAV is used as a practical expedient to estimate fair value.

Debt securities categorized as Level 2 assets are generally valued based on independent broker/dealer bids or by comparison to other debt securities having similar durations, yields and credit ratings. Other Level 2 assets are valued based on an NAV of fund units held, which is derived from either broker/dealer quotations or market-observed pricing for the underlying assets. Funds based on NAV are valued daily and have no redemption restrictions. The NAV is used as a practical expedient to estimate fair value.

Limited partnerships are valued at NAV based on units/shares held at year-end, which are obtained from a third-party pricing source obtained by the fund manager. Insurance contracts are valued by the applicable insurance company. These are Level 3 investments. The NAV is used as a practical expedient to estimate fair value.

EGS Electrical Group LLC
Pension Plan for Bargaining Unit Employees
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2015 and 2014

A reconciliation of the change in value for Level 3 assets, primarily limited partnerships, is as follows as of September 30 (in thousands):

	2015	2014
Beginning balance	\$188,124	\$124,756
Realized loss (gain)	(20,639)	(19,969)
Unrealized gain	13,904	21,170
Purchases	98,128	94,457
Sales	<u>(18,556)</u>	<u>(32,290)</u>
Ending balance	<u>\$260,961</u>	<u>\$188,124</u>

NOTE E - PLAN TERMINATION AND PENSION BENEFIT GUARANTY CORPORATION (PBGC) MATTERS

The Company has not expressed any intention to terminate the Plan. However, in the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder and the Plan document.

Should the Plan be terminated at some future time, all participants become 100% vested in benefits earned as of the termination date.

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

Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

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

NOTE F - ADMINISTRATIVE EXPENSES

Expenses relating to the administration of the Plan are paid directly by the Sponsor. In addition, the Sponsor, on behalf of the Plan, performs various administrative and accounting services. No charges are made to the Plan for these services.

EGS Electrical Group LLC
Pension Plan for Bargaining Unit Employees
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2015 and 2014

NOTE G - FUNDING POLICY

All contributions to the Plan are made by the Company. The Company makes contributions to the Plan sufficient to provide the Plan with assets with which to pay pension benefits to Plan participants as determined by the Plan's actuary. The Plan is in compliance with applicable minimum funding requirements of ERISA. It is the present intention of the Company to make such future contributions, which, in the aggregate over a period of time, may be necessary in order for Plan assets to provide all benefits specified in the Plan.

NOTE H - INFORMATION CERTIFIED BY THE TRUSTEE

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

- Plan interest in Emerson Electric Co. Master Trust, as shown in the statements of net assets available for benefits as of September 30, 2015 and 2014.
- Plan interest in Emerson Electric Co. Master Trust net investment (loss) income, as shown in the statements of changes in net assets available for benefits for the years ended September 30, 2015 and 2014.
- Master Trust net assets and net investment income as of and for the years ended September 30, 2015 and 2014, as shown in note C.

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

NOTE I - RELATED-PARTY TRANSACTIONS

The Plan's investments are held in the Master Trust at the trustee. The trustee charges fees for the management of the account. Fees charged to the Master Trust are ordinary and customary. These fees qualify as permitted party-in-interest transactions under ERISA.

Certain of the Plan's assets are invested in funds managed by the trustee of the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

EGS Electrical Group LLC
Pension Plan for Bargaining Unit Employees
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2015 and 2014

NOTE J - TAX STATUS

The Plan has received a favorable determination letter from the Internal Revenue Service (IRS) dated May 7, 2012, indicating that the Plan is designed in accordance with the qualification requirements of Section 401(a) of the IRC. Accordingly, the Plan qualifies for exemption from federal income taxation.

U.S. GAAP requires 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 IRS. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of September 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. The Plan administrator believes that the Plan is no longer subject to income tax examination for years prior to 2012.

NOTE K - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died and (3) present employees or their beneficiaries. Benefits payable under all circumstances - retirement, death, disability and termination of employment - are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated Plan benefits is determined by the Plan's actuary as of the beginning of the Plan year and is calculated using actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of September 30, 2014 and 2013, were as follows:

Discount rate	4.25% in 2014; 4.75% in 2013
Mortality	RP-2014 Mortality Table, projected back to 2007, using Scale MP-2014
Retirement age	Varies by age between 55 and 69, with 100% retired by age 70

The foregoing actuarial assumptions used in calculating the accumulated Plan benefits are based on the presumption that the Plan will continue. Should the Plan terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

EGS Electrical Group LLC
Pension Plan for Bargaining Unit Employees
NOTES TO FINANCIAL STATEMENTS - CONTINUED
September 30, 2015 and 2014

The actuarial present value of accumulated Plan benefits under the Plan as of September 30, 2014, as calculated the Plan's actuary, is as follows:

Actuarial present value of accumulated Plan benefits	
Vested benefits	
Participants currently receiving benefits	\$4,244,149
Other vested benefits	<u>5,626,560</u>
Total vested benefits	9,870,709
Non-vested benefits	<u>64,816</u>
Total actuarial present value of accumulated Plan benefits	<u>\$9,935,525</u>

A reconciliation of the changes in the actuarially computed value of accumulated Plan benefits for the year ended September 30, 2014, is as follows:

Actuarial present value of accumulated Plan benefits	
as of September 30, 2013	\$8,827,017
Increase (decrease) during the year attributable to	
Benefits accumulated	120,634
Actuarial gain	73,080
Increase for interest due to the decrease in discount period	417,140
Benefits paid	(335,406)
Plan amendments	175,946
Assumption changes	<u>657,114</u>
Net increase	<u>1,108,508</u>
Actuarial present value of accumulated Plan benefits	
as of September 30, 2014	<u>\$9,935,525</u>

NOTE L - SUBSEQUENT EVENTS

Plan management evaluated the Plan's September 30, 2015, financial statements for subsequent events through July 14, 2016, the date the financial statements were available to be issued. Plan management is not aware of any subsequent events that would require recognition or disclosure in the accompanying financial statements.

Attachment to Schedule SB - Line 26
Schedule of Active Participant Data
EGS Electrical Group, LLC. Pension Plan for Bargaining Unit Employees
EIN: 36-4178995
Plan Number: 006

Average Age: 49.7
Average Service: 11.3

Schedule of Active Participant Data											
		Total Years of Credited Service									
Attained Age		0 to 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
0 to 24	Count	0	1	1	0	0	0	0	0	0	0
25 to 29	Count	0	0	3	0	0	0	0	0	0	0
30 to 34	Count	0	3	1	0	0	0	0	0	0	0
35 to 39	Count	0	0	4	1	0	0	0	0	0	0
40 to 44	Count	0	10	2	3	0	1	0	0	0	0
45 to 49	Count	0	6	6	0	0	1	0	0	0	0
50 to 54	Count	0	5	5	4	2	2	0	1	1	0
55 to 59	Count	0	3	6	1	1	1	0	0	0	1
60 to 64	Count	0	2	3	3	0	0	0	0	1	5
65 to 69	Count	0	0	0	0	0	0	0	0	0	1
70 & up	Count	0	0	0	0	1	0	0	0	0	0

Appendix A: Statement of Actuarial Assumptions and Methods

1. Assumptions and Methods for Contribution Purposes

Actuarial Assumptions and Methods — Contributions

Economic Assumptions

Interest rate basis:

- Applicable month June 2014
- Interest rate basis 3-Segment Rates

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
• First segment rate	4.99%	1.16%
• Second segment rate	6.32%	4.04%
• Third segment rate	6.99%	5.11%
• Effective interest rate		
▶ Emerson Retirement Plan	6.49%	
▶ Bristol Union	6.35%	
▶ Copeland Hourly	6.42%	
▶ EGS Bargaining	6.53%	
▶ ENP – ES	6.28%	
▶ Fisher Bargaining	6.31%	
▶ Kato Local #1999	6.52%	
▶ Power & Water Solutions	6.49%	
▶ Urick Hourly	6.59%	

Annual rates of increase

- Compensation: 3.25%
- Future Social Security wage bases 3.00%

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

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

Mortality:

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

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

Representative Termination Rates

Percentage leaving during the year

Attained Age	Years of Service		
	0-3	3-5	5+
20	200	150	150
25	200	150	150
30	200	150	120
35	200	150	100
40	200	150	90
45	200	150	80
50	200	150	70
55	200	150	60
60	200	150	50
65	0	0	0

Schedule SB, Part V – Statement of Actuarial Assumptions and Methods
EGS Electrical Group, LLC Pension Plan for Bargaining Unit Employees
EIN: 36-4178995
Plan Number: 006

Disability

Rates at which participants become disabled varying by age and gender, per 1,000 participants as follows:

Percentage becoming disabled during the year		
Age	Males	Females
39 or less	0.68	0.82
40-44	1.41	2.38
45-49	2.70	3.29
50-54	5.11	4.72
55-59	9.28	7.18
60-64	12.42	8.14

Retirement

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

Percentage retiring during the year			
Age	Rate ¹	Alternate Rate ²	
55-59	70	100	
60-61	110	150	
62	300	250	
63-64	210	250	
65-69	300	1,000	
70	1,000	1,000	

¹ Participants in Appendix 34 (Branson Ultrasonics) of the Emerson Retirement Plan that have attained age 44, 10 years of service, and 55 points are assumed to retire at a rate of 50 for ages 45 to 54.

² Alternate rates apply to participants in the Fisher Bargaining plan that have attained age 55 with 85 points.

Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 55.
- Deferred vested benefit Age 65 for all plans except for those eligible for unreduced retirement in appendices 34, 81 and 82 of the Emerson Retirement Plan. Those eligible are assumed to retire at age 62.
- Disability benefit Upon disablement.
- Retirement benefit Upon termination of employment.

Form of payment

Normal form of payment as described in plan provisions. For ENP – ES plan, employees are assumed to take a lump sum distribution.

Percent married

80%

Spouse age

Wife three years younger than husband.

Covered pay

In general, reported 2013 W-2 pay, this pay is projected by the Salary Increase Rate assumption to approximate pay for the October 1, 2014 plan year.

Schedule SB, Part V – Statement of Actuarial Assumptions and Methods
EGS Electrical Group, LLC Pension Plan for Bargaining Unit Employees
EIN: 36-4178995
Plan Number: 006

Plan related expenses:	Emerson Retirement Plan	\$4,561,000
	Bristol Union	41,000
	Copeland Hourly	138,000
	EGS Bargaining	31,000
	ENP – ES	51,000
	Fisher Bargaining	114,000
	Kato Local #1999	52,000
	Power & Water Solutions	102,000
	Urlick Hourly	0

Timing of benefit payments Annuity payments are payable mid-year.

Methods

Valuation date First day of plan year.

Funding target Present value of accrued benefits as required by regulations under IRC §430.

Target normal cost Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year as required by regulations under IRC §430.

Actuarial value of assets for determining minimum required contributions Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable.

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued All benefits described in the Plan Provisions section of this report were valued.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions
as of October 1, 2014

Type of Assumption	Old Assumption	New Assumption
Plan-related Expenses	Assumed plan-related expenses added to normal cost were \$0 in 2013	Assumed plan-related expenses added to normal cost were \$31,000 in 2014

Plan Name: EGS Electrical Group, LLC. Pension Plan for Bargaining Unit Employees
EIN / PN: 36-4178995 / 006

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of October 1, 2014

The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

For illustration purposes only, below is a hypothetical determination of the average retirement age based on retirement as the only decrement.

Age	Retirement Rate	Assumed Number Eligible	Assumed Number Retiring	Age * Number Retiring
55	7%	1,000	70	3,850
56	7%	930	65	3,640
57	7%	865	61	3,477
58	7%	804	56	3,248
59	7%	748	52	3,068
60	11%	696	77	4,620
61	11%	619	68	4,148
62	30%	551	165	10,230
63	21%	386	81	5,103
64	21%	305	64	4,096
65	30%	241	72	4,680
66	30%	169	51	3,366
67	30%	118	35	2,345
68	30%	83	25	1,700
69	30%	58	17	1,173
70	100%	41	41	2,870
			1,000	61,614
				/ 1,000
			Weighted Average Retirement Age	62

Plan Name: EGS Electrical Group, LLC. Pension Plan for Bargaining Unit Employees
EIN / PN: 36-4178995 / 006

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	EGS Electrical Group, LLC.
EIN/PN	36-4178995/006
Plan Name	EGS Electrical Group, LLC. Pension Plan for Bargaining Unit Employees
Valuation Date	October 1, 2014
Enrolled Actuary	Randall K. Lynn
Enrollment Number	14-03145

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 10/01/2014 and ending 09/30/2015

▶ **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 EGS Electrical Group, LLC. Pension Plan for Bargaining Unit Employees	B Three-digit plan number (PN) ▶ 006
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF EGS Electrical Group, LLC.	D Employer Identification Number (EIN) 36-4178995
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 <u>10</u> Day <u>01</u> Year <u>2014</u>			
2 Assets:			
a Market value		2a	9,568,211
b Actuarial value		2b	9,127,456
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	247	3,511,976	3,511,976
b For terminated vested participants	287	2,473,614	2,473,614
c For active participants	92	1,129,236	1,201,332
d Total	626	7,114,826	7,186,922
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		6.53%
6 Target normal cost	6		121,053

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	RANDALL K. LYNN <i>RKL</i>	06/29/2016
Signature of actuary		Date
Randall K Lynn		1403145
Type or print name of actuary		Most recent enrollment number
Towers Watson Delaware Inc.		314-719-5900
Firm name		Telephone number (including area code)
101 South Hanley, Suite 900		
St. Louis MO 63105-3411		
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 V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.99%	2nd segment: 6.32%	3rd segment: 6.99%	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 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	121,053	
b Excess assets, if applicable, but not greater than line 31a	31b	121,053	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	541,199	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	541,199	
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	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

Summary of Plan Provisions

EGS Bargaining Plan

Plan Provisions

Plan Name	Birch Hill Foundries	Plan Effective	09/15/1997
Appendix Number	521 – EGS Bargaining Plan	Last Change Effective	03/28/2005
Type of Plan	Flat Dollar		
Normal Form	Life Annuity		
Plan Eligibility	First of month following 30 days of employment		
Credited Service	One month is credited for each 150 hours worked (max. of 1,800 hours in one year)		
Pension Earnings	N/A		
EE Contributions	None		
Class	All Bargaining employees		
Accumulated Benefit	(A) minus (B): (A) \$228 times Credited Service (multiplier to increase to \$234 on 11/20/2007) (B) Accrued Benefit as of September 14, 1997		

Benefit	Age	Cont Svc	Age + Memb Svc	Description
Normal Retirement	65	--		AB, payable immediately
Early	55	10		AB, reduced by 6.0% per year
Postponed	>65	--		AB, including service to actual retirement
Vesting	--	5		AB, payable at NRD
Disability				
Immediate	--	10		AB at disablement, payable until NRD
Deferred	--	10		AB at disablement, payable at NRD
Pre Ret Death	55	10		50% of ERB, reduced by J&S factor, payable for life of spouse (employee paid)
	--	5		50% of the earliest ERB, reduced by J&S factor, deferred to date first eligible to retire, payable for life of spouse (employee paid)

Currently no active participants.

Changes in Plan Provision Since Prior Year

Plan provisions have not changed since the prior year, except to reflect the current year changes in the Internal Revenue Code maximums on benefits and pay.

Schedule SB, Part V – Summary of Plan Provisions
 EGS Electrical Group, LLC Pension Plan for Bargaining Unit Employees
 EIN: 36-4178995
 Plan Number: 006

EGS Bargaining Plan

Plan Provisions

Plan Name	Sola/Hevi-Duty (Celina)	Plan Effective	09/15/1997
Appendix Number	522 – EGS Bargaining Plan	Last Change Effective	03/28/2005
Type of Plan	Flat Dollar		
Normal Form	Life Annuity		
Plan Eligibility	Attainment of age 21 and 1 year of service		
Credited Service	From Date of Employment		
Pension Earnings	N/A		
EE Contributions	None		
Class	Bargaining Employees		
Accumulated Benefit	(A) minus (B): (A) Effective 9/1/2006: \$120 times Credited Service Effective 9/1/2008: \$126 times Credited Service (B) Accrued Benefit as of September 14, 1997		

Benefit	Age	Cont Svc	Age + Memb Svc	Description
Normal Retirement	65	--		AB, payable immediately
Early	55	10		AB, reduced by 6% per year
Postponed	>65	--		AB, including service to actual retirement
Vesting	--	5		AB, payable at NRD
Disability				
Immediate	--	10		AB AT DISABLEMENT, PAYABLE UNTIL NRD
Deferred	--	10		AB at disablement, payable at NRD
Pre Ret Death	55	10		50% of ERB, reduced for J&S, payable for life of spouse
	--	5		50% of the earliest ERB, reduced for J&S, deferred to date first eligible to retire, payable for life of spouse

Currently no active participants.

Changes in Plan Provision Since Prior Year

Plan provisions have not changed since the prior year, except to reflect the current year changes in the Internal Revenue Code maximums on benefits and pay.

Schedule SB, Part V – Summary of Plan Provisions
 EGS Electrical Group, LLC Pension Plan for Bargaining Unit Employees
 EIN: 36-4178995
 Plan Number: 006

EGS Bargaining Plan

Plan Provisions

Plan Name	Neer	Plan Effective	09/15/1997
Appendix Number	523 – EGS Bargaining Plan	Last Change Effective	02/26/2007
Type of Plan	Flat Dollar		
Normal Form	Life Annuity		
Plan Eligibility	From Date of Employment		
Credited Service	Years and completed months from later of Date of Employment and 2/26/1996		
Pension Earnings	N/A		
EE Contributions	None		
Class	Bargaining Employees		
Accumulated Benefit	(A) minus (B):		
	(A) Effective 3/1/2005:	\$186 times Credited Service	
	Effective 2/26/2007:	\$192 times Credited Service	
	Effective 2/25/2008:	\$198 times Credited Service	
	Effective 2/22/2010:	\$204 times Credited Service	
	(B) Accrued Benefit as of September 14, 1997		
Benefit	Age	Cont Svc	Age + Memb Svc
Normal Retirement	65	--	
Early	55	10	
Postponed	>65	--	
Vesting	--	5	
Disability			
Immediate	--	10	
Deferred	--	10	
Pre Ret Death	55	10	
	--	5	

Currently no active participants.

Changes in Plan Provision Since Prior Year

Plan provisions have not changed since the prior year, except to reflect the current year changes in the Internal Revenue Code maximums on benefits and pay.

Schedule SB, Part V – Summary of Plan Provisions
 EGS Electrical Group, LLC Pension Plan for Bargaining Unit Employees
 EIN: 36-4178995
 Plan Number: 006

EGS Bargaining Plan

Plan Provisions

Plan Name	Fullerton	Plan Effective	09/15/1997
Appendix Number	524 – EGS Bargaining Plan	Last Change Effective	09/15/1997
Type of Plan	Flat Dollar		
Normal Form	Life Annuity		
Plan Eligibility	One Year of Service		
Credited Service	One year for each year in which 1,000 hours is worked		
Pension Earnings	N/A		
EE Contributions	None		
Class	Bargaining Employees		
Accumulated Benefit	(A) minus (B): (A) \$144 times Credited Service (B) Accrued Benefit as of September 14, 1997		

Benefit	Age	Cont Svc	Age + Memb Svc	Description
Normal Retirement	65	--		AB, payable immediately
Early	--	--		Not provided
Postponed	>65	--		AB, including service to actual retirement
Vesting	--	5		AB, payable at NRD
Disability				
Immediate	50	--		AB at disablement, payable until NRD, reduced by WC benefits
Deferred	50	--		AB at disablement, payable at NRD
Pre Ret Death	--	5		50% of NRB, reduced by J&S factor, deferred to NRD, payable for life of spouse (employee paid)

Currently no active participants.

Changes in Plan Provision Since Prior Year

Plan provisions have not changed since the prior year, except to reflect the current year changes in the Internal Revenue Code maximums on benefits and pay.

Schedule SB, Part V – Summary of Plan Provisions
 EGS Electrical Group, LLC Pension Plan for Bargaining Unit Employees
 EIN: 36-4178995
 Plan Number: 006

EGS Bargaining Plan

Plan Provisions

Plan Name	South Milwaukee Foundry	Plan Effective	09/15/1997
Appendix Number	525 – EGS Bargaining Plan	Last Change Effective	10/01/2014
Type of Plan	Flat Dollar		
Normal Form	Life Annuity		
Plan Eligibility	First of month following 1 year of service		
Credited Service	One year for each year in which 1,000 hours are worked		
Pension Earnings	N/A		
EE Contributions	None		
Class	Bargaining Employees		
Accumulated Benefit	(A) minus (B)*:		

(A) Effective:

1/1/2013: \$244.20 times Credited Service

1/1/2014: \$247.20 times Credited Service

1/1/2015: \$250.20 times Credited Service

1/1/2016: \$253.20 times Credited Service

1/1/2017: \$256.20 times Credited Service

1/1/2018: \$259.80 times Credited Service

(B) Accrued Benefit as of September 14, 1997

Benefit	Age	Cont Svc	Age + Memb Svc	Description
Normal Retirement	65	--		AB, payable immediately
Early	55	10		AB, reduced 6.67% per year
Postponed	>65	--		AB, including service to actual retirement
Vesting	--	5		AB, payable at NRD
Disability				
Immediate	35	10		AB at disablement, payable until NRD, reduced by WC benefits
Deferred	35	10		AB at disablement, payable at NRD
Pre Ret Death	55	10		50% of ERB, reduced by J&S factor, payable for life of spouse (employee paid)
	--	5		50% of the earliest ERB, reduced by J&S, deferred to date first eligible to retire, payable for life of spouse (employee paid)

* Employees who retire during the life of current agreement will be eligible to receive the \$259.80 multiplier at time of retirement.

Changes in Plan Provision Since Prior Year

In addition to the reflection of the current year changes in the Internal Revenue Code maximums on benefits and pay, any benefit multiplier increases scheduled to occur (during the plan year for purposes of determining contribution requirements in accordance with ERISA and the Internal Revenue Code) have been reflected.

Schedule SB, Part V – Summary of Plan Provisions
 EGS Electrical Group, LLC Pension Plan for Bargaining Unit Employees
 EIN: 36-4178995
 Plan Number: 006

EGS Bargaining Plan

Plan Provisions

Plan Name	O-Z/Gedney, Terryville	Plan Effective	09/15/1997
Appendix Number	526 – EGS Bargaining Plan	Last Change Effective	09/15/1997
Type of Plan	Flat Dollar		
Normal Form	Life Annuity		
Plan Eligibility	From Date of Employment		
Credited Service	1/10 year credited for every 170 hours of service (max. of 1,700 hours each year)		
Pension Earnings	N/A		
EE Contributions	None		
Class	Bargaining Employees		
Accumulated Benefit	(A) minus (B): (A) \$246 times Credited Service (B) Accrued Benefit as of September 14, 1997		

Benefit	Age	Cont Svc	Age + Memb Svc	Description
Normal Retirement	65	--		AB, payable immediately
Early	55	10		AB, reduced by 3.0% per year
Postponed	>65	--		AB, including service to actual retirement
Vesting	--	5		AB, payable at NRD
Disability				
Immediate	--	10		AB AT DISABLEMENT, PAYABLE UNTIL NRD
Deferred	--	10		AB at disablement, payable at NRD
Pre Ret Death	55	10		50% of ERB, reduced for J&S, payable for life of spouse
	--	5		50% of the earliest ERB, reduced for J&S, deferred to date first eligible to retire, payable for life of spouse

Currently no active participants.

Changes in Plan Provision Since Prior Year

Plan provisions have not changed since the prior year, except to reflect the current year changes in the Internal Revenue Code maximums on benefits and pay.

Schedule SB, Part V – Summary of Plan Provisions
EGS Electrical Group, LLC Pension Plan for Bargaining Unit Employees
EIN: 36-4178995
Plan Number: 006
EGS Bargaining Plan

Plan Provisions

Plan Name	Tulsa IBEW at Hevi-Duty Nelson	Plan Effective	09/15/1997
Appendix Number	527 – EGS Bargaining Plan	Last Change Effective	09/15/1997
Type of Plan	Final Pay (5 Year Avg)		
Normal Form	10 year certain and continuous		
Plan Eligibility	Attainment of age 21 and 1 year of service		
Credited Service	One year for each year in which 1,000 hours is worked and EE contributions are made		
Pension Earnings	Average base annual rate on January 1		
EE Contributions	Must agree to make contributions or benefit will be reduced		
Class	All Bargaining Employees		
Accumulated Benefit	Greater of (A) and (B), minus (C) (A) .80%*FAE times Credited Service (B) \$300 per month (C) Accrued Benefit as of September 1, 1997		

Benefit	Age	Cont Svc	Age + Memb Svc	Description
Normal Retirement	65	--		AB, payable immediately
Early	55	10		AB, reduced 6.0% per year
Postponed	>65	--		AB, including earnings and service to actual retirement
Vesting	--	5		AB, payable at NRD
Disability				
Immediate	--	15		AB at disablement, payable until NRD, actuarially reduced, then reduced by WC benefits
Deferred	--	15		AB at disablement, payable at NRD
Pre Ret Death	55	5		50% of ERB, payable for life of spouse (employee paid)
	--	15		50% of NRB, reduced for J&S, actuarially reduced to date of death, payable for life of spouse (employee paid)
	--	5		50% of the earliest ERB, reduced for J&S, deferred to date first eligible to retire, payable for life of spouse (employee paid)

Currently no active participants.

Changes in Plan Provision Since Prior Year

Plan provisions have not changed since the prior year, except to reflect the current year changes in the Internal Revenue Code maximums on benefits and pay.

Schedule SB, Part V – Summary of Plan Provisions
 EGS Electrical Group, LLC Pension Plan for Bargaining Unit Employees
 EIN: 36-4178995
 Plan Number: 006

EGS Bargaining Plan

Plan Provisions

Plan Name	McGill Manufacturing	Plan Effective	09/15/1997
Appendix Number	528 – EGS Bargaining Plan	Last Change Effective	09/15/1997
Type of Plan	Flat Dollar		
Normal Form	Life Annuity		
Plan Eligibility	From Date of Employment		
Credited Service	One year for each year in which 1,000 hours is worked		
Pension Earnings	N/A		
EE Contributions	None		
Class	All Bargaining Employees		
Accumulated Benefit	(A) minus (B): (A) \$228 times Credited Service (B) Accrued Benefit as of September 14, 1997		

Benefit	Age	Cont Svc	Age + Memb Svc	Description
Normal Retirement	65	5		AB, payable immediately
Early	55	30		AB, reduced by 4% per year prior to 60
Postponed	60	30		AB, payable immediately
Vesting	--	5		AB, payable at NRD
Disability				
Immediate	40	20		AB at disablement, payable until NRD, reduced by any WC benefit
Deferred	40	20		AB at disablement, payable at NRD
Pre Ret Death	55	10		50% of ERB, reduced by J&S factor, payable for life of spouse (employee paid)
	--	5		50% of the earliest ERB, reduced by J&S factor, deferred to date first eligible to retire, payable for life of spouse (employee paid)

Currently no active participants.

Changes in Plan Provision Since Prior Year

Plan provisions have not changed since the prior year, except to reflect the current year changes in the Internal Revenue Code maximums on benefits and pay.

Schedule SB, Part V – Summary of Plan Provisions
 EGS Electrical Group, LLC Pension Plan for Bargaining Unit Employees
 EIN: 36-4178995
 Plan Number: 006

EGS Bargaining Plan

Plan Provisions

Plan Name	Tulsa GMP at O-Z/Gedney	Plan Effective	09/15/1997
Appendix Number	529 – EGS Bargaining Plan	Last Change Effective	09/15/1997
Type of Plan	Final Pay (5 Year Avg)		
Normal Form	10 year certain and continuous		
Plan Eligibility	Attainment of age 21 and 1 year of service		
Credited Service	One year for each year in which 1,000 hours is worked and EE contributions made		
Pension Earnings	Average base annual rate on January 1		
EE Contributions	Must agree to make contributions or benefit will be reduced		
Class	All Bargaining Employees		
Accumulated Benefit	Greater of (A) and (B), minus (C) (A) .80%*FAE times Credited Service (B) \$300 per month (C) Accrued Benefit as of September 14, 1997		

Benefit	Age	Cont Svc	Age + Memb Svc	Description
Normal Retirement	65	--		AB, payable immediately
Early	55	10		AB, reduced 6.0% per year
Postponed	>65	--		AB, including earnings and service to actual retirement
Vesting	--	5		AB, payable at NRD
Disability				
Immediate	--	15		AB at disablement, payable until NRD, actuarially reduced, then reduced by WC benefits
Deferred	--	15		AB at disablement, payable at NRD
Pre Ret Death	55	10		50% of ERB, reduced for J&S, payable for life of spouse (employee paid)
	--	15		50% of NRB, reduced for J&S, actuarially reduced to date of death, payable for life of spouse (employee paid)
	--	5		50% of the earliest ERB, reduced for J&S, deferred to date first eligible to retire, payable for life of spouse (employee paid)

Currently no active participants.

Changes in Plan Provision Since Prior Year

Plan provisions have not changed since the prior year, except to reflect the current year changes in the Internal Revenue Code maximums on benefits and pay.

Attachment to Schedule SB - Part V

Summary of Plan Provisions

EGS Electrical Group, LLC. Pension Plan for Bargaining Unit Employees

EIN: 36-4178995

Plan Number: 006

EGS Bargaining Unit Optional Forms of Payment

In addition to the normal form of payment, participants are eligible for the following option forms:

- Life Annuity payable for participant's lifetime
- Certain and Life (5 or 10 Years) payable for participant's lifetime with payments upon participant's death to beneficiary for the remaining certain period.
- Joint and Survivor Annuity (50%, 60%, 66 2/3%, 75% or 100%) payable for participant's lifetime and upon participant's death, an annuity payable to the beneficiary based on the percentage elected.