

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2014 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>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>FORT RECOVERY INDUSTRIES, INC. EMPLOYEES' PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>09/28/1962</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>09/28/1962</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>09/28/1962</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>FORT RECOVERY INDUSTRIES, INC.</u> <u>P.O. BOX 638</u> <u>FORT RECOVERY, OH 45846-0638</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-4410626</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>419-375-4121</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>332510</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-4410626</u>	2c Plan Sponsor's telephone number <u>419-375-4121</u>	2d Business code (see instructions) <u>332510</u>	
2b Employer Identification Number (EIN) <u>34-4410626</u>					
2c Plan Sponsor's telephone number <u>419-375-4121</u>					
2d Business code (see instructions) <u>332510</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/15/2016	LAWRENCE HOLMES
	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 PENSION COMMITTEE P.O. BOX 638 FORT RECOVERY, OH 45846-0638	3b Administrator's EIN 34-1308315 3c Administrator's telephone number 419-375-4121
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	5 378
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) 140
a(2) Total number of active participants at the end of the plan year	6a(2) 131
b Retired or separated participants receiving benefits	6b 115
c Other retired or separated participants entitled to future benefits.....	6c 113
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 359
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 16
f Total. Add lines 6d and 6e	6f 375
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1B 1I 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 _____

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 <u>FORT RECOVERY INDUSTRIES, INC. EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>FORT RECOVERY INDUSTRIES, INC.</u>	D Employer Identification Number (EIN) <u>34-4410626</u>
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 <u>10708233</u>
b Actuarial value	2b <u>10251203</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>114</u> (2) Vested Funding Target <u>3518272</u> (3) Total Funding Target <u>3518272</u>
b For terminated vested participants.....	<u>124</u> <u>1684400</u> <u>1684400</u>
c For active participants.....	<u>140</u> <u>3759085</u> <u>3795227</u>
d Total.....	<u>378</u> <u>8961757</u> <u>8997899</u>
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 <u>6.50%</u>
6 Target normal cost	6 <u>70000</u>

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		<u>07/14/2016</u>
	Signature of actuary	Date
<u>LIVIA W. PAYLO</u>	Type or print name of actuary	<u>14-07469</u>
		Most recent enrollment number
<u>BUCK CONSULTANTS, LLC</u>	Firm name	<u>513-784-0005</u>
		Telephone number (including area code)
<u>720 E. PETE ROSE WAY, SUITE 300</u> <u>CINCINNATI, OH 45202</u>	Address of the firm	

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

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

Schedule SB (Form 5500) 2014
v. 140124

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>10.82</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		210930
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.70</u> %		14132
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		225062
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	113.92 %
15 Adjusted funding target attainment percentage	15	116.23 %
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	104.95 %
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
Totals ►			18(b)	0	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	0
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd

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

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6).....	31a	70000										
b Excess assets, if applicable, but not greater than line 31a	31b	70000										
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	0										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	0										
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>FORT RECOVERY INDUSTRIES, INC. EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FORT RECOVERY INDUSTRIES, INC.</u>	D Employer Identification Number (EIN) <u>34-4410626</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

FIFTH THIRD BANK

31-0854433

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	80401	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name: DONALD BUNGENSTOCK	b EIN: 13-3954297
c Position: ENROLLED ACTUARY	
d Address: BUCK CONSULTANTS, LLC 720 E. PETE ROSE WAY, SUITE 300 CINCINNATI, OH 45202	e Telephone: 513-784-0005

Explanation: TERMINATION OF THE ENROLLED ACTUARY'S EMPLOYMENT.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) 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 <u>10/01/2014</u> and ending <u>09/30/2015</u>		
A Name of plan <u>FORT RECOVERY INDUSTRIES, INC. EMPLOYEES' PENSION PLAN</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FORT RECOVERY INDUSTRIES, INC.</u>		D Employer Identification Number (EIN) <u>34-4410626</u>

Part I	Asset and Liability Statement	
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.		
	Assets	(a) Beginning of Year (b) End of Year
a Total noninterest-bearing cash	1a	4
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions.....	1b(1)	
(2) Participant contributions.....	1b(2)	
(3) Other.....	1b(3)	17485
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	412584
(2) U.S. Government securities	1c(2)	542454
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	2277251
(B) All other	1c(3)(B)	1969947
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common.....	1c(4)(B)	6197966
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property).....	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans.....	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities.....	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	1260489
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1070220
(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	10708233	10154228

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	10708233	10154228
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(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)		0

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	143	
(B) U.S. Government securities	2b(1)(B)	23253	
(C) Corporate debt instruments	2b(1)(C)	20463	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	9566	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		53425

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	110372	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	26158	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		136530

(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	8378041	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	8427202	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-49161

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-30120	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-30120

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-190274
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		-79600

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	390662	
(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)		390662
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)	83743	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		83743
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		474405

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-554005
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: **MONNIER AND COMPANY**

(2) EIN: **34-1236295**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	
4b		X	

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

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

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

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

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

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 10/01/2014 and ending 09/30/2015

A Name of plan <u>FORT RECOVERY INDUSTRIES, INC. EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FORT RECOVERY INDUSTRIES, INC.</u>	D Employer Identification Number (EIN) <u>34-4410626</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-0854433</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)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a		
b Enter the amount contributed by the employer to the plan for this plan year.....	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FORT RECOVERY INDUSTRIES, INC. EMPLOYEES' PENSION PLAN
EIN: 34-4410626 PN: 001

Schedule SB, line 26 – Schedule of Active Participant Data

Attained Age	Years of Credited Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Under 25	0	0	0	0	0	0	0	0	0	0
25 to 29	0	2	0	0	0	0	0	0	0	0
30 to 34	0	5	1	0	0	0	0	0	0	0
35 to 39	0	1	3	1	0	0	0	0	0	0
40 to 44	0	2	7	8	0	0	0	0	0	0
45 to 49	2	7	5	5	5	0	0	0	0	0
50 to 54	0	5	2	3	2	2	5	0	0	0
55 to 59	0	6	2	2	0	2	11	5	0	0
60 to 64	1	4	4	4	4	2	2	5	0	0
65 to 69	0	4	4	1	0	1	1	1	0	0
70 & up	0	0	1	0	0	0	0	0	0	0

FORT RECOVERY INDUSTRIES, INC. EMPLOYEES' PENSION PLAN
EIN: 34-4410626 PN: 001

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

Prescribed Funding Assumptions and Methods

The following assumptions and methods are prescribed by ERISA.

Funding interest rates

For 2014 Plan Year:

Segment Rates with no lookback, constrained in accordance
with relevant legislation as follows:

	Unconstrained Rates	Rates Reflecting Corridor*
First Segment Rate	1.17%	4.99%
Second Segment Rate	4.07%	6.32%
Third Segment Rate	5.17%	6.99%

Effective Interest Rate:

(Based on constrained rates)

6.50%

* Used for minimum funding and benefit restriction purposes

Mortality

Mortality tables mandated by PPA as specified in IRS Regulation 1.430(h)(3)-1, applied on a static basis, using the blended annuitant/non-annuitant table applicable to small plans.

Actuarial cost method

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan expenses to be paid from plan assets during the year.

Non-Prescribed Funding Assumptions and Methods

The following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor with the actuary's advice and is an acceptable method under PPA.

Expenses

Expected plan expenses of \$70,000 were added to the Target Normal Cost.

The assumption for plan expenses is based on actual plan expenses for the prior year.

Frequency of optional payment forms

The following table represents the assumed frequency of optional forms of payment elections by actives upon retirement:

Form of payment	Assumption
Single life annuity	60%
50% joint and survivor annuity	20%
100% joint and survivor annuity	20%

Marital percentage

85% of participants are assumed to be married with the husband assumed to be 3 years older than his wife.

Retirement rates

Age	Assumption
55	2%
56	2%
57	2%
58	2%
59	2%
60	10%
61	15%
62	25%
63	15%
64	20%
65 and above	100%

Current terminated vested participants are assumed to retire at age 65.

Non-Prescribed Funding Assumptions and Methods (continued)

Withdrawal rates¹

Sample rates are as follows:

Age	Male	Female
20	12.5%	15.0%
25	9.0%	11.0%
30	6.5%	8.0%
35	4.5%	5.5%
40	2.6%	3.5%
45	1.3%	1.7%
50	0.3%	0.7%
55	0.0%	0.0%
60	0.0%	0.0%

Asset valuation method

The Actuarial Value of Assets is Market Value as of the valuation date, including discounted receivable contributions, reduced by decreasing fractions, 2/3 and 1/3, of the gain/(loss) in each of the prior 2 years, respectively. The gain/(loss) for each period is determined as the actual return on Market Value during the period less the expected return on Market Value based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third segment rate. The resulting value is constrained to be within a corridor of 90% to 110% of Market Value, including discounted receivable contributions.

	Actuary's Assumption	Third Segment Rate	Reflecting PPA Limit
2014 Expected Return	7.50%	6.99%	6.99%
2013 Expected Return	7.50%	7.16%	7.16%
2012 Expected Return	7.50%	7.52%	7.50%

Future actuarial measurements

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the economic and demographic assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report.

¹ For active participants not eligible for retirement.

Summary of Changes from the October 1, 2013 Valuation

- For funding purposes, the interest rates and mortality tables were updated to those applicable to the current plan year in accordance with PPA and HATFA.
- The expense component of the Target Normal Cost was increased from \$60,000 to \$70,000.
- The assumption changes relating to interest rates and mortality tables increased the Funding Target by approximately \$0.2 million. The changes had a similar effect on the liabilities that underpin the maximum deductible contribution and the PBGC premium.

**FORT RECOVERY INDUSTRIES, INC.
EMPLOYEES' PENSION PLAN**

**SCHEDULE H, LINE 4j-SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended September 30, 2015**

EIN 34-4410626, Plan 001

<u>a</u>	<u>b</u>	<u>c</u>	<u>d</u>	<u>e</u>	<u>f</u>	<u>g</u>	<u>h</u>	<u>i</u>
Identity of Party <u>Involved</u>	Description of <u>Assets</u>	<u>Purchase</u> <u>Price</u>	<u>Selling</u> <u>Price</u>	<u>Lease</u> <u>Rental</u>	Expense Incurred with <u>Transactions</u>	<u>Cost of</u> <u>Asset</u>	Current Value of Asset on Transaction <u>Date</u>	Net Gain or <u>(Loss)</u>
Fifth Third Trust & Investment Division	Federated Prime Cash Obligations Fund Institutional Shares							
	34 Sales	N/A	\$ 348,410	N/A	N/A	\$ 348,410	\$ 348,410	\$ 0
	26 Purchases	\$ 280,965	N/A	N/A	N/A	\$ 280,965	\$ 280,965	\$ 0

"SCHEDULE B"

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 FORT RECOVERY INDUSTRIES, INC. EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF FORT RECOVERY INDUSTRIES, INC.	D Employer Identification Number (EIN) 34-4410626	
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	10,708,233	
b Actuarial value	2b	10,251,203	
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.....	114	3,518,272	3,518,272
b For terminated vested participants.....	124	1,684,400	1,684,400
c For active participants.....	140	3,759,085	3,795,227
d Total.....	378	8,961,757	8,997,899
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	6.50%	
6 Target normal cost.....	6	70,000	

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	LIVIA W. PAYLO  Signature of actuary	07/14/2016 Date
	LIVIA W. PAYLO Type or print name of actuary	1407469 Most recent enrollment number
	BUCK CONSULTANTS, LLC Firm name	513-784-0005 Telephone number (including area code)
	720 E. PETE ROSE WAY, SUITE 300 CINCINNATI OH 45202 Address of the firm	

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

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

Schedule SB (Form 5500) 2014
v. 140124

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>10.82%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		210,930
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.70%</u>		14,132
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance.....		225,062
d Portion of (c) to be added to prefunding balance.....		
12 Other reductions in balances due to elections or deemed elections.....		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	113.92%
15 Adjusted funding target attainment percentage	15	116.23%
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	104.95%
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
Totals ▶			18(b)	0	18(c)
				0	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	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:			
a Segment rates:	1st segment: 4.99%	2nd segment: 6.32%	3rd segment: 6.99%
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 8)		31a	70,000
b Excess assets, if applicable, but not greater than line 31a		31b	70,000
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		0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
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	

FORT RECOVERY INDUSTRIES, INC. EMPLOYEES' PENSION PLAN
EIN: 34-4410626 PN: 001

Schedule SB – Statement by Enrolled Actuary

In preparing this Schedule SB, the actuary relied upon other parties for – and applied reasonability tests to – information on assets, contributions, plan provisions, and data on people covered by the plan.

FORT RECOVERY INDUSTRIES, INC. EMPLOYEES' PENSION PLAN
EIN: 34-4410626 PN: 001

**Schedule SB, line 15 – Reconciliation of differences between valuation results
and amounts used to calculate AFTAP**

The former Enrolled Actuary signed an AFTAP Certification on September 28, 2015. It showed these values:

Adjusted Funding Target Attainment Percentage		116.23%
Funding Target	\$	8,819,250
Actuarial Value of Assets	\$	10,251,203
Adjusted Funding Target	\$	8,819,250
Adjusted Actuarial Value of Assets	\$	10,251,203

FORT RECOVERY INDUSTRIES, INC. EMPLOYEES' PENSION PLAN
EIN: 34-4410626 PN: 001

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

The weighted average retirement age is derived based on the following table:

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2) x (3)	(5) Weighted Age (1) x (4)
55	69.3373	0.0113	0.7855	43.2035
56	68.4008	0.0168	1.1499	64.3931
57	77.0713	0.0182	1.4001	79.8053
58	81.4372	0.0178	1.4473	83.9428
59	83.7074	0.0188	1.5715	92.7197
60	87.8068	0.0975	8.5624	513.7435
61	83.8660	0.1478	12.3972	756.2287
62	73.0602	0.2459	17.9619	1,113.6401
63	62.7115	0.1495	9.3737	590.5452
64	58.9309	0.1958	11.5403	738.5809
65	51.9696	1.0000	51.9696	3,378.0248
66	1.0000	1.0000	1.0000	66.0000
67	4.0000	1.0000	4.0000	268.0000
68	2.0000	1.0000	2.0000	136.0000
69	2.0000	1.0000	2.0000	138.0000
70	0.0000	1.0000	0.0000	0.0000
71	0.0000	1.0000	0.0000	0.0000
72	0.0000	1.0000	0.0000	0.0000
73	0.0000	1.0000	0.0000	0.0000
74	1.0000	1.0000	1.0000	74.0000
Total			128.1595	8,136.8274
Average				63.49

FORT RECOVERY INDUSTRIES, INC. EMPLOYEES' PENSION PLAN
EIN: 34-4410626 PN: 001

Schedule SB, Part V – Summary of Plan Provisions

Plan Year

The 12 month period ending September 30th.

Entry Date

October 1st or April 1st.

Participant Requirements

An Employee shall become a Participant on the Entry Date following the completion of 1,000 hours of service during an Anniversary Year, measured from his date of hire, provided he has attained age 20.

Final Average Monthly Earnings

Highest average of Base Monthly Earnings during five consecutive calendar years. Base Earnings means compensation excluding bonuses, overtime payments, commissions and extra compensation paid during a calendar year.

Credited Service

One year of Benefit Accrual and Vesting Service for each anniversary year during which an Employee completes 1,000 hours of service.

Normal Retirement Date

The later of a Participant's 65th birthday or the 5th anniversary of plan participation.

Monthly Retirement Income

A monthly benefit at Normal Retirement Date, payable in the Normal Form, equal to the greater of (a) or (b):

- a) 0.65% of Final Average Monthly Earnings up to Social Security Covered Compensation plus 1.3% of Final Average Monthly Earnings in excess of Social Security Covered Compensation, multiplied by years of Credited Service at Normal Retirement Date, maximum 30 years; or
- b) \$17.50 multiplied by years of Credited Service at Normal Retirement Date, maximum 30 years.

Benefits were frozen as of March 1, 2006.

Normal Form of Benefit

Monthly income commencing on a Participant's retirement date and payable for life.

Automatic Form of Benefit (for married participants)

Actuarially equivalent reduced Joint and 50% to Surviving Spouse if married at commencement of benefits, unless other election is made.

Summary of Changes from the October 1, 2013 Valuation

None.

FORT RECOVERY INDUSTRIES, INC.
EMPLOYEES' PENSION PLAN
SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
September 30, 2015

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EIN 34-4410626, Plan 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
<u>Money Market Investments</u>				
*	Fifth Third Banksafe Trust	105,705 Shares	\$ 105,705	\$ 105,705
*	Federated Prime Cash Obligations Institutional Fund	211,232 Shares	211,232	211,232
			<u>316,937</u>	<u>316,937</u>
<u>Mutual Funds</u>				
*	Harbor International INST	14,080.884 Shares	759,970	852,879
*	Oppenheimer Developing MKTS-Y	7,530.853 Shares	248,911	217,341
			<u>\$1,008,881</u>	<u>\$1,070,220</u>

"SCHEDULE A"

FORT RECOVERY INDUSTRIES, INC.

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EMPLOYEES' PENSION PLAN

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)

September 30, 2015

EIN 34-4410626, Plan 001

(a)	(b)	(c)		(d)	(e)
	Identity of Issuer, Borrower, Lessor or <u>Similar Party</u>	<u>Description of Investment</u>		<u>Cost</u>	<u>Current Value</u>
		Due			
<u>Bonds</u>		<u>Date</u>	<u>Face Value</u> <u>Interest Rate</u>		
	Federal Home Loan Bank	05/24/17	40,000 0.875%	\$ 39,923	\$ 40,179
	Federal Home Loan Bank	03/13/20	85,000 4.125%	98,207	94,870
	Federal Home Loan Bank	06/21/17	85,000 1.000%	85,173	85,572
	Fannie Mae	01/30/17	75,000 1.250%	76,427	75,716
	Fannie Mae	08/28/17	100,000 0.875%	100,148	100,139
	Fannie Mae	10/26/17	70,000 0.875%	70,023	70,210
	Federal Natl Mtg Assn	09/06/24	75,000 2.630%	76,003	76,804
	Freddie Mac	01/13/22	120,000 2.375%	120,577	123,589
	Freddie Mac	03/08/17	100,000 1.000%	99,646	100,636
	Freddie Mac	10/02/19	105,000 1.250%	100,873	104,787
	Freddie Mac	03/07/18	75,000 0.875%	73,892	75,064
	Freddie Mac	05/01/20	95,000 1.375%	91,128	94,914
	Cabelas CR Card Master NT TR	03/15/23	25,000 2.260%	25,045	25,314
	Fannie Mae	11/25/18	20,000 VAR	20,199	20,542
	FNMA REMIC Trust	01/25/24	30,000 3.501%	30,300	32,458
	FHLMC Multifamily STR Pass Thru	01/25/19	30,000 2.130%	30,963	30,647
	Fannie Mae	08/25/22	25,000 2.307%	25,499	25,064
	Freddie Mac	09/25/22	20,000 2.573%	20,399	20,363
	Freddie Mac	06/25/25	25,000 VAR	25,750	25,945
	Santander Drive Auto	12/15/17	2,167 1.110%	2,165	2,167
	WFRBS COML MTG TR	03/15/45	30,000 2.029%	30,900	30,292
	Wachovia BK COML MTG TR	01/18/45	20,000 VAR	22,558	20,093
	World FIN Network CCMT	06/17/24	10,000 2.550%	10,066	10,120
	Apple Inc	05/03/23	15,000 2.400%	14,980	14,538
	BB&T Corp SR Medium Term NTS	08/15/17	15,000 1.600%	14,973	15,075
	Bank of America	05/01/18	30,000 5.650%	32,249	32,733
	Bank of New York Mellon	09/23/21	15,000 3.550%	15,755	15,760
	CR Bard Inc	01/15/21	10,000 4.400%	11,327	10,764
	Berkshire Hathaway FIN Corp SR	10/15/20	10,000 2.900%	9,981	10,384
	Berkshire Hathaway Inc DEL SR NT	02/11/23	15,000 3.000%	14,873	15,158
	Blackrock Inc	03/18/24	25,000 3.500%	24,917	25,682
	Chevron Corp New NT	12/05/22	15,000 2.355%	15,000	14,506
	Balance Carried Forward			\$1,429,919	\$1,440,085

"SCHEDULE A"

FORT RECOVERY INDUSTRIES, INC.

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EMPLOYEES' PENSION PLAN

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)

September 30, 2015

EIN 34-4410626, Plan 001

(a)	(b)	(c)		(d)	(e)
Identity of Issuer, Borrower, Lessor or <u>Similar Party</u>		<u>Description of Investment</u>		<u>Cost</u>	<u>Current Value</u>
	<u>Due Date</u>	<u>Face Value</u>	<u>Interest Rate</u>		
<u>Bonds(Continued)</u>					
Balance Brought Forward				\$1,429,919	\$1,440,085
Chevron Corp	06/24/23	10,000	3.191%	9,876	10,134
Cisco SYS Inc	02/15/19	30,000	4.950%	35,019	33,104
Citigroup Inc	11/21/17	30,000	6.125%	33,993	32,702
Colgate-Palmolive Co Medium	05/01/18	20,000	0.900%	14,840	14,897
Costco Wholesale Corp New	12/15/19	20,000	1.700%	19,955	20,002
Deutsche BK AG Global Medium	01/11/16	30,000	3.250%	31,181	30,199
General ELEC Cap Corp	02/11/21	35,000	5.300%	38,565	40,261
Goldman Sachs Group Inc Medium	03/15/20	30,000	5.375%	31,899	33,464
Google Inc SR GLBL NT	02/25/24	20,000	3.375%	19,997	20,748
Home Depot Inc SR NT	04/01/23	20,000	2.700%	19,813	19,866
JP Morgan Chase & Co	05/13/24	30,000	3.625%	30,012	30,417
Merck & Co Inc	05/18/18	15,000	1.300%	14,965	15,007
Morgan Stanley	10/23/24	30,000	3.700%	30,567	30,143
PNC Funding Corp	09/09/16	10,000	2.700%	10,410	10,143
Pepsico Inc	04/30/25	35,000	2.750%	34,854	33,913
Procter & Gamble Co Note	08/15/16	15,000	1.450%	15,299	15,130
Public Service Co Colorado	03/15/23	15,000	2.500%	14,931	14,595
State STR Corp SR NT	05/15/18	15,000	1.350%	14,900	14,957
State Street Corp	11/20/23	10,000	3.700%	9,976	10,450
Toyota MTR CR Corp Medium	01/17/19	15,000	2.100%	15,061	15,171
Wal-Mart Stores Inc	04/11/23	25,000	2.550%	23,494	24,698
Wells Fargo & Co New MTN	02/13/23	20,000	3.450%	19,755	19,906
FG J1-7629	01/01/22	7,166	3.000%	8,111	7,491
BNP Paribas/BNP Paribas US	01/15/21	20,000	5.000%	20,530	22,446
Total CAP CDA LTD GLBL NT	01/15/18	10,000	1.450%	9,990	10,018
Total Bonds				<u>\$1,957,912</u>	<u>\$1,969,947</u>

"SCHEDULE A"

FORT RECOVERY INDUSTRIES, INC.

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EMPLOYEES' PENSION PLAN

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)

September 30, 2015

EIN 34-4410626, Plan 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor or <u>Similar Party</u>	Description of Investment	<u>Cost</u>	<u>Current Value</u>
	<u>Due Date</u>	<u>Face Value</u> <u>Interest Rate</u>		
<u>U.S. Government Securities</u>				
	United States Treas NTS 11/30/18	150,000 1.250%	\$ 148,064	\$ 151,203
	United States Treas NTS 08/31/16	115,000 0.500%	114,953	115,128
	United States Treas NTS 11/15/24	35,000 2.250%	35,947	35,655
	United States Treas NTS 01/15/18	140,000 0.875%	139,950	140,375
	United States Treas NTS 02/15/25	10,000 2.000%	9,875	9,961
	US Treasury N/B 11/30/19	100,000 1.000%	98,096	99,003
	United States Treas NTS 05/31/20	55,000 1.375%	54,639	55,099
	United States Treas Note 10/15/16	85,000 0.625%	85,046	85,194
	US Treasury NT 10/31/18	90,000 1.250%	90,273	90,769
	United States Treas Note 05/31/21	70,000 2.000%	69,358	71,672
	United States Treas NTS 06/30/19	45,000 1.625%	44,960	45,795
	US Treasury Note 04/30/22	30,000 1.750%	29,909	30,056
	Total U.S. Government Securities		<u>921,070</u>	<u>929,910</u>
	Total of Bonds & U.S. Securities		<u>\$2,878,982</u>	<u>\$2,899,857</u>

"SCHEDULE A"

FORT RECOVERY INDUSTRIES, INC.
EMPLOYEES' PENSION PLAN
SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
September 30, 2015

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EIN 34-4410626, Plan 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment	Cost	Current Value
	<u>Common Stocks</u>			
	Ashland Inc	111 Shares	\$ 11,579	\$ 11,169
	Dow Chem Co	759 Shares	32,519	32,182
	Scotts Miracle-Gro Company	153 Shares	10,204	9,305
	Valspar Corp	605 Shares	35,274	43,487
	Deltic Timber Corp COM	187 Shares	11,629	11,184
	Carpenter Technology Corp COM	323 Shares	14,748	9,616
	Freeport-McMoran INC	884 Shares	32,822	8,566
	Gibraltar INDS Inc	799 Shares	11,368	14,662
	Comfort Systems USA COM	411 Shares	6,492	11,204
	Emcor Group Inc	206 Shares	9,413	9,116
	Granite Constr Inc	348 Shares	10,829	10,325
	Tri Pointe Group Inc	1,036 Shares	15,441	13,561
	Acuity Brands (HLDG Company) Inc	312 Shares	45,418	54,781
	Encore Wire Corp COM	367 Shares	14,761	11,990
	Enersys Common	283 Shares	17,114	15,163
	QORVO Inc	322 Shares	27,067	14,506
	Smith A O Corp	227 Shares	16,192	14,798
	Celadon Group Inc	712 Shares	13,231	11,406
	Hunt J B Trans SVCS INC COM	63 Shares	4,901	4,498
	Knight Transn Inc	361 Shares	9,711	8,664
	Norfolk Southn CORP	300 Shares	24,956	22,920
	Ryder Sys INC COM	117 Shares	9,737	8,663
	Columbus McKinnon Corp N Y	602 Shares	13,631	10,932
	Danaher Corp	367 Shares	31,399	31,272
	Middleby Corp	442 Shares	46,722	46,494
	Snap On Inc COM	462 Shares	48,294	69,734
	Wabtec COM	163 Shares	6,405	14,352
	Xylem Inc	357 Shares	13,234	11,727
	Fabrinet SHS	521 Shares	10,175	9,550
	Carlisle COS Inc	175 Shares	16,876	15,292
	Allegiant Travel Co	86 Shares	17,447	18,598
	Delta Air Lines Inc	1,991 Shares	83,627	89,336
	Balance Carried Forward		\$ 673,216	\$669,053

"SCHEDULE A"

FORT RECOVERY INDUSTRIES, INC.
EMPLOYEES' PENSION PLAN
SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
September 30, 2015

22

EIN 34-4410626, Plan 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor or <u>Similar Party</u>	<u>Description of Investment</u>	<u>Cost</u>	<u>Current Value</u>
	<u>Common Stocks (Continued)</u>			
	Balance Brought Forward		\$ 673,216	\$ 669,053
	Boeing Co	274 Shares	24,541	35,880
	General Dynamics Corp	501 Shares	35,261	69,113
	Honeywell INTL INC	226 Shares	23,226	21,400
	Lockheed Martin Corp	155 Shares	31,526	32,133
	Watsco Inc COM	135 Shares	15,914	15,995
	CECO Environmental Corp	1,228 Shares	14,751	10,057
	Miller Herman Inc	487 Shares	13,572	14,045
	Stericycle Inc	95 Shares	13,355	13,234
	Aegean Marine Petroleum NETW	828 Shares	7,861	5,581
	General MTRS CO	1,462 Shares	50,436	43,889
	Lear Corp	325 Shares	36,290	35,354
	Dominos Pizza Inc	42 Shares	4,795	4,532
	Hilton Worldwide Holdings	1,635 Shares	43,053	37,507
	McDonalds Corp	229 Shares	22,181	22,563
	Starbucks Corp Com	665 Shares	26,258	37,799
	LA Z Boy Inc COM	575 Shares	12,045	15,272
	Mohawk Inds Inc	266 Shares	45,651	48,356
	Tempur Sealy International Inc	527 Shares	32,937	37,644
	WCI CMNTYS INC	569 Shares	10,759	12,876
	Disney Walt Co	520 Shares	48,056	53,144
	Lions Gate ENTMT Corp	1,711 Shares	60,056	62,965
	Pandora Media Inc	789 Shares	14,784	16,837
	Twitter Inc	655 Shares	30,231	17,646
	Expedia Inc	185 Shares	16,769	21,771
	Big Lots Inc	231 Shares	9,183	11,070
	Kohls Corp	378 Shares	28,078	17,505
	Target Corp	514 Shares	38,939	40,431
	Aaron Rents Inc CL A	351 Shares	9,820	12,675
	Ascena Retail Group Inc Com	1,018 Shares	13,639	14,160
	DSW Inc CL A	446 Shares	12,866	11,288
	Balance Carried Forward		<u>\$1,420,049</u>	<u>\$1,461,775</u>

"SCHEDULE A"

FORT RECOVERY INDUSTRIES, INC.
EMPLOYEES' PENSION PLAN
SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
September 30, 2015

23

EIN 34-4410626, Plan 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment	<u>Cost</u>	Current <u>Value</u>
	<u>Common Stocks (Continued)</u>			
	Balance Brought Forward		\$1,420,049	\$1,461,775
	Foot Locker Inc	428 Shares	24,245	30,803
	Gamestop Corp	533 Shares	21,600	21,965
	Home Depot Inc	647 Shares	52,635	74,722
	Lithia Motors Inc	498 Shares	50,661	53,839
	Stein Mart Inc	1,354 Shares	16,140	13,107
	TJX COS Inc	444 Shares	31,181	31,710
	Tractor Supply Co	646 Shares	57,732	54,471
	TravelCenters of America	828 Shares	8,131	8,553
	Ulta Salon Cosmetics & Fragrance	305 Shares	34,764	49,822
	Williams-Sonoma Inc	388 Shares	30,110	29,624
	Carters Inc	170 Shares	17,167	15,409
	Ellis Perry INTL Inc	564 Shares	13,867	12,385
	Hanesbrands Inc	641 Shares	17,762	18,551
	Lululemon Athletica Inc	136 Shares	9,137	6,888
	Under Armour Inc	223 Shares	12,043	21,582
	LKQ Corp	1,376 Shares	41,655	39,023
	Brown Forman Corp CL B	148 Shares	14,674	14,341
	Andersons Inc	224 Shares	9,463	7,629
	CVS Health Corporation	512 Shares	31,554	49,398
	Caseys Gen Stores Inc	167 Shares	16,992	17,188
	Costco Wholesale Corp	257 Shares	33,203	37,154
	Rite Aid Corp	1,060 Shares	9,473	6,434
	Spartannash Co	281 Shares	5,731	7,264
	Lauder Estee COS INC	297 Shares	25,370	23,962
	Hain Celestial Group Inc	391 Shares	25,647	20,176
	Hormel Foods Corp	846 Shares	45,461	53,560
	Tyson Foods Inc	701 Shares	21,281	30,213
	Whitewave Foods Co	969 Shares	32,125	38,905
	Altria Group Inc	578 Shares	29,100	31,443
	Philip Morris INTL Inc	389 Shares	32,708	30,859
	Balance Carried Forward		<u>\$2,191,661</u>	<u>\$2,312,755</u>

"SCHEDULE A"

FORT RECOVERY INDUSTRIES, INC.
EMPLOYEES' PENSION PLAN
SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
September 30, 2015

24

EIN 34-4410626, Plan 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
<u>Common Stocks (Continued)</u>				
	Balance Brought Forward		\$ 2,191,661	\$2,312,755
	Matrix SVC CO COM	331 Shares	7,422	7,438
	BP PLC ADR	875 Shares	36,257	26,740
	Chevron Corporation	1,065 Shares	104,398	84,007
	Conocophillips	341 Shares	20,929	16,354
	Marathon Petroleum Corp	1,200 Shares	49,820	55,596
	One Gas INC COM	177 Shares	6,815	8,023
	Pacific Ethanol Inc	1,109 Shares	8,164	7,197
	Petroquest Energy Inc COM	3,051 Shares	10,900	3,570
	Royal Dutch Shell PLC	1,024 Shares	71,047	48,620
	Aetna INC	368 Shares	25,030	40,263
	Amerisource Bergen Corp	164 Shares	15,006	15,578
	Amsurg Corp	264 Shares	14,302	20,515
	HMS HLDGS Corp	937 Shares	9,284	8,217
	LHC Group INC	227 Shares	6,969	10,163
	Quest Diagnostics Inc	507 Shares	34,957	31,165
	UnitedHealth Group Inc	299 Shares	20,912	34,687
	Biomarin Pharm-Inc Common	96 Shares	11,985	10,111
	Biogen INC	89 Shares	38,515	25,971
	Celgene Corp	328 Shares	32,041	35,480
	Gilead Sciences INC COMMON	474 Shares	51,084	46,542
	Incyte CORP	238 Shares	23,196	26,259
	Vertex Pharmaceuticals Inc	69 Shares	8,810	7,186
	Bio-Techne Corp	172 Shares	17,242	15,903
	Illumina Inc COM STK	154 Shares	31,757	27,076
	Bristol Myers Squibb Co	708 Shares	42,435	41,914
	Intercept Pharmaceuticals Inc	21 Shares	5,463	3,483
	Sanofi	1,057 Shares	51,275	50,176
	Teva Pharmaceutical INDS LTD	856 Shares	40,527	48,330
	Zoetis Inc	350 Shares	14,070	14,413
	Allscripts Healthcare Solutions	813 Shares	10,148	10,081
	Balance Carried Forward		<u>\$ 3,012,421</u>	<u>\$3,093,813</u>

"SCHEDULE A"

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FORT RECOVERY INDUSTRIES, INC.
EMPLOYEES' PENSION PLAN
SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
September 30, 2015

EIN 34-4410626, Plan 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor or <u>Similar Party</u>	Description of Investment	<u>Cost</u>	Current <u>Value</u>
<u>Common Stocks (Continued)</u>				
	Balance Brought Forward		\$3,012,421	\$3,093,813
	Medtronic PLC	484 Shares	37,007	32,399
	Acadia Healthcare Co INC	160 Shares	11,856	10,603
	Nuvasive Inc	234 Shares	12,336	11,283
	Sirona Dental Sys Inc	379 Shares	36,495	35,376
	Banner Corp	316 Shares	10,844	15,095
	Citigroup INC	1,833 Shares	82,846	90,935
	Financial Institutions INC COM	452 Shares	10,390	11,201
	First Merit Corp	716 Shares	12,454	12,652
	Hanmi FINL CORP COM NEW	607 Shares	12,540	15,296
	Homestreet Inc	421 Shares	10,072	9,725
	Independent BK CORP MASS	229 Shares	6,773	10,557
	Keycorp NEW	3,589 Shares	30,705	46,693
	Mainsource FINL Group INC	719 Shares	12,000	14,639
	Old NATL Bancorp INC	967 Shares	11,875	13,470
	PNC Financial Services Group	502 Shares	43,427	44,778
	Peoples Bancorp Inc	567 Shares	12,216	11,788
	Signature BK New York NY	352 Shares	44,940	48,421
	TowneBank Portsmouth VA	547 Shares	8,128	10,311
	Hartford Financial Services GRP	1,387 Shares	30,798	63,497
	Primerica Inc	190 Shares	8,489	8,563
	Prudential Financial Inc	347 Shares	20,982	26,445
	Travelers COS Inc	824 Shares	77,632	82,013
	Unum Group	1,449 Shares	37,027	46,484
	Banc Calif Inc	1,089 Shares	11,793	13,362
	Berkshire Hills Bancorp INC	493 Shares	11,259	13,577
	Dime CMNTY Bancorp Inc COM	590 Shares	9,953	9,971
	Capital One FINL CORP	631 Shares	51,244	45,760
	Discover Financial Services	503 Shares	15,744	26,151
	Ameriprise Financial Inc	310 Shares	18,934	33,830
	Blackrock Capital Investment Corp	1,022 Shares	9,340	9,055
	Balance Carried Forward		<u>\$3,722,520</u>	<u>\$3,917,743</u>

"SCHEDULE A"

FORT RECOVERY INDUSTRIES, INC.
EMPLOYEES' PENSION PLAN
SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
September 30, 2015

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EIN 34-4410626, Plan 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor or <u>Similar Party</u>	Description of Investment	<u>Cost</u>	<u>Current Value</u>
<u>Common Stocks (Continued)</u>				
	Balance Brought Forward		\$ 3,722,520	\$ 3,917,743
	Goldman Sachs Group	319 Shares	50,744	55,429
	Janus Cap Group INC	2,318 Shares	38,533	31,525
	Intercontinental Exchange Inc	266 Shares	62,277	62,507
	JPMorgan Chase & Co	1,572 Shares	94,250	95,845
	Agree Realty Corp	232 Shares	7,410	6,925
	Brandywine Realty Trust	592 Shares	6,690	7,293
	CBRE Group Inc	1,074 Shares	33,326	34,368
	Diamondrock Hospitality Co	561 Shares	8,031	6,199
	Health Care REIT Inc	239 Shares	16,201	16,185
	LTC PPTYS INC	242 Shares	10,626	10,326
	Lexington Corporate PPTYS TR	927 Shares	8,133	7,509
	National Health INVS Inc	143 Shares	8,465	8,221
	Sovran Self Storage Inc	127 Shares	11,367	11,976
	Forestar Group Inc	578 Shares	10,537	7,601
	Jones Lang Lasalle Inc	92 Shares	11,256	13,227
	AT&T Inc	2,740 Shares	94,038	89,269
	Verizon Communications	1,103 Shares	51,290	47,992
	Cavium Inc	146 Shares	9,108	8,960
	Entegris Inc	737 Shares	8,965	9,721
	Intel Corp	1,286 Shares	36,627	38,760
	Photronics Inc	957 Shares	5,549	8,670
	Rudolph Technologies Inc	722 Shares	7,876	8,989
	Arista Networks Inc	162 Shares	11,705	9,913
	Brocade Communications SYS Inc	1,563 Shares	16,168	16,224
	Cisco Systems Inc	2,758 Shares	61,281	72,398
	Demandware Inc	176 Shares	11,508	9,096
	Ebay Inc	647 Shares	15,705	15,813
	Facebook INC CL A	937 Shares	64,048	84,236
	Google INC CL A	77 Shares	38,525	49,154
	Palo Alto Networks INC	202 Shares	22,308	34,744
	Balance Carried Forward		\$ 4,555,067	\$ 4,796,818

"SCHEDULE A"

FORT RECOVERY INDUSTRIES, INC.
EMPLOYEES' PENSION PLAN
SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
September 30, 2015

27

EIN 34-4410626, Plan 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor or <u>Similar Party</u>	<u>Description of Investment</u>	<u>Cost</u>	<u>Current Value</u>
	<u>Common Stocks (Continued)</u>			
	Balance Brought Forward		\$4,555,067	\$ 4,796,818
	QLIK Technologies Inc	530 Shares	16,623	19,319
	Servicenow Inc	331 Shares	22,433	22,988
	Apple INC	1,498 Shares	102,582	165,229
	Qlogic Corp COM	959 Shares	10,407	9,830
	Synaptics Inc	121 Shares	8,527	9,978
	AVX Corp COM NEW	762 Shares	9,614	9,975
	Amphenol Corp CL A	737 Shares	41,315	37,558
	AVNet Inc	407 Shares	16,329	17,371
	Corning INC COM	1,435 Shares	34,205	24,567
	Jabil Circuit Inc	1,314 Shares	28,020	29,394
	Plexus Corp COM	245 Shares	9,844	9,452
	King Digital Entertainment	236 Shares	3,758	3,195
	Adobe Systems Inc	539 Shares	43,438	44,317
	Electronic Arts	463 Shares	30,798	31,368
	Fireeye Inc	500 Shares	21,871	15,910
	Fortinet Inc	1,194 Shares	36,019	50,721
	Mentor Graphics Corp	377 Shares	7,087	9,286
	Salesforce.com Inc	213 Shares	15,600	14,789
	Euronet Worldwide Inc	112 Shares	7,989	8,298
	Fiserv Inc	861 Shares	38,921	74,571
	Paypal HLDGS Inc	853 Shares	30,916	26,477
	Visa INC CL A	1,206 Shares	68,254	84,010
	Consolidated Edison, Inc	744 Shares	45,249	49,736
	Exelon Corp	1,386 Shares	46,708	41,164
	First Energy	1,460 Shares	50,761	45,713
	PPL Corp	1,606 Shares	52,171	52,821
	Portland General Electric Co	354 Shares	10,148	13,087
	Allergan PLC SHS	130 Shares	35,908	35,335
	Caesarstone SDOT-YAM	127 Shares	8,018	3,861
	Bloomin Brands Inc	735 Shares	14,737	13,362
	Balance Carried Forward		<u>\$5,423,317</u>	<u>\$ 5,770,500</u>

"SCHEDULE A"

FORT RECOVERY INDUSTRIES, INC.
EMPLOYEES' PENSION PLAN
SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
September 30, 2015

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EIN 34-4410626, Plan 001

(a)	(b) Identity of Issuer, Borrower, Lessor or <u>Similar Party</u>	(c) Description of Investment	(d) <u>Cost</u>	(e) Current <u>Value</u>
<u>Common Stocks (Continued)</u>				
	Balance Brought Forward		\$5,423,317	\$ 5,770,500
	California Res Corp	1,295 Shares	8,749	3,367
	Fidelity & Guaranty Life	449 Shares	9,445	11,018
	Gain Capital HLDGS INC	945 Shares	8,749	6,880
	GoPro Inc	333 Shares	19,959	10,396
	Hometrust Bancshares Inc	502 Shares	8,058	9,312
	Inovalon HLDGS INC COM CL A	236 Shares	6,237	4,916
	United INS HLDGS Corp	855 Shares	13,649	11,243
	WEC Energy Group INC	264 Shares	13,255	13,786
	Xcerra Corp	1,448 Shares	11,579	9,091
Total Common Stock			<u>5,522,997</u>	<u>5,850,509</u>
Total Assets			<u>\$9,727,797</u>	<u>\$10,137,523</u>

"SCHEDULE A"

Financial Statements

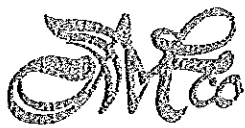
**FORT RECOVERY INDUSTRIES, INC.
EMPLOYEES' PENSION PLAN**

September 30, 2015

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* * * * *



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Certified Public Accountants

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MEMBERS
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
OHIO SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS

Independent Auditor's Report

To the Administrative Committee of
Fort Recovery Industries, Inc.
Employees' Pension Plan

Report on the Financial Statements

We have audited the accompanying financial statements of Fort Recovery Industries, Inc. Employees' Pension Plan, which comprise the statements as of September 30, 2015 and 2014, and for the years ended September 30, 2015 and 2014, as listed in the accompanying contents, 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 our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosure in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our qualified audit opinion.

Basis for Qualified Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note #5, which was certified by Fifth Third Bank, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions.

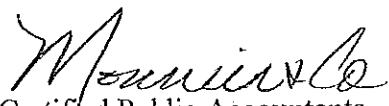
The plan administrator has obtained a certification from the trustee as of September 30, 2015 and 2014, and for the years ended September 30, 2015 and 2014, that the information provided to the plan administrator by the trustee is complete and accurate.

Qualified Opinion

In our opinion, except for the possible effects of the matter described in the Basis for Qualified Opinion paragraph, the financial statements referred to in the first paragraph present fairly, in all material respects, the financial status of Fort Recovery Industries, Inc. Employees' Pension Plan as of September 30, 2015 and 2014, and the changes in its financial status for the years ended September 30, 2015 and 2014, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules listed in the accompanying contents, together referred to as "Supplemental Information," are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United State of America. In our opinion, except for the effects on the Schedule H, Line 4i-Schedule of Assets (Held at End of Year) and Schedule H, Line 4j-Schedule of Reportable Transactions of the matter described in the Basis for Qualified Opinion paragraph, the information is fairly stated in all material respects in relation to the financial statements as a whole.


Certified Public Accountants

Sidney, Ohio
July 15, 2016

FORT RECOVERY INDUSTRIES, INC.
EMPLOYEES' PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
September 30, 2015 and 2014

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	<u>2015</u>	<u>2014</u>
ASSETS		
Cash	\$ 4	\$ 4
Investment Income Receivable	16,701	17,485
Investments, at Fair Value:		
Money Market Funds	\$ 316,937	\$ 412,584
Common Stocks	5,850,509	6,197,966
Bonds	1,969,947	2,277,251
U.S. Government Securities	929,910	542,454
Mutual Funds	<u>1,070,220</u>	<u>1,260,489</u>
	<u>10,137,523</u>	<u>10,690,744</u>
TOTAL ASSETS	10,154,228	10,708,233
LIABILITIES	<u>0</u>	<u>0</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 10,154,228</u>	<u>\$ 10,708,233</u>

The appended notes are an integral part of the financial statements.

"EXHIBIT A"

FORT RECOVERY INDUSTRIES, INC.

6

EMPLOYEES' PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended September 30, 2015 and 2014

	<u>2015</u>	<u>2014</u>
<u>Additions to Net Assets</u>		
Employer Contributions	\$ 0	\$ 220,000
Interest & Dividend Income	189,955	170,973
Net Realized Gain (Loss) on Investments -		
Common Stocks	(48,564)	303,242
Bonds	(687)	272
U.S. Government Securities	90	(1,623)
Net Unrealized Gain (Loss) on Investments -		
Common Stocks	(99,935)	566,594
Bonds	60,697	3,782
U.S. Government Securities	9,118	(148)
Mutual Funds	(190,274)	9,642
Total Additions	<u>(79,600)</u>	<u>1,272,734</u>
<u>Deductions from Net Assets</u>		
Benefits Paid to Participants	390,662	357,507
Administrative Expenses	<u>83,743</u>	<u>68,571</u>
Total Deductions	<u>474,405</u>	<u>426,078</u>
<u>Net Increase (Decrease)</u>	(554,005)	846,656
<u>Net Assets Available for Benefits - Beginning</u>	<u>10,708,233</u>	<u>9,861,577</u>
<u>Net Assets Available for Benefits - Ending</u>	<u>\$ 10,154,228</u>	<u>\$ 10,708,233</u>

The appended notes are an integral part of the financial statements.

"EXHIBIT B"

7

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

"EXHIBIT C"

8

The appended notes are an integral part of the financial statements.

"EXHIBIT D"

FORT RECOVERY INDUSTRIES, INC.
EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
September 30, 2015 and 2014

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Note #1 – Significant Accounting Policies

Basis of Accounting:

The accompanying financial statements are prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition:

Investments are stated at the last reported sales price on the last business day of the Plan year. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits:

Benefit payments to participants are recorded upon distribution.

Use of Estimates:

Management used estimates and assumptions in preparing these financial statements in accordance with generally accepted accounting principles. Those estimates and assumptions affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could vary from those estimates that were used.

Actuarial Present Value of Accumulated Plan Benefits:

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The accumulated plan benefits for active employees are based on credited years of service up to the date as of which the benefit information is presented. 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 an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used as of October 1, 2014 and 2013 are presented below:

A. Actuarial Cost Method and Asset Valuation Method

1. **Actuarial Cost Method: Unit Credit Method.** The Funding Target is the present value of accrued benefits and based on compensation and service to date. The Target Normal Cost is the present value of the benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected administrative and investment expenses to be paid from plan assets during the year.
2. **Asset Valuation Method:** The Valuation Assets are determined using a method that spreads asset gains (losses) over 2 years. The gain (loss) for each period is determined as the actual

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Note #1 – Significant Accounting Policies (Continued)

return during the period less the expected return based on an assumed earnings rate actuary but required by the Pension Protection Act (PPA) to be not greater than the applicable third segment rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value. The discounted value of accrued contributions, if any, are included in the Valuation Assets.

The expected return on plan assets is 7.50% per annum, limited by the PPA to the applicable Third Segment Rates as follows:

2014 measurement period: 7.50%

2013 measurement period: 7.50%

B. Actuarial Assumptions for Funding Purposes

1. Funding and PBGC premium interest rates 2014 – Segment Rates with no lookback
 Effective Rate: 6.50%

	Unconstrained	Rates Reflecting
<u>Segment</u>	<u>Rates</u>	<u>Corridor</u>
1	1.17%	4.99%
2	4.07%	6.32%
3	5.17%	6.99%

- 2013 – Segment Rates with no lookback
 Effective Rate: 6.70%

	Unconstrained	Rates Reflecting
<u>Segment</u>	<u>Rates</u>	<u>Corridor</u>
1	1.35%	5.23%
2	4.05%	6.51%
3	5.05%	7.16%

2. FASB ASC 960 Discount Rate 7.00%

3. Salary Growth: N/A – Plan Benefits Frozen March 1, 2006

4. Maximum Benefit: \$210,000 per year at Normal Retirement Age.

5. Expenses: Expected administrative and investment expenses of \$70,000 were added to Target Normal Cost.

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Note #1 – Significant Accounting Policies (Continued)

6. Frequency of Optional Payment From:

Single Life Annuity	60%
Joint and 50% Survivor Annuity	20%
Joint and 100% Survivor Annuity	20%

7. Marital Percentage – 85% of participants are assumed to be married at death. Husbands assumed to be 3 years older than their wives.

8. Mortality: Mortality tables mandated by the PPA as specified in IRS Regulation 1.430(h)(3)-1, using the blended annuitant/non-annuitant table applicable to small plans.

9. Retirement Rates – 2014 and 2013 are as follows:

<u>Age</u>	<u>Assumptions</u>
55	2%
56	2%
57	2%
58	2%
59	2%
60	10%
61	15%
62	25%
63	15%
64	20%
65+	100%

C. Summary of Changes from the October 1, 2013 Valuation

For funding purposes, the interest rates and mortality tables were updated to those applicable to the current plan year in accordance with PPA and HATFA. The expense component of the Target Normal Cost was increased from \$60,000 to \$70,000. The assumption changes relating to interest rates and mortality tables increased the Funding Target by approximately \$200,000. The changes had a similar effect on the liabilities that underpin the maximum deductible contribution and the PBGC premium.

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Note #2 – Description of the Plan

The Fort Recovery Industries, Inc. Employees' Pension Plan (the Plan) was established in 1962 by Fort Recovery Industries, Inc. The following brief description of the Plan is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

An employee shall become a participant on the entry date (October 1st or April 1st) following completion of 1,000 hours of credited service, as defined by the Plan, during the year measured from his date of hire, provided he has attained age 20. Effective January 1, 1999, the service measurement year was switched from a fiscal year ended September 30 to a calendar year, and participants are credited with partial years of service on a sliding scale for between 1,000 and 1,900 hours of service rather than a full year of service for 1,000 hours of service or more. Benefits were frozen on March 1, 2006.

The Employer's funding policy is to make annual contributions to the Plan in amounts that are actuarially calculated to fully provide for all employees' benefits by the time they retire. The Plan Sponsor contributed \$0 and \$220,000 to meet the Plan's funded status at October 1, 2014 and 2013, respectively. ERISA minimum funding requirements have been met at October 1, 2014 and 2013.

The participant's account becomes 100% vested at five or more years of service.

The normal retirement date is the later of a participant's 65th birthday or on the 5th anniversary of the plan participation. The Plan provides that the normal form of benefit will be monthly income commencing on a participant's retirement date and payable for life. For married participants, the automatic form of benefit is an actuarially equivalent reduced qualified joint and 50% survivor annuity.

Monthly retirement benefits at normal retirement are the greater of: a) .65% of final average monthly earnings, as defined, up to Social Security covered compensation, as defined, plus 1.3% of final average monthly earnings in excess of Social Security covered compensation, all multiplied by the number of years of credited service, as defined, at normal retirement date subject to a maximum of thirty years or b) \$17.50 for each year of credited service, as defined, at normal retirement date subject to a maximum of thirty years.

Monthly plan compensation is the average monthly basic compensation for the five consecutive calendars years that such average is highest. Basic compensation shall be the basic salary excluding commissions, over-riding commissions, bonuses and overtime payments.

Eligibility for early retirement is attained at age 55 if the sum of participant's age plus years of credited service equals at least 75. Early retirement benefits amount to accrued benefits payable at age 65 reduced for immediate commencement by 1/156 for each of the first 36 months, by 1/312 for each of the next 60 full months, and actuarially thereafter for each month by which the starting date of such pension precedes normal retirement date.

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EMPLOYEES' PENSION PLAN
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Note #2 – Description of the Plan (Continued)

In case of death before retirement, a married participant's spouse shall receive 50% of his retirement benefit computed as if he had retired the day before his death and had elected on immediate benefit in a joint and 50% survivor annuity form payable when the participant would have first been eligible for early retirement. Five years of vesting service is required for eligibility.

A participant can be eligible to retire under this plan on disability retirement. Disability benefits are available to a participant age 50 or older who has 10 or more years of credited service, who becomes totally disabled from performing the duties assigned to him by the Company, and who is eligible for disability benefits under the Social Security Act, as amended. The monthly pension is deferred to his normal retirement date and is equal to his accrued benefit computed as of the date of his actual retirement. The pension is reduced in the same manner as an early retirement benefit if the participant elects to receive an immediate benefit.

Note#3 – Income Tax Status

The Plan is designed and intended to qualify under Internal Revenue Code Section 401(a) and is, therefore, not subject to tax under the present law.

The Plan obtained its latest determination letter on April 26, 2012, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code.

Note #4 – Plan Termination

This Plan may be terminated by written notice from the employer to the participants and other interested parties under the Plan, and to the governmental agency or agencies charged with overseeing the Plan. Subject to the limitations set forth in the Employee Retirement Income Security Act of 1974 (ERISA), and Subchapter D Rules, upon any such termination of this Plan, the trustee first shall allocate the assets of the Trust Fund among the participants and their beneficiaries in the order prescribed under Title IV or ERISA, as it may provide at the time of Plan termination, or as incorporated within a lawful plan of termination adopted by the employer.

In the event that the trust fund assets are more than sufficient to satisfy all fixed and contingent liabilities under the Plan with respect to all participants and their beneficiaries, any excess shall be returned to the employer. Should the plan terminate at some future time, its' net assets generally will not be available on a pro rata basis to provide participant's benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (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.

FORT RECOVERY INDUSTRIES, INC.
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Note #5 – Certification

The Plan's investments were held and all investment transactions were executed and recorded by Fifth Third Bank, the trustee. Therefore, the accompanying financial statements have been prepared from the information supplied and certified as complete and accurate by the trustee.

Note #6 – Investments

The following represents investments whose fair values exceed 5% or more of the Plan's net assets at year-end:

	<u>2015</u>	<u>2014</u>
Harbor International Inst.	\$ 852,879	\$ 971,159

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. Fair value measurements are as follows as of September 30, 2015:

	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money Market Funds	\$ 316,937	\$ 316,937	\$ 0	\$ 0
Common Stocks	\$ 5,850,509	\$ 5,850,509	\$ 0	\$ 0
Bonds	\$ 1,969,947	\$ 1,969,947	\$ 0	\$ 0
U.S. Government Securities	\$ 929,910	\$ 929,910	\$ 0	\$ 0
Mutual Funds	\$ 1,070,220	\$ 0	\$ 1,070,220	\$ 0

Fair value measurements are as follows as of September 30, 2014:

	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money Market Funds	\$ 412,584	\$ 412,584	\$ 0	\$ 0
Common Stocks	\$ 6,197,966	\$ 6,197,966	\$ 0	\$ 0
Bonds	\$ 2,277,251	\$ 2,277,251	\$ 0	\$ 0
U.S. Government Securities	\$ 542,454	\$ 542,454	\$ 0	\$ 0
Mutual Funds	\$ 1,260,489	\$ 0	\$ 1,260,489	\$ 0

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Note #6 – Investments (Continued)

FASB ASC 820 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value.

The Plan's Level 1 fair value measurements for securities listed on North American, Central American, South American or Canadian exchanges generally are valued at the last sale price on the exchange on which the security is principally traded. The value of securities listed on the NASDAQ Stock Market, Inc. is generally the NASDAQ Official Closing Price. Listed foreign equity securities generally are valued at the last sale price on the exchange on which the security is principally traded. Listed securities for which the latest sale prices are not available generally are valued at the mean of the latest bid and ask price as of the closing of the primary exchange where such securities are normally traded. Unlisted securities generally are valued at the last sale price. Mutual funds are priced using the net asset value per unit as of the valuation date.

The Plan's Level 2 fair value measurements generally are valued at an evaluated price provided by a counterparty or fund manager.

Note #7 – Party-In-Interest Transactions

Plan investments are funds managed by Fifth Third Bank. Fifth Third Bank is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest. Fees paid by the plan for the investment management services amounted to \$80,401 and \$68,571 for the years ended September 30, 2015 and 2014, respectively.

Note #8 – Plan Amendment Freezing Plan Benefits

The Plan was amended to freeze plan benefits effective March 1, 2006. No service or hours of service of an individual on or after March 1, 2006 shall be counted as credited service under the Plan. No wages, salary nor other compensation received by an individual on or after March 1, 2006 shall be treated as compensation, covered compensation or part of final average monthly earnings under the Plan. No individual shall become a participant in the Plan after February 28, 2006. No individual shall be eligible for disability status under the Plan unless he suffered a total and permanent disability prior to January 1, 1999.

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EMPLOYEES' PENSION PLAN
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Note #9 – 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 investments 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 statement of net assets available for benefits.

Note #10 – Subsequent Events

Plan Management has evaluated subsequent events through the date of this report, the date on which the financial statements were available to be issued.

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Schedule SB, line 24 – Change in Actuarial Assumptions

The expense component of the Target Normal Cost was increased from \$60,000 to \$70,000.

The assumption for plan expenses is based on actual plan expenses for the prior year.