

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
		2015
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</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>CINCINNATI MINE MACHINERY COMPANY PENSION PLAN</u>	1b Three-digit plan number (PN) ▶ <u>002</u> 1c Effective date of plan <u>10/01/1943</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CINCINNATI MINE MACHINERY COMPANY</u> <u>2950 JONROSE AVENUE</u> <u>CINCINNATI, OH 45239-5319</u>	2b Employer Identification Number (EIN) <u>31-0240600</u> 2c Plan Sponsor's telephone number <u>513-728-4040</u> 2d Business code (see instructions) <u>333200</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>09/28/2016</u>	<u>WD STENGER</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>09/28/2016</u>	<u>WD STENGER</u>
	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)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 117
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 30 6a(2) 29 6b 52 6c 19 6d 100 6e 13 6f 113 6g 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 11 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)
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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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

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 CINCINNATI MINE MACHINERY COMPANY PENSION PLAN	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CINCINNATI MINE MACHINERY COMPANY	D Employer Identification Number (EIN) 31-0240600

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2015			
2 Assets:			
a Market value	2a	6375792	
b Actuarial value	2b	6486173	
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	65	3351144	3351144
b For terminated vested participants	22	518758	518758
c For active participants	30	2941014	2941014
d Total	117	6810916	6810916
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	5.97%	
6 Target normal cost	6	167313	

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

SIGN HERE		
	Signature of actuary	09/25/2016
		Date
RANDALL N. SMITH	Type or print name of actuary	14-06649
		Most recent enrollment number
CUNI, RUST & STRENK	Firm name	513-891-0270
		Telephone number (including area code)
4555 LAKE FOREST DRIVE, SUITE 620 CINCINNATI, OH 45242-3760	Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	498810
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	30482
9 Amount remaining (line 7 minus line 8)	0	468328
10 Interest on line 9 using prior year's actual return of <u>4.08</u> %	0	19108
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.19</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	487436

Part III Funding Percentages		
14 Funding target attainment percentage	14	88.07 %
15 Adjusted funding target attainment percentage	15	88.07 %
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	98.63 %
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
04/10/2015	10000	0			
06/02/2015	75000	0			
06/30/2015	75000	0			
08/11/2015	75000	0			
10/19/2015	75000	0			
			Totals ►	18(b)	310000
				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	299620
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
0	0	0
(4) 4th	0	

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 65
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	167313	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	812179	287754	
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	455067	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	155447	155447
36 Additional cash requirement (line 34 minus line 35)	36	299620	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	299620	
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		

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan CINCINNATI MINE MACHINERY COMPANY PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 CINCINNATI MINE MACHINERY COMPANY	D Employer Identification Number (EIN) 31-0240600	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

U.S. BANK NATIONAL ASSOCIATION

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 21	16624		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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) 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 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>		
A Name of plan <u>CINCINNATI MINE MACHINERY COMPANY PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CINCINNATI MINE MACHINERY COMPANY</u>	D Employer Identification Number (EIN) <u>31-0240600</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1	Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
	Assets			
a	Total noninterest-bearing cash	1a	7273	12307
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)	243	0
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	234873	167245
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts.....	1c(9)		
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	6133403	5942932
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	6375792	6122484

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		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	6375792	6122484
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	310000	
(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)		310000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	6	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		6
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	144149	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		144149
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	924184	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	924184	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

	(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)	-190425
c Other income	2c	-237
d Total income. Add all income amounts in column (b) and enter total	2d	263493

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	500841
(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)	500841
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)	16624
(2) Contract administrator fees	2i(2)	
(3) Investment advisory and management fees	2i(3)	-664
(4) Other	2i(4)	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)	15960
j Total expenses. Add all expense amounts in column (b) and enter total	2j	516801

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	-253308
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: CLARK SCHAEFER HACKETT

(2) EIN: 31-0800053

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒		
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	N/A	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		
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		
e Was this plan covered by a fidelity bond?	X			500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				
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.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

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 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>CINCINNATI MINE MACHINERY COMPANY PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CINCINNATI MINE MACHINERY COMPANY</u>	D Employer Identification Number (EIN) <u>31-0240600</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>41-6271370</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>3</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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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.
----------------	---

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
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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): _____

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

Cincinnati Mine Machinery Company Pension Plan

Financial Statements and Supplemental Schedules

December 31, 2015 and 2014

(with Independent Auditors' Report)



CLARK SCHAEFER HACKETT
CPAs & BUSINESS CONSULTANTS

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INDEPENDENT AUDITORS' REPORT

To the Board of Directors of the Cincinnati
Mine Machinery Company Pension Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Cincinnati Mine Machinery Company Pension Plan which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by U.S. Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2015 and 2014, that the information provided to the plan administrator by the trustee is complete and accurate.

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f. 513.241.1212

Disclaimer of Opinion

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

Other Matter – Supplemental Schedules

The supplemental schedules, as listed in the accompanying table of contents, as of or for the year ended December 31, 2015, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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

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

Clark, Schaefer, Hackett & Co.

Cincinnati, Ohio
September 21, 2016

Cincinnati Mine Machinery Company Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Net Assets Available for Benefits:		
Cash - noninterest bearing	\$ 12,307	7,273
Investments, at fair value	6,110,177	6,368,276
Investment income receivable	<u>-</u>	<u>243</u>
Net assets available for benefits	\$ <u>6,122,484</u>	<u>6,375,792</u>

See accompanying notes to the financial statements.

Cincinnati Mine Machinery Company Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Changes in Net Assets Available for Benefits:		
Additions:		
Investment income (loss):		
Interest and dividend income	\$ 144,155	142,129
Net appreciation (depreciation) in fair value of investments	<u>(190,662)</u>	<u>132,671</u>
	(46,507)	274,800
Employer contributions	<u>310,000</u>	<u>244,000</u>
Total additions	<u>263,493</u>	<u>518,800</u>
Deductions:		
Administrative expenses	15,960	16,524
Benefits paid to participants	<u>500,841</u>	<u>673,476</u>
Total deductions	<u>516,801</u>	<u>690,000</u>
Net (decrease) increase	(253,308)	(171,200)
Net assets available for benefits:		
Beginning of year	<u>6,375,792</u>	<u>6,546,992</u>
End of year	\$ <u><u>6,122,484</u></u>	<u><u>6,375,792</u></u>

See accompanying notes to the financial statements.

1. DESCRIPTION OF PLAN:

The following description of the Cincinnati Mine Machinery Company Pension Plan (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

Effective October 1, 1943, Cincinnati Mine Machinery (the "Company" or "Employer"), adopted the Plan as a noncontributory retirement plan covering substantially all employees of the Company. Participant entry into the Plan was frozen as of December 31, 2007. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Funding policy

The Company contributes amounts as actuarially determined in order to provide assets sufficient to meet the benefits to be paid to Plan participants. During 2015 and 2014, the Company made contributions of \$310,000 and \$244,000, respectively. The Company's contributions for 2015 and 2014 exceeded the minimum funding requirements of ERISA.

Pension benefits

Participants are entitled to monthly pension benefits at normal retirement age (65) or after the fifth anniversary of Plan participation, whichever is later, determined based upon the participant's earnings, age at retirement, and years of credited service, not to exceed a maximum of 29.1% of final average monthly earnings. The Plan permits early retirement after age 60 or after the fifth anniversary of Plan participation, whichever is later. The accrual of additional pension benefits was frozen as of December 31, 2007. Participants who, as of December 31, 2007, had 20 or more years of service, as defined under the Plan, or who were at least age 48 continue to accrue pension benefits after December 31, 2007. For the Plan year beginning January 1, 2015, participants who are not highly compensated (as defined in Section 404(g) of the Code) and were at least age 34, as of December 1, 2007, continue to accrue pension benefits. The Plan provides for full and immediate vesting for all current participants and for participants hired before January 1, 2004. All other participants are fully vested after five years of service upon termination.

Upon termination of employment, participants have the option of receiving their vested benefit in the form of a one-time lump sum payment or a monthly annuity payable for their lifetime. The form of payment is elected by the retiring participant from the options provided by the Plan. If the actuarially equivalent lump sum value of a participant's vested benefit is less than \$5,000, the benefit will be paid as a one-time lump sum payment. If the actuarially equivalent lump sum value of a participant's vested benefit is less than \$1,000, the plan administrator does not need the consent of the participant to pay the distribution.

Employees who were active participants in the Plan on September 30, 1975 became eligible for a special transition benefit under the Plan. This transition benefit was established to ensure that eligible participants would receive the same benefit or a larger benefit than they would have under the former agreement.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of accounting

The accompanying financial statements have been presented on the accrual basis of accounting.

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that 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, and changes therein. Actual results could differ from those estimates.

Payment of benefits

Benefit payments to participants are recorded upon distribution.

Administrative expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as a deduction in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) in fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

Accounting Changes

Recently issued accounting pronouncements—The Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2015-12, "Plan Accounting: Defined Benefit Pension Plans (Topic 960): (Part 1) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, and (Part III) Measurement Date – Practical Expedient." ASU 2015-12 simplifies disclosures and reporting by employee benefit plans. ASU 2015-12 is effective for fiscal years beginning after December 15, 2015, with earlier adoption permitted. The Plan has elected to early adopt ASU 2015-12, applied retrospectively to all periods presented. This change has no impact on net assets available for benefits.

Reclassification

Certain amounts in the 2014 financial statements have been reclassified to conform to the 2015 presentation.

Subsequent events

The Plan has evaluated subsequent events through September 21, 2016, the date the financial statements were available to be issued.

3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to services rendered by the participants. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to participant service rendered to the valuation date.

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

Assumed rate of return on investments	6.99% and 6.76% in 2015 and 2014, respectively
Discount rate	8% in 2015 and 2014
Mortality basis	The RP-2014 Total Mortality Table projected generationally using Scale MP-2014 in 2015. The RP-2000 Mortality Table projected to 2024 using Scale AA in 2014
Retirement	Age 65 in 2015 and 2014

The actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2015. Had the valuation been performed as of December 31, there would be no material differences.

The accumulated plan benefit information is as follows:

	<u>January 1, 2015</u>
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 3,125,137
Active participants	3,372,875
Terminated participants with deferred benefits	<u>448,748</u>
	6,946,760
Nonvested benefits	<u>261,817</u>
	<u>\$ 7,208,577</u>

The changes in accumulated plan benefits are as follows:

Actuarial present value of accumulated plan benefits at January 1, 2014	\$ 6,117,817
Increase (decrease) during the year attributable to:	
Changes in actuarial assumptions	147,705
Decrease in discount period	463,005
Benefits paid	(673,476)
Plan experience and benefit accrual	<u>1,153,526</u>
Net increase	<u>1,090,760</u>
Actuarial present value of accumulated plan benefits at January 1, 2015	<u>\$ 7,208,577</u>

4. FAIR VALUE MEASUREMENTS:

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below.

- | | |
|---------|--|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access. |
| Level 2 | Inputs to the valuation methodology include: <ul style="list-style-type: none"> • quoted prices for similar assets or liabilities in active markets; • quoted prices for identical or similar assets or liabilities in inactive markets; • inputs other than quoted prices that are observable for the asset or liability; • inputs that are derived principally from or corroborated by observable market data by correlation or other means. |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement. |

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

Mutual funds are valued at the daily closing price reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2015 and 2014:

<u>Investments at fair value as of December 31, 2015</u>				
	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Mutual funds	\$ <u>6,110,177</u>	<u>6,110,177</u>	<u>-</u>	<u>-</u>
Total investments at fair value	\$ <u>6,110,177</u>	<u>6,110,177</u>	<u>-</u>	<u>-</u>
<u>Investments at fair value as of December 31, 2014</u>				
	<u>Fair Value</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Mutual funds	\$ <u>6,368,276</u>	<u>6,368,276</u>	<u>-</u>	<u>-</u>
Total investments at fair value	\$ <u>6,368,276</u>	<u>6,368,276</u>	<u>-</u>	<u>-</u>

5. INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE:

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee has certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2015 and 2014, and the supplemental schedule of assets (held at end of year) as of December 31, 2015; the related investment activity reflected in the statements of changes in net assets available for benefits for the years ended December 31, 2015 and 2014, and the information reflected on the supplemental schedule of reportable transactions for the year ended December 31, 2015.

6. RELATED PARTY TRANSACTIONS:

Certain Plan investments are mutual funds of U.S. Bank, N.A., the trustee of the Plan; therefore, these transactions and related earnings qualify as party-in-interest transactions.

7. PLAN TERMINATION:

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions and to terminate the Plan subject to the provisions of ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations.

If the assets available for allocation under any category are insufficient to fully satisfy the benefits of all individuals, the assets will be distributed proportionately. If assets remain after all the liability for accrued benefits have been satisfied, such assets will be distributed to the Company.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

8. INCOME TAX STATUS:

The Plan obtained its latest determination letter on June 22, 2012, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

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 investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

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

Cincinnati Mine Machinery Company Pension Plan
 EIN: 31-0240600 Plan #002
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
 December 31, 2015

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
*	First American Government Obligation	Mutual Fund	\$ 167,244	\$ 167,244
	Harbor Capital Appreciation	Mutual Fund	248,177	328,889
	I Shares Msci Emerging Markets ETF	Mutual Fund	291,230	233,442
	I Shares Msci Eafe ETF	Mutual Fund	617,976	603,407
	Neuberger Berman Genesis Institutional	Mutual Fund	150,723	161,873
	Neuberger Berman Long Short Institutional	Mutual Fund	96,766	92,190
	Nuveen Real Estate Securities	Mutual Fund	220,270	245,477
	Boston Partners Long/Short Equity	Mutual Fund	89,943	89,023
	T Rowe Price Mid-Cap Growth	Mutual Fund	151,257	180,684
	T Rowe Price Mid-Cap Value	Mutual Fund	272,519	262,532
	Vanguard Equity Income	Mutual Fund	311,954	331,855
	Vanguard 500 Index Admiral	Mutual Fund	522,139	535,158
	Invesco Balanced-Risk Commodity Strategy	Mutual Fund	63,949	63,038
	American Century Diversified Bond	Mutual Fund	504,790	500,504
	Baird Aggregate Bond	Mutual Fund	596,500	586,095
	Eaton Vance Global Macro Absolute Return	Mutual Fund	220,736	214,341
	Federated Institutional High Yield Bond	Mutual Fund	250,000	243,309
	Loomis Sayles Strategic Alpha	Mutual Fund	230,117	212,875
	Nuveen Inflation Protected Securities	Mutual Fund	188,180	186,773
	Nuveen Short Term Bond	Mutual Fund	596,583	585,355
	Oppenheimer Senior Floating Rate I	Mutual Fund	257,341	233,273
	AQR Managed Futures Strategy	Mutual Fund	56,941	52,840
				<u>\$ 6,110,177</u>
*	Party-in-interest to the Plan			

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Cincinnati Mine Machinery Company Pension Plan
EIN 31-0240600 Plan #002
Schedule H, Line 4j Schedule of Reportable Transactions
Year Ended December 31, 2015



CINCINNATI MINE PENSION
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Period from January 1, 2015 to December 31, 2015

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
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BEGINNING MARKET VALUE

6,375,792.01

COMPARATIVE VALUE (5%)

318,789.60

CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE

NO TRANSACTIONS QUALIFIED FOR THIS SECTION

CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

NO TRANSACTIONS QUALIFIED FOR THIS SECTION

CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

Issue: 31846V203 - First Amer Govt Oblig Fund CI Y

01/05/2015	B	2,162.240	1.0000		- 2,162	2,162	
01/06/2015	B	2,573.960	1.0000		- 2,574	2,574	
01/07/2015	B	18.370	1.0000		- 18	18	
01/28/2015	B	2.160	1.0000		- 2	2	
01/29/2015	B	934.830	1.0000		- 935	935	
02/03/2015	B	2,093.630	1.0000		- 2,094	2,094	
02/04/2015	B	2,281.270	1.0000		- 2,281	2,281	
02/05/2015	B	18.350	1.0000		- 18	18	
02/26/2015	B	9.340	1.0000		- 9	9	
03/03/2015	B	2,081.010	1.0000		- 2,081	2,081	
03/04/2015	B	892.070	1.0000		- 892	892	
03/04/2015	B	1,291.080	1.0000		- 1,291	1,291	
03/05/2015	B	18.370	1.0000		- 18	18	
03/20/2015	B	8.290	1.0000		- 8	8	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
03/30/2015	B	1,137.020	1.0000		- 1,137	1,137	
03/31/2015	B	2,334.860	1.0000		- 2,335	2,335	
04/02/2015	B	843.940	1.0000		- 844	844	
04/06/2015	B	4,747.310	1.0000		- 4,747	4,747	
04/10/2015	B	10,000.000	1.0000		- 10,000	10,000	
04/21/2015	B	57.380	1.0000		- 57	57	
04/28/2015	B	7.760	1.0000		- 8	8	
04/29/2015	B	1,013.750	1.0000		- 1,014	1,014	
05/04/2015	B	3,137.710	1.0000		- 3,138	3,138	
05/14/2015	B	83,291.180	1.0000		- 83,291	83,291	
05/21/2015	B	7.520	1.0000		- 8	8	
05/29/2015	B	1,021.580	1.0000		- 1,022	1,022	
06/02/2015	B	4,048.080	1.0000		- 4,048	4,048	
06/03/2015	B	75,000.000	1.0000		- 75,000	75,000	
06/08/2015	B	18.270	1.0000		- 18	18	
06/18/2015	B	75.440	1.0000		- 75	75	
06/23/2015	B	2,443.460	1.0000		- 2,443	2,443	
06/29/2015	B	4,119.190	1.0000		- 4,119	4,119	
06/30/2015	B	8.180	1.0000		- 8	8	
06/30/2015	B	75,000.000	1.0000		- 75,000	75,000	
07/01/2015	B	1,828.000	1.0000		- 1,828	1,828	
07/02/2015	B	3,158.210	1.0000		- 3,158	3,158	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
07/02/2015	B	2,241.010	1.0000		- 2,241	2,241	
07/06/2015	B	930.960	1.0000		- 931	931	
07/24/2015	B	7.110	1.0000		- 7	7	
07/30/2015	B	1,161.400	1.0000		- 1,161	1,161	
08/04/2015	B	4,315.030	1.0000		- 4,315	4,315	
08/05/2015	B	781.580	1.0000		- 782	782	
08/06/2015	B	18.400	1.0000		- 18	18	
08/11/2015	B	75,000.000	1.0000		- 75,000	75,000	
08/27/2015	B	6.500	1.0000		- 7	7	
08/28/2015	B	1,210.800	1.0000		- 1,211	1,211	
09/02/2015	B	3,219.900	1.0000		- 3,220	3,220	
09/03/2015	B	1,720.890	1.0000		- 1,721	1,721	
09/04/2015	B	18.310	1.0000		- 18	18	
09/21/2015	B	2,707.910	1.0000		- 2,708	2,708	
09/23/2015	B	2,554.080	1.0000		- 2,554	2,554	
09/30/2015	B	1,229.930	1.0000		- 1,230	1,230	
10/02/2015	B	6,506.490	1.0000		- 6,506	6,506	
10/05/2015	B	1,724.280	1.0000		- 1,724	1,724	
10/06/2015	B	16.060	1.0000		- 16	16	
10/13/2015	B	177.950	1.0000		- 178	178	
10/19/2015	B	75,000.000	1.0000		- 75,000	75,000	
10/29/2015	B	1,145.750	1.0000		- 1,146	1,146	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/30/2015	B	53.120	1.0000		- 53	53	
11/03/2015	B	3,046.630	1.0000		- 3,047	3,047	
11/04/2015	B	1,054.250	1.0000		- 1,054	1,054	
11/05/2015	B	995.960	1.0000		- 996	996	
11/13/2015	B	2,172.310	1.0000		- 2,172	2,172	
11/19/2015	B	125,545.150	1.0000		- 125,545	125,545	
11/23/2015	B	120,380.250	1.0000		- 120,380	120,380	
11/27/2015	B	.010	1.0000				
12/03/2015	B	2,034.670	1.0000		- 2,035	2,035	
12/04/2015	B	5.750	1.0000		- 6	6	
12/16/2015	B	47,071.670	1.0000		- 47,072	47,072	
12/17/2015	B	10,276.630	1.0000		- 10,277	10,277	
12/21/2015	B	58,480.170	1.0000		- 58,480	58,480	
12/23/2015	B	2,142.280	1.0000		- 2,142	2,142	
12/24/2015	B	3,441.160	1.0000		- 3,441	3,441	
12/28/2015	B	13.320	1.0000		- 13	13	
12/29/2015	B	8,855.980	1.0000		- 8,856	8,856	
12/30/2015	B	1,607.430	1.0000		- 1,607	1,607	
Total For Buys				0	856,551	856,551	0
01/02/2015	S	- 27,508.710	1.0000		27,509	27,509	
01/09/2015	S	- 74,538.040	1.0000		74,538	74,538	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/27/2015	S	- 4,165.880	1.0000		4,166	4,166	
02/02/2015	S	- 30,045.830	1.0000		30,046	30,046	
03/02/2015	S	- 28,747.590	1.0000		28,748	28,748	
04/01/2015	S	- 23,942.320	1.0000		23,942	23,942	
04/27/2015	S	- 4,249.870	1.0000		4,250	4,250	
05/01/2015	S	- 30,045.830	1.0000		30,046	30,046	
05/05/2015	S	- 49,293.820	1.0000		49,294	49,294	
05/18/2015	S	- 20,637.210	1.0000		20,637	20,637	
06/01/2015	S	- 30,045.830	1.0000		30,046	30,046	
07/01/2015	S	- 20,549.160	1.0000		20,549	20,549	
07/09/2015	S	- 61,829.620	1.0000		61,830	61,830	
07/13/2015	S	- 56,849.760	1.0000		56,850	56,850	
07/27/2015	S	- 4,169.480	1.0000		4,169	4,169	
08/03/2015	S	- 31,228.640	1.0000		31,229	31,229	
09/01/2015	S	- 31,228.640	1.0000		31,229	31,229	
10/01/2015	S	- 31,228.640	1.0000		31,229	31,229	
10/27/2015	S	- 4,039.230	1.0000		4,039	4,039	
11/02/2015	S	- 31,050.690	1.0000		31,051	31,051	
11/17/2015	S	- 54,126.400	1.0000		54,126	54,126	
11/24/2015	S	- 241,294.290	1.0000		241,294	241,294	
12/01/2015	S	- 29,869.610	1.0000		29,870	29,870	
12/02/2015	S	- 3,498.620	1.0000		3,499	3,499	

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Cincinnati Mine Machinery Company Pension Plan
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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Total For Sells				0	924,186	924,186	0
Total First Amer Govt Oblig Fund CI Y				0	1,780,737	1,780,737	0
GRAND TOTAL				0	1,780,737	1,780,737	0

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE
NO TRANSACTIONS QUALIFIED FOR THIS SECTION



At Clark Schaefer Hackett, we believe there's a difference between providing accounting services and actually serving you. One is about numbers, the other is about relationships. We strive to create remarkable relationships The CSH Way: by building trust, offering guidance, delivering desired outcomes, and providing vision to help you achieve your goals.

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Schedule SB, Line 32 – Schedule of Amortization Bases

Plan Name: Cincinnati Mine Machinery Company Pension Plan

EIN: 31-0240600

PN: 002

<u>Type</u>	Present Value of Remaining <u>Installments</u>	<u>Date</u> <u>Established</u>	<u>Rem.</u> <u>Years</u>	<u>Amortization</u> <u>Installment</u>
Shortfall	\$ 120,781	01/01/2009	1	\$ 120,781
Shortfall	107,464	01/01/2010	2	54,971
Shortfall	193,731	01/01/2011	3	67,577
Shortfall	219,842	01/01/2012	4	58,819
Shortfall	(884,745)	01/01/2013	5	(193,635)
Shortfall	172,083	01/01/2014	6	32,392
Shortfall	883,023	01/01/2015	7	146,849
	<u>\$ 812,179</u>			<u>\$ 287,754</u>

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 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
► 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 Cincinnati Mine Machinery Company Pension Plan	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Cincinnati Mine Machinery Company	D Employer Identification Number (EIN) 31-0240600	
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>01</u> Day <u>01</u> Year <u>2015</u>			
2 Assets:			
a Market value	2a	6,375,792	
b Actuarial value	2b	6,486,173	
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	65	3,351,144	3,351,144
b For terminated vested participants	22	518,758	518,758
c For active participants	30	2,941,014	2,941,014
d Total	117	6,810,916	6,810,916
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	5.97 %	
6 Target normal cost	6	167,313	

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.																												
<table style="width:100%;"> <tr> <td style="width:15%; text-align: center;">SIGN HERE</td> <td style="width:45%; text-align: center;"> </td> <td style="width:40%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">Signature of actuary</td> <td style="text-align: center;">Date</td> </tr> <tr> <td></td> <td style="text-align: center;">Randall N. Smith</td> <td style="text-align: center;">09/25/2016</td> </tr> <tr> <td></td> <td style="text-align: center;">Type or print name of actuary</td> <td style="text-align: center;">14-06649</td> </tr> <tr> <td></td> <td style="text-align: center;">Cuni, Rust & Strenk</td> <td style="text-align: center;">Most recent enrollment number</td> </tr> <tr> <td></td> <td style="text-align: center;">Firm name</td> <td style="text-align: center;">(513) 891-0270</td> </tr> <tr> <td></td> <td style="text-align: center;">4555 Lake Forest Drive, Suite 620</td> <td style="text-align: center;">Telephone number (including area code)</td> </tr> <tr> <td></td> <td style="text-align: center;">US Cincinnati OH 45242-3760</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">Address of the firm</td> <td></td> </tr> </table>	SIGN HERE				Signature of actuary	Date		Randall N. Smith	09/25/2016		Type or print name of actuary	14-06649		Cuni, Rust & Strenk	Most recent enrollment number		Firm name	(513) 891-0270		4555 Lake Forest Drive, Suite 620	Telephone number (including area code)		US Cincinnati OH 45242-3760			Address of the firm		
SIGN HERE																												
	Signature of actuary	Date																										
	Randall N. Smith	09/25/2016																										
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	4555 Lake Forest Drive, Suite 620	Telephone number (including area code)																										
	US Cincinnati OH 45242-3760																											
	Address of the firm																											

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	498,810
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	30,482
9 Amount remaining (line 7 minus line 8)	0	468,328
10 Interest on line 9 using prior year's actual return of <u>4.08</u> %	0	19,108
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.19</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	487,436

Part III Funding Percentages

14 Funding target attainment percentage	14	88.07 %
15 Adjusted funding target attainment percentage	15	88.07 %
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	98.63 %
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
04/10/2015	10,000				
06/02/2015	75,000				
06/30/2015	75,000				
08/11/2015	75,000				
10/19/2015	75,000				
Totals ▶			18(b)	310,000	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	299,620

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
0	0	0	0

Part V Assumptions Used To Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.72 %2nd segment:
6.11 %3rd segment:
6.81 %☐ N/A, full yield curve used**b** Applicable month (enter code) **21b** 0**22** Weighted average retirement age **22** 65**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** 167,313**b** Excess assets, if applicable, but not greater than line 31a **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 812,179 Installment 287,754**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** 455,067

	Carryover balance	Prefunding Balance	Total balance
35 Balances elected for use to offset funding requirement	0	155,447	155,447

36 Additional cash requirement (line 34 minus line 35) **36** 299,620**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 299,620**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****Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011**42** Amount of acceleration adjustment **42****43** Excess installment acceleration amount to be carried over to future plan years **43**

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Cincinnati Mine Machinery Company Pension Plan

EIN: 31-0240600

PN: 002

1. Effective Date: October 1, 1943.
2. Plan Year: January 1st through December 31st.
3. Covered Employee: All non-leased employees of the Company.
4. Eligibility: January 1st or July 1st following the completion of 1 Year of Service during which 1,000 hours are worked. No new participants will enter the Plan after December 31, 2007.
5. Final Average Compensation: Average of the earnings received in the highest 3 consecutive Plan Years, excluding the 5 year period prior to the date of determination.
6. Year of Service: 1 Year of Service is earned for each Plan Year during which at least 1,000 hours are worked.
7. Normal Retirement:
 - a. Eligibility Age 65 and 5th anniversary of Plan participation.
 - b. Monthly Benefit 0.874% of Final Average Compensation multiplied by Years of Service with a maximum of 29.1% of Final Average Compensation.

Accrued Benefits are frozen as of December 31, 2007. Participants with 20 Years of Service, or who were age 57 with 13 Years of Service on December 31, 2007, will have their Accrued Benefit calculated without applying the benefit proration and future Final Average Compensation will be used.

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Cincinnati Mine Machinery Company Pension Plan

EIN: 31-0240600

PN: 002

8. Early Retirement:

- a. Eligibility Age 60 and 5th anniversary of participation.
- b. Monthly Benefit The product of (a) and (b) reduced by $\frac{5}{9}$ of 1% for each month Early Retirement precedes Normal Retirement:
 - (a) Normal Retirement Benefit based on Years of Service the participant would have earned had they worked until Normal Retirement and Final Average Compensation as of Early Retirement.
 - (b) A fraction, not to exceed 1, the numerator of which is the Years of Service at Early Retirement and the denominator of which is the Years of Service a participant would have earned had they not separated from employment until Normal Retirement.

9. Vested Retirement:

- a. Eligibility 5 Years of Service (immediate vesting prior to January 1, 2004).
- b. Monthly Benefit The product of (a) and (b):
 - (a) The Normal Retirement Benefit based on Years of Service the participant would have earned had he worked until Normal Retirement and Final Average Compensation as of the date of termination.
 - (b) A fraction, not to exceed 1, the numerator of which is the Years of Service at the termination date and the denominator of which is the Years of Service a participant would have earned had he not separated from employment until Normal Retirement.

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Cincinnati Mine Machinery Company Pension Plan

EIN: 31-0240600

PN: 002

10. Disability Retirement:

- | | |
|--------------------|--|
| a. Eligibility | Total and Permanent Disability. |
| b. Monthly Benefit | Calculated as for Vested Retirement based on Years of Service and Final Average Compensation as of the disability date. Disability benefits commence at the beginning of any month on or after the Early Retirement Date, reduced as for Early Retirement. |

11. Pre-Retirement Death:

- | | |
|--------------------|---|
| a. Eligibility | Immediate. |
| b. Monthly Benefit | Calculated as for an age 60 Early Retirement reflecting an Actuarial Equivalent 50% Joint & Survivor Annuity form of payment with death immediately after Early Retirement.

Beneficiaries of unmarried participants are entitled to a lump sum payment or Single Life Annuity Actuarially Equivalent to the participant's accrued benefit. |

12. Payment Forms:

- | | |
|-------------|--|
| a. Normal | 15-Year Certain and Life Annuity for single participants and an Actuarially Equivalent 50% Joint & Survivor Annuity (QJSA) for married participants. |
| b. Optional | 100% or 50% Joint & Survivor Annuity (QOSA), 5, 10 or 20-Year Certain and Life Annuity, or a Partial Lump Sum payment equal to 25% of the accrued benefit's lump sum value, and effective January 1, 2012 a full lump sum payment. |

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Cincinnati Mine Machinery Company Pension Plan

EIN: 31-0240600

PN: 002

13. Actuarial Equivalency:

- | | |
|-------------------------|--|
| a. Other Than Lump Sums | Revenue Ruling 2001-62 Mortality Table at 6.00%. |
| b. Lump Sums | 2015 IRS Applicable Mortality Table (under Rev. Ruling 2007-67) and the 417(e) segment interest rates for the November prior to the Plan Year. |

14. Maximum Compensation:

\$260,000 for participants during 2015.

15. Changes Since Last Year:

Benefit accruals were extended to a larger group of grandfathered participants. This change was reflected in the 2014 actuarial loss.

Schedule SB, line 19 – Discounted Employer Contributions.

Plan Name: Cincinnati Mine Machinery Company Pension Plan

EIN: 31-0240600

PN: 002

Effective Interest Rate: 5.97%

Late Quarterly Interest Rate: 10.97%

	<u>Date</u>	<u>Contribution Amount</u>	<u># Days to 1/1/2015</u>	<u>Discounted Contributions</u>
	4/10/2015	\$10,000	99	\$9,844
	6/2/2015	\$75,000	152	\$72,877
	6/30/2015	\$75,000	180	\$72,886
	8/11/2015	\$75,000	222	\$72,401
	10/19/2015	<u>\$75,000</u>	291	<u>\$71,612</u>
TOTAL		\$310,000		\$299,620

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

Plan Name: Cincinnati Mine Machinery Company Pension Plan

EIN: 31-0240600

PN: 002

1. Funding Segment Rates: 1.22%; 4.11%; 5.20% (January 2015) for Maximum.
4.72%; 6.11%; 6.81% (HATFA 2015) for Other Purposes.
2. Mortality Rates: 2015 Combined Static Mortality Table with Small Plan Adjustment.
3. Retirement Age: Age 65.
4. Termination Rates:

<u>Age</u>	<u>Rate</u>
25	0.053
30	0.048
40	0.038
50	0.015
55	0.003
60	0.000
5. Disability Rates: None.
6. Percent Married/Spousal Age: 100% with wives 3 years younger than their husbands.
7. Expense Load: \$0.

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

Plan Name: Cincinnati Mine Machinery Company Pension Plan

EIN: 31-0240600

PN: 002

- | | |
|--------------------------------------|---|
| 8. <u>Actuarial Cost Method:</u> | Unit Credit. |
| | |
| 9. <u>Actuarial Value of Assets:</u> | Asset smoothing as allowed under PPA. |
| | |
| 10. <u>Funding Salary Scale:</u> | 4.00%. |
| | |
| 11. <u>Changes Since Last Year:</u> | The mortality table and interest rate assumption was updated to 2015 in accordance with the Pension Protection Act of 2006 (PPA) and HATFA. |

Schedule SB, Line 26 – Schedule of Active Participant Data

Plan Name: Cincinnati Mine Machinery Company Pension Plan

EIN: 31-0240600

PN: 002

Years of credited service:

Attained Age	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	
	Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.	
	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 to 29	0		1		0		0		0		0		0		0		0		0	
30 to 34	0		1		0		0		0		0		0		0		0		0	
35 to 39	0		4		1		0		0		0		0		0		0		0	
40 to 44	0		0		1		1		0		0		0		0		0		0	
45 to 49	0		0		0		0		0		0		0		0		0		0	
50 to 54	0		2		0		1		0		0		0		0		0		0	
55 to 59	0		1		2		1		0		1		0		1		0		0	
60 to 64	0		0		0		1		1		2		0		3		2		0	
65 to 69	0		0		0		1		0		0		0		1		0		0	
70 & up	0		0		0		0		0		1		0		0		0		0	

Cincinnati Mine Machinery Company Pension Plan
 EIN: 31-0240600 Plan #002
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
 December 31, 2015

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
*	First American Government Obligation	Mutual Fund	\$ 167,244	\$ 167,244
	Harbor Capital Appreciation	Mutual Fund	248,177	328,889
	I Shares Msci Emerging Markets ETF	Mutual Fund	291,230	233,442
	I Shares Msci Eafe ETF	Mutual Fund	617,976	603,407
	Neuberger Berman Genesis Institutional	Mutual Fund	150,723	161,873
	Neuberger Berman Long Short Institutional	Mutual Fund	96,766	92,190
	Nuveen Real Estate Securities	Mutual Fund	220,270	245,477
	Boston Partners Long/Short Equity	Mutual Fund	89,943	89,023
	T Rowe Price Mid-Cap Growth	Mutual Fund	151,257	180,684
	T Rowe Price Mid-Cap Value	Mutual Fund	272,519	262,532
	Vanguard Equity Income	Mutual Fund	311,954	331,855
	Vanguard 500 Index Admiral	Mutual Fund	522,139	535,158
	Invesco Balanced-Risk Commodity Strategy	Mutual Fund	63,949	63,038
	American Century Diversified Bond	Mutual Fund	504,790	500,504
	Baird Aggregate Bond	Mutual Fund	596,500	586,095
	Eaton Vance Global Macro Absolute Return	Mutual Fund	220,736	214,341
	Federated Institutional High Yield Bond	Mutual Fund	250,000	243,309
	Loomis Sayles Strategic Alpha	Mutual Fund	230,117	212,875
	Nuveen Inflation Protected Securities	Mutual Fund	188,180	186,773
	Nuveen Short Term Bond	Mutual Fund	596,583	585,355
	Oppenheimer Senior Floating Rate I	Mutual Fund	257,341	233,273
	AQR Managed Futures Strategy	Mutual Fund	56,941	52,840
				<u>\$ 6,110,177</u>
*	Party-in-interest to the Plan			

00000901
29-D-12-D-78 -012-01
0401 -23-00890-01

Cincinnati Mine Machinery Company Pension Plan
EIN 31-0240600 Plan #002
Schedule H, Line 4j Schedule of Reportable Transactions
Year Ended December 31, 2015



CINCINNATI MINE PENSION
ACCOUNT 06-1158

Page 78 of 83
Period from January 1, 2015 to December 31, 2015

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
------	-----------------	----------------------	---------------	---------------------	-------------------	---------------------	-----------------------

BEGINNING MARKET VALUE

6,375,792.01

COMPARATIVE VALUE (5%)

318,789.60

CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE

NO TRANSACTIONS QUALIFIED FOR THIS SECTION

CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

NO TRANSACTIONS QUALIFIED FOR THIS SECTION

CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

Issue: 31846V203 - First Amer Govt Oblig Fund CI Y

01/05/2015	B	2,162.240	1.0000		- 2,162	2,162	
01/06/2015	B	2,573.960	1.0000		- 2,574	2,574	
01/07/2015	B	18.370	1.0000		- 18	18	
01/28/2015	B	2.160	1.0000		- 2	2	
01/29/2015	B	934.830	1.0000		- 935	935	
02/03/2015	B	2,093.630	1.0000		- 2,094	2,094	
02/04/2015	B	2,281.270	1.0000		- 2,281	2,281	
02/05/2015	B	18.350	1.0000		- 18	18	
02/26/2015	B	9.340	1.0000		- 9	9	
03/03/2015	B	2,081.010	1.0000		- 2,081	2,081	
03/04/2015	B	892.070	1.0000		- 892	892	
03/04/2015	B	1,291.080	1.0000		- 1,291	1,291	
03/05/2015	B	18.370	1.0000		- 18	18	
03/20/2015	B	8.290	1.0000		- 8	8	

00000901
29-D-12-D-78 -012-01
0401 -23-00890-01

Cincinnati Mine Machinery Company Pension Plan
EIN 31-0240600 Plan #002
Schedule H, Line 4j Schedule of Reportable Transactions
Year Ended December 31, 2015



CINCINNATI MINE PENSION
ACCOUNT 06-1158

Page 79 of 83
Period from January 1, 2015 to December 31, 2015

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
03/30/2015	B	1,137.020	1.0000		- 1,137	1,137	
03/31/2015	B	2,334.860	1.0000		- 2,335	2,335	
04/02/2015	B	843.940	1.0000		- 844	844	
04/06/2015	B	4,747.310	1.0000		- 4,747	4,747	
04/10/2015	B	10,000.000	1.0000		- 10,000	10,000	
04/21/2015	B	57.380	1.0000		- 57	57	
04/28/2015	B	7.760	1.0000		- 8	8	
04/29/2015	B	1,013.750	1.0000		- 1,014	1,014	
05/04/2015	B	3,137.710	1.0000		- 3,138	3,138	
05/14/2015	B	83,291.180	1.0000		- 83,291	83,291	
05/21/2015	B	7.520	1.0000		- 8	8	
05/29/2015	B	1,021.580	1.0000		- 1,022	1,022	
06/02/2015	B	4,048.080	1.0000		- 4,048	4,048	
06/03/2015	B	75,000.000	1.0000		- 75,000	75,000	
06/08/2015	B	18.270	1.0000		- 18	18	
06/18/2015	B	75.440	1.0000		- 75	75	
06/23/2015	B	2,443.460	1.0000		- 2,443	2,443	
06/29/2015	B	4,119.190	1.0000		- 4,119	4,119	
06/30/2015	B	8.180	1.0000		- 8	8	
06/30/2015	B	75,000.000	1.0000		- 75,000	75,000	
07/01/2015	B	1,828.000	1.0000		- 1,828	1,828	
07/02/2015	B	3,158.210	1.0000		- 3,158	3,158	

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
07/02/2015	B	2,241.010	1.0000		- 2,241	2,241	
07/06/2015	B	930.960	1.0000		- 931	931	
07/24/2015	B	7.110	1.0000		- 7	7	
07/30/2015	B	1,161.400	1.0000		- 1,161	1,161	
08/04/2015	B	4,315.030	1.0000		- 4,315	4,315	
08/05/2015	B	781.580	1.0000		- 782	782	
08/06/2015	B	18.400	1.0000		- 18	18	
08/11/2015	B	75,000.000	1.0000		- 75,000	75,000	
08/27/2015	B	6.500	1.0000		- 7	7	
08/28/2015	B	1,210.800	1.0000		- 1,211	1,211	
09/02/2015	B	3,219.900	1.0000		- 3,220	3,220	
09/03/2015	B	1,720.890	1.0000		- 1,721	1,721	
09/04/2015	B	18.310	1.0000		- 18	18	
09/21/2015	B	2,707.910	1.0000		- 2,708	2,708	
09/23/2015	B	2,554.080	1.0000		- 2,554	2,554	
09/30/2015	B	1,229.930	1.0000		- 1,230	1,230	
10/02/2015	B	6,506.490	1.0000		- 6,506	6,506	
10/05/2015	B	1,724.280	1.0000		- 1,724	1,724	
10/06/2015	B	16.060	1.0000		- 16	16	
10/13/2015	B	177.950	1.0000		- 178	178	
10/19/2015	B	75,000.000	1.0000		- 75,000	75,000	
10/29/2015	B	1,145.750	1.0000		- 1,146	1,146	

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/30/2015	B	53.120	1.0000		- 53	53	
11/03/2015	B	3,046.630	1.0000		- 3,047	3,047	
11/04/2015	B	1,054.250	1.0000		- 1,054	1,054	
11/05/2015	B	995.960	1.0000		- 996	996	
11/13/2015	B	2,172.310	1.0000		- 2,172	2,172	
11/19/2015	B	125,545.150	1.0000		- 125,545	125,545	
11/23/2015	B	120,380.250	1.0000		- 120,380	120,380	
11/27/2015	B	.010	1.0000				
12/03/2015	B	2,034.670	1.0000		- 2,035	2,035	
12/04/2015	B	5.750	1.0000		- 6	6	
12/16/2015	B	47,071.670	1.0000		- 47,072	47,072	
12/17/2015	B	10,276.630	1.0000		- 10,277	10,277	
12/21/2015	B	58,480.170	1.0000		- 58,480	58,480	
12/23/2015	B	2,142.280	1.0000		- 2,142	2,142	
12/24/2015	B	3,441.160	1.0000		- 3,441	3,441	
12/28/2015	B	13.320	1.0000		- 13	13	
12/29/2015	B	8,855.980	1.0000		- 8,856	8,856	
12/30/2015	B	1,607.430	1.0000		- 1,607	1,607	
Total For Buys				0	856,551	856,551	0
01/02/2015	S	- 27,508.710	1.0000		27,509	27,509	
01/09/2015	S	- 74,538.040	1.0000		74,538	74,538	

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DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/27/2015	S	- 4,165.880	1.0000		4,166	4,166	
02/02/2015	S	- 30,045.830	1.0000		30,046	30,046	
03/02/2015	S	- 28,747.590	1.0000		28,748	28,748	
04/01/2015	S	- 23,942.320	1.0000		23,942	23,942	
04/27/2015	S	- 4,249.870	1.0000		4,250	4,250	
05/01/2015	S	- 30,045.830	1.0000		30,046	30,046	
05/05/2015	S	- 49,293.820	1.0000		49,294	49,294	
05/18/2015	S	- 20,637.210	1.0000		20,637	20,637	
06/01/2015	S	- 30,045.830	1.0000		30,046	30,046	
07/01/2015	S	- 20,549.160	1.0000		20,549	20,549	
07/09/2015	S	- 61,829.620	1.0000		61,830	61,830	
07/13/2015	S	- 56,849.760	1.0000		56,850	56,850	
07/27/2015	S	- 4,169.480	1.0000		4,169	4,169	
08/03/2015	S	- 31,228.640	1.0000		31,229	31,229	
09/01/2015	S	- 31,228.640	1.0000		31,229	31,229	
10/01/2015	S	- 31,228.640	1.0000		31,229	31,229	
10/27/2015	S	- 4,039.230	1.0000		4,039	4,039	
11/02/2015	S	- 31,050.690	1.0000		31,051	31,051	
11/17/2015	S	- 54,126.400	1.0000		54,126	54,126	
11/24/2015	S	- 241,294.290	1.0000		241,294	241,294	
12/01/2015	S	- 29,869.610	1.0000		29,870	29,870	
12/02/2015	S	- 3,498.620	1.0000		3,499	3,499	

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Total For Sells				0	924,186	924,186	0
Total First Amer Govt Oblig Fund CI Y				0	1,780,737	1,780,737	0
GRAND TOTAL				0	1,780,737	1,780,737	0

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE
NO TRANSACTIONS QUALIFIED FOR THIS SECTION