

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
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Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015	
A	This return/report is for: ☐ a multiemployer plan; ☒ a single-employer 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 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 VAN DORN DEMAG CORPORATION EMPLOYEE RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 003
1c	Effective date of plan 04/20/1993
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) SUMITOMO (SHI) DEMAG PLASTICS MACHINERY 11792 ALAMEDA DRIVE STRONGSVILLE, OH 44149-3000
2b	Employer Identification Number (EIN) 58-1396267
2c	Plan Sponsor's telephone number 440-876-8960
2d	Business code (see instructions) 333200

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2016	JOHN MARTICH III
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			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 1034
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 40
a(2) Total number of active participants at the end of the plan year	6a(2) 40
b Retired or separated participants receiving benefits.....	6b 525
c Other retired or separated participants entitled to future benefits.....	6c 289
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 854
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 106
f Total. Add lines 6d and 6e	6f 960
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1B 3H 1I	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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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 VAN DORN DEMAG CORPORATION EMPLOYEE RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SUMITOMO (SHI) DEMAG PLASTICS MACHINERY	D Employer Identification Number (EIN) 58-1396267
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	47262290	
b	Actuarial value	2b	46721030	
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	634	29653171	29653171
b	For terminated vested participants	360	10964374	10964374
c	For active participants	40	2056767	2056767
d	Total	1034	42674312	42674312
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	6.23%	
6	Target normal cost	6	338272	

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		09/06/2016
Signature of actuary		Date
PAUL M. BAUGHER		14-06586
Type or print name of actuary		Most recent enrollment number
BUCK CONSULTANTS, LLC		314-725-0114
Firm name		Telephone number (including area code)
231 S BEMISTON, STE 400 ST LOUIS, MO 63105		
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	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>4.49</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		4370865
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>6.47</u> %		282795
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.....		4653660
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III Funding Percentages		
14 Funding target attainment percentage.....	14	109.48 %
15 Adjusted funding target attainment percentage	15	109.48 %
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	93.27 %
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
11/12/2015	1200000	0	08/10/2016	1000000	0
03/03/2016	1000000	0			
04/11/2016	1000000	0			
05/10/2016	1000000	0			
06/10/2016	1000000	0			
07/08/2016	1000000	0			
			Totals ►	18(b)	7200000
				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	6654123
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 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	338272	
b Excess assets, if applicable, but not greater than line 31a	31b	338272	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	6654123	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	6654123	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 VAN DORN DEMAG CORPORATION EMPLOYEE RETIREMENT PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 SUMITOMO (SHI) DEMAG PLASTICS MACHINERY	D Employer Identification Number (EIN) 58-1396267	

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)

FIFTH THIRD BANK

31-1051736

(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?
24 27	TRUSTEE	156255	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BUCK CONSULTANTS

13-3954297

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	42168	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FORWARD UNIPLAN

27-3053886

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	21660	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) 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>VAN DORN DEMAG CORPORATION EMPLOYEE RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SUMITOMO (SHI) DEMAG PLASTICS MACHINERY</u>	D Employer Identification Number (EIN) <u>58-1396267</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	0	2
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	5600000	6000000
	(2) Participant contributions	1b(2)		
	(3) Other	1b(3)	10312	14311
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	922099	1267381
	(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)	0	0
	(B) Common	1c(4)(B)	2281621	7982371
	(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)	38617089	33888343
	(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	47431121	49152408

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	33574	15698
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	33574	15698

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	47397547	49136710
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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)	7200000	
(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)		7200000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1467	
(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)		1467
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	184063	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1120726	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1304789
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	8895239	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	9252032	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-356793
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-136767	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-136767

		(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)		-1882152
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		6130544

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3993026	
(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)		3993026
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)	42168	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	177915	
(4) Other	2i(4)	178272	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		398355
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4391381

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1739163
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: CROWE HORWATH, LLP

(2) EIN: 35-0921680

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

	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			1000000
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>VAN DORN DEMAG CORPORATION EMPLOYEE RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SUMITOMO (SHI) DEMAG PLASTICS MACHINERY</u>	D Employer Identification Number (EIN) <u>58-1396267</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-1051736</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>38</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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2015
v. 150123

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: <u>63.7%</u> Investment-Grade Debt: <u>26.7%</u> High-Yield Debt: <u>2.0%</u> Real Estate: <u>5.7%</u> Other: <u>1.9%</u>
	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

VAN DORN DEMAG CORPORATION
EMPLOYEE RETIREMENT PLAN
Strongsville, Ohio

FINANCIAL STATEMENTS
December 31, 2015 and 2014

VAN DORN DEMAG CORPORATION
EMPLOYEE RETIREMENT PLAN
Strongsville, Ohio

FINANCIAL STATEMENTS
December 31, 2015 and 2014

CONTENTS

INDEPENDENT AUDITOR'S REPORT	1
FINANCIAL STATEMENTS	
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS	2
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	3
NOTES TO FINANCIAL STATEMENTS	4
SUPPLEMENTAL SCHEDULES	
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)	13
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS	16

INDEPENDENT AUDITOR'S REPORT

Plan Administrator
Van Dorn Demag Corporation
Employee Retirement Plan
Strongsville, OH

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Van Dorn Demag Corporation Employee Retirement Plan ("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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States 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 4, which was certified by Fifth Third Bank, 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 certification from the trustee as of December 31, 2015 and 2014 and for the years then ended that the information provided to the plan administrator by the trustee is complete and accurate.

(Continued)

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 Matters

The supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Line 4j – Schedule of Reportable Transactions as of and 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 purposes 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 the 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.

Crowe Horwath LLP

Columbus, Ohio
<>, 2016

VAN DORN DEMAG CORPORATION
EMPLOYEE RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
ASSETS		
Investments, at fair value	\$ 43,138,097	\$ 41,820,809
Receivables		
Employer contributions	6,000,000	5,600,000
Accrued interest and dividends	<u>14,311</u>	<u>10,312</u>
Total receivables	6,014,311	5,610,312
 Total assets	 49,152,408	 47,431,121
LIABILITIES		
Accrued expenses	<u>15,698</u>	<u>33,574</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$ 49,136,710</u>	 <u>\$ 47,397,547</u>

See accompanying notes to financial statements.

VAN DORN DEMAG CORPORATION
EMPLOYEE RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the years ended December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Additions		
Investment income:		
Net appreciation in fair value of investments	\$ -	\$ 168,259
Interest and dividends	<u>1,306,256</u>	<u>1,937,418</u>
Total investment income	1,306,256	2,105,677
Employer contribution	<u>7,200,000</u>	<u>7,130,000</u>
Total additions	8,506,256	9,235,677
Deductions		
Benefits paid to participants	3,993,026	4,384,305
Net depreciation in fair value of investments	2,375,712	-
Administrative expenses	<u>398,355</u>	<u>442,577</u>
Total deductions	<u>6,767,093</u>	<u>4,826,882</u>
Net (decrease)/increase	1,739,163	4,408,795
Net assets available for benefits		
Beginning of year	<u>47,397,547</u>	<u>42,988,752</u>
End of year	<u>\$ 49,136,710</u>	<u>\$ 47,397,547</u>

See accompanying notes to financial statements.

VAN DORN DEMAG CORPORATION
EMPLOYEE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2015 and 2014

NOTE 1 - DESCRIPTION OF PLAN

The following brief description of the Van Dorn Demag Corporation Employee Retirement Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete descriptions.

General: The Plan, which commenced on April 20, 1993 (the "Effective Date"), is a noncontributory defined benefit pension plan sponsored by Sumitomo (SHI) Demag Plastics Machinery (previously Van Dorn Demag Corporation) (the "Company") and benefits salaried and hourly employees of the Company employed prior to January 31, 2004 (or terminated but rehired prior to June 30, 2004). The Plan is a continuation of the Van Dorn Company Employee Retirement Plan (the "prior plan") as it applies to employees of the Company. Participants in the prior plan became participants as of the Effective Date. All other eligible employees became participants in the Plan on the dates of their respective employment. Years of benefit and vesting service earned under the prior plan are considered in determining vesting and pension benefits under the Plan. Effective December 31, 2006, the Plan was amended to cease the accrual of benefits to eligible participants, in which years of service will accrue from the date of hire through the participant's termination date or December 31, 2006, whichever date is earlier. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

On August 1, 2015 the Plan was amended to allow certain former or retired employees with an election during a specified period of time during 2015 to receive their normal, early or deferred vested retirement benefit in the form of a lump sum payment.

Normal Pension Benefits: Participating salaried employees are entitled to an annual pension benefit, generally provided through monthly installments, beginning at normal retirement (age 65), of one percent of the final average annual compensation (final average annual compensation is defined as the period of five consecutive years of compensation which yields the highest average compensation prior to retirement or termination or December 31, 2006, whichever is earlier) up to their social security covered compensation, multiplied by years of benefit service up to a maximum of 30 years (years of benefit service is defined as the amount equal to the period of time, computed to the nearest 1/12th year, commencing on the date on which one hour of completed service is attained, and terminating on the severance date or December 31, 2006, whichever is earlier, subject to certain provisions regarding breaks in service) plus one and one half percent of final average annual compensation in excess of social security covered compensation, multiplied by years of benefit service up to a maximum of 30 years.

Participating hourly employees at the Company's Strongsville, Ohio location ("SH employees") are entitled to a monthly benefit determined by multiplying the years of benefit service (not limited) earned through the date of retirement or termination or December 31, 2006, whichever is earlier, by the applicable rate at either the retirement or termination date or December 31, 2006, whichever is earlier. Effective January 17, 2005 through December 31, 2006 the applicable rate was \$33.50. From January 1, 2001 to January 16, 2005 the applicable rate was \$29.00. The applicable rate prior to January 1, 2001 was the rate in effect at the time of termination.

Former employees of the Company's now closed facilities, Fountain Inn and Duncan, South Carolina and Brunswick and Mohawk Drive, Strongsville, Ohio ("FDB employees"), are entitled to a monthly benefit equal to the applicable rate in effect at the time of retirement or termination, multiplied by the number of years of participation (not limited). Years of participation was defined as each plan year in which at least 1,800 hours of service was attained, with 1/12th of a year of participation credited for each 150 hours of service. Partial years of service were recognized.

Early Retirement Pension Benefits: The Plan permits early retirement, provided the participant has reached age 55 and has completed at least ten years of vesting service for salaried and SH employees or ten years of service for FDB employees, as defined under the Plan.

(Continued)

VAN DORN DEMAG CORPORATION
EMPLOYEE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2015 and 2014

NOTE 1 - PLAN DESCRIPTION (Continued)

The early retirement benefit to which a salaried, SH, or FDB participant is entitled is determined in the same manner as for normal retirement but is reduced by the early retirement factor of one third of one percent per month for each month prior to the retiree's normal retirement date.

Deferred Vested Pension Benefits: In the event of a participant's termination of service prior to reaching normal or early retirement age, the Plan provides a pension benefit determined in the same manner as for normal retirement, provided the participant has met the minimum vesting requirements under the Plan. Benefits may commence on the first day that the participant would have been eligible to receive an early retirement benefit, subject to the early retirement factor, or delayed to date of normal retirement.

Disability Pension Benefits: In the event of a participant's termination of service prior to reaching normal retirement age due to a permanent and total disability (as defined by the Plan), the Plan provides a disability benefit determined in the same manner as for normal retirement, provided the participant has met the minimum vesting requirements under the Plan. Benefits may commence the first day of the month following the month in which the participant becomes eligible for the disability benefit.

Death Pension Benefits: In the event of a participant's death or unless elected otherwise, the Plan provides for a life annuity to the participant's surviving spouse (or beneficiary) equal to 50% of the reduced monthly benefit amount to which the participant was entitled at the time of death or December 31, 2006, whichever is earlier. Benefits may commence on the first day that the participant would have been eligible to receive an early retirement benefit, subject to the early retirement factor, or delayed to date of normal retirement.

Form of Payment: Benefit payments are available in the form of a single life annuity, joint and survivor annuity or as a lump sum payment.

Vesting: Participants under the Plan are vested following the completion of three years of vesting service. A non-FDB employee shall be credited with years of vesting service in the same manner as determined for crediting years of benefit service.

A FDB employee shall be credited with a year of vesting service for each plan year in which the employee earns 1,000 hours of service, or if less than 1,000 hours, 1/12th of a year for each 83 hours of service.

Administrative Expenses: The Plan's administrative expenses are paid by either the Plan or the Company, as provided by the Plan's provisions. Administrative expenses paid by the Plan include recordkeeping, actuarial and trustee fees. Investment management fees are charged to the Plan as a reduction of investment return and included in the investment income reported by the Plan. All other administrative expenses of the Plan are paid by the Company on behalf of the Plan.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following are the significant policies followed by the Plan.

Basis of Accounting: The accompanying financial statements have been prepared on the accrual basis of accounting.

Benefit Payments: Benefits are recorded when paid.

(Continued)

VAN DORN DEMAG CORPORATION
EMPLOYEE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2015 and 2014

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures, and actual results may differ from those estimates. It is at least reasonably possible that a significant change may occur in the near term for the estimates of the actuarial present value of accumulated plan benefits.

Risks and Uncertainties: Investments are exposed to various risks such as interest rate, market, liquidity, and credit risks. Due to the level of risk associated with certain Plan investments, it is at least reasonably possible that changes in the values of certain Plan investments will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

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.

Investment Valuation and Income Recognition: The Plan's investments are reported at fair value. 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 basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Adoption of New Accounting Standards: In July 2015 the Financial Accounting Standards Board amended various disclosure requirements applicable to investments held by defined benefit pension plans. The new guidance also eliminates or simplifies various disclosure requirements applicable to plan investments. Adoption of the new guidance resulted in the reporting of investments within the fair value hierarchy by general type rather than by classes of investments, and other changes in investment disclosure requirements. The Plan elected early adoption of this standard which requires retrospective application to all periods presented. The adoption of this standard had no material effect on the Plan's net assets available for benefits or changes therein.

NOTE 3 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Actuarial Present Value of Accumulated Plan Benefits: Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during their last five years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years ending on the date as of which the benefit information is presented (valuation date). Benefits payable under all circumstances — retirement, death, disability, and termination of employment — are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

(Continued)

VAN DORN DEMAG CORPORATION
EMPLOYEE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2015 and 2014

NOTE 3 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

The actuarial present value of accumulated plan benefits is determined by an independent actuary from Buck Consultants and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuations as of December 31, 2014 were as follows:

Mortality basis:	IRS 2015 prescribed
Retirement age:	Varying by age, ranging from 2% (age 55), 5% (age 60) and 100% (age 65)
Assumed rate of return:	7.25%

The foregoing 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 actuarial present value of accumulated plan benefit information as of December 31, 2014 was as follows:

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving payments	\$ 28,445,328
Terminated participants	10,070,616
Active participants	<u>1,898,990</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 40,414,934</u>

The change in the actuarial present value of accumulated plan benefits for the year ended December 31, 2014, is as follows:

Actuarial present value of accumulated plan benefits as of December 31, 2013	\$ 39,409,556
Increase (decrease) during the year attributable to:	
Actuarial (gains)/losses - net	934,862
Increase for interest due to the decrease in the discount period	2,701,042
Benefits paid	(4,384,305)
Change in actuarial assumptions	<u>1,753,779</u>
Net increase	<u>1,005,378</u>
Actuarial present value of accumulated plan benefits as of December 31, 2014	<u>\$ 40,414,934</u>

The increase for change in actuarial assumptions is due to a change in the mortality assumption from the IRS 2014 prescribed table to the IRS 2015 prescribed table. An actuarial valuation of the Plan's accumulated Plan benefits as of December 31, 2015, has not yet been completed.

(Continued)

VAN DORN DEMAG CORPORATION
EMPLOYEE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2015 and 2014

NOTE 4 – CERTIFIED INVESTMENTS – UNAUDITED INFORMATION

Substantially all information pertaining to the Plan's investments included in the financial statements, including the associated investment income (loss), was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Fifth Third Bank the trustee of the Plan. This information has not been audited by independent accountants.

NOTE 5 - FAIR VALUE MEASUREMENTS

Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following paragraphs describe the valuation methods and assumptions used by the Plan to estimate the fair values of investments held.

Mutual Funds, Exchange Traded Funds, and Common Stocks: The fair values of mutual fund investments, exchange traded funds and common stocks are determined by obtaining quoted prices on nationally recognized securities exchanges (level 1 inputs).

Investments measured at fair value on a recurring basis are summarized below:

<u>December 31, 2015</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Common Stocks	\$ 7,982,373	\$ -	\$ -
Exchange traded fund	6,277,261	-	-
Mutual Funds	<u>28,878,463</u>	<u>-</u>	<u>-</u>
Total investments at fair value	<u>\$ 43,138,097</u>	<u>\$ -</u>	<u>\$ -</u>

(Continued)

VAN DORN DEMAG CORPORATION
EMPLOYEE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2015 and 2014

NOTE 5 - FAIR VALUE MEASUREMENTS (Continued)

<u>December 31, 2014</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Common Stocks	\$ 2,281,622	\$ -	\$ -
Exchange traded fund	3,679,623	-	-
Mutual funds	<u>35,859,564</u>	<u>-</u>	<u>-</u>
Total investments at fair value	<u>\$ 41,820,809</u>	<u>\$ -</u>	<u>\$ -</u>

NOTE 6 – FUNDING POLICY

Employer contributions to the Plan are made in amounts approved by Plan management. Such contribution amounts must adhere to or exceed the minimum funding requirements under ERISA, as determined by the Plan's actuary. The Company's contributions to the Plan for the years ended December 31, 2015 and 2014 satisfied the minimum funding requirements of ERISA. Participant contributions are not permitted under the Plan.

NOTE 7 - PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA and its related regulations. In the event the Plan terminates, the net assets of the Plan will be allocated among the participants and beneficiaries of the Plan in the order provided by ERISA.

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 age 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.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

NOTE 8 – PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under Department of Labor ("DOL") regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Fees for the investment management services are paid directly and indirectly by the Plan. The Plan paid fees for trustee and actuarial services to parties-in-interest during the year. These transactions are not considered prohibited transactions. Certain professional fees for the administration of the Plan were paid by the Company. Various administrative functions of the Plan are performed by employees of the Company. No such Employee received compensation from the Plan.

(Continued)

VAN DORN DEMAG CORPORATION
EMPLOYEE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2015 and 2014

NOTE 9 - TAX STATUS

The Internal Revenue Service has determined and informed the Company, by a letter dated November 21, 2013, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, Plan management believes that the Plan is designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 30, 2015 and 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing authorities; however, there are currently no audits for any tax periods in progress.

NOTE 10 – SUBSEQUENT EVENTS

Plan management has evaluated subsequent events for recognition through <>, 2016, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

VAN DORN DEMAG CORPORATION
EMPLOYEE RETIREMENT PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2015

Name of Plan Sponsor: Sumitomo (SHI) Demag Plastics Machinery
Employer Identification Number: 58-1396267
Three-Digit Plan Number: 003

(a)	(b) Identity of Issuer or Borrower	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current Value
<u>Common Stock</u>				
	Weyerhaeuser Co.	2,121 shares	\$ 67,127	\$ 63,588
	Abbvie Inc.	1,901 shares	118,163	112,615
	Aetna Inc.	1,129 shares	120,586	122,067
	Agree Realty Corp.	650 shares	22,801	22,094
	Alphabet Inc.	165 shares	106,450	128,372
	Alexandria Real Estate Equities Inc.	837 shares	61,555	75,631
	Amdocs Limited	2,053 shares	111,599	112,032
	American Campus Communitys Inc.	936 shares	41,542	38,694
	American Tower Corp.	766 shares	72,195	74,264
	Ameriprise Financial Inc.	1,042 shares	132,915	110,890
	Amgen Inc.	750 shares	121,196	121,748
	Alaska Air Group Inc.	1,600 shares	125,882	128,816
	Apartment Investment & Management Co.	1,113 shares	29,976	44,553
	Apple Inc.	1,022 shares	126,983	107,576
	AT&T Inc.	2,262 shares	73,442	77,835
	Avalonbay Communities Inc	317 shares	39,245	58,369
	Biomed Realty Trust Inc.	1,770 shares	43,826	41,931
	Boeing Co.	908 shares	133,399	131,288
	Boston Properties, Inc.	493 shares	49,531	62,877
	Brixmor Property Group Inc.	2,349 shares	62,127	60,651
	Broadridge Financial Solutions	2,203 shares	116,089	118,367
	Cardinal Health Inc.	1,344 shares	118,952	119,979
	CDW Corp.	2,927 shares	111,043	123,051
	Chevron Corporation	1,262 shares	124,734	113,530
	Cisco Systems Inc.	4,315 shares	120,234	117,174
	Citigroup Inc.	2,082 shares	115,075	107,744
	CMS Energy Corp.	2,667 shares	91,822	96,225
	Comcast Cor. CL A	2,088 shares	121,366	117,826
	Crown Castle Intl Corp.	840 shares	72,549	72,618
	Cubesmart	1,980 shares	54,338	60,628
	CVS Health Corporation	1,231 shares	122,362	120,355
	Digital Realty	747 shares	48,062	56,488
	DR Horton Inc.	3,647 shares	114,109	116,813
	Dr Pepper Snapple Group Inc.	1,384 shares	106,440	128,989
	Education Rlty Tr Inc.	1,043 shares	38,453	39,509
	EPR Properties	1,025 shares	46,273	59,911
	East Group Properties, Inc.	744 shares	33,115	41,374
	Exxon Mobil Corp.	1,485 shares	124,887	115,755
	Federal Realty Investment Trust	489 shares	46,879	71,443
	First Industrial Realty Inc.	1,792 shares	39,496	39,655
	General Dynamics Corp.	822 shares	115,099	112,910
	General Electric Co.	4,338 shares	131,479	135,129
	GEO Group, Inc.	741 shares	24,989	21,422

(Continued)

VAN DORN DEMAG CORPORATION
EMPLOYEE RETIREMENT PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2015

Name of Plan Sponsor: Sumitomo (SHI) Demag Plastics Machinery
Employer Identification Number: 58-1396267
Three-Digit Plan Number: 003

(a)	(b) Identity of Issuer or Borrower	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current Value
	Gilead Sciences Inc.	1,130 shares	\$ 114,795	\$ 114,345
	Goldman Sachs Group	596 shares	122,362	107,417
	Gramercy Property Trust Inc.	5,087 shares	37,850	39,272
	Hartford Financial Services Grp	2,409 shares	115,458	104,695
	HCP, Inc.	845 shares	32,418	32,313
	Hospitality Properties Trust	2,061 shares	57,504	53,895
	Host Hotels & Resorts, Inc.	3,460 shares	56,240	53,076
	Interpublic Group Cos Inc.	4,975 shares	117,146	115,818
	Iron Mountain Inc.	1,697 shares	65,586	45,836
	Johnson & Johnson	1,181 shares	117,067	121,312
	Kimberly Clark Corp.	1,053 shares	112,241	134,047
	Kite Realty Group Trust	1,406 shares	43,568	36,458
	Kroger Co.	3,131 shares	112,557	130,970
	LAM Resh Corp,	1,717 shares	121,791	136,364
	LTC Properties, Inc.	845 shares	25,491	36,453
	Lear Corp.	948 shares	119,078	116,443
	Lowes Cos Inc.	1,593 shares	114,863	121,132
	Lyondellbasell Industries	957 shares	91,095	83,163
	Microsoft Corp.	2,294 shares	107,855	127,271
	National Retail Properties	1,128 shares	29,556	45,176
	Northstar Realty Financial Corp	2,102 shares	52,406	35,797
	Omega Healthcare Investment Inc.	3,228 shares	121,006	112,915
	Outfront Media Inc.	1,769 shares	49,970	38,617
	Pfizer Inc.	3,488 shares	121,200	112,593
	PNC Financial Services Group	1,222 shares	110,681	116,469
	Principal Financial Grop Inc.	2,356 shares	128,567	105,972
	Qorvo Inc.	2,215 shares	163,132	112,744
	Reynolds American Inc.	2,711 shares	102,430	125,113
	RMR Group Inc.	34 shares	404	490
	Royal Caribbean Cruises Ltd.	1,316 shares	105,065	133,192
	Schlumberger Ltd.	1,404 shares	125,196	97,929
	Sealed Air Corp.	1,802 shares	83,979	80,369
	Simon Property Group, Inc.	837 shares	91,871	162,746
	Skyworks Solutions Inc.	1,426 shares	132,189	109,560
	Stanley Black & Decker Inc.	1,224 shares	128,329	130,638
	Steris PLC SHS	1,585 shares	119,023	119,414
	Suntrust BKS Inc.	2,695 shares	111,119	115,454
	Target Corp.	1,532 shares	121,528	111,239
	Terreno Realty Corp.	1,859 shares	44,223	42,051
	Tesoro Corporation	981 shares	83,963	103,368
	Ventas, Inc.	653 shares	31,919	36,849
	Verizon Communications Inc.	1,404 shares	68,582	64,893
	Vornado Realty Trust	466 shares	44,413	46,581
	Weingarten Realty Investors	1,208 shares	28,943	41,773

(Continued)

VAN DORN DEMAG CORPORATION
EMPLOYEE RETIREMENT PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2015

Name of Plan Sponsor: Sumitomo (SHI) Demag Plastics Machinery
Employer Identification Number: 58-1396267
Three-Digit Plan Number: 003

(a)	(b) Identity of Issuer or Borrower	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current Value
	Wells Fargo & Company	2,075 shares	112,013	112,797
	Welltower Inc.	841 shares	42,569	57,213
	Xcel Energy Inc.	2,711 shares	92,895	97,355
	Total Common Stock		7,830,521	7,982,373
	<u>Mutual Funds</u>			
	Federated Investors	Federated Municipal Obligations Fund	\$ 1,267,381	\$ 1,267,381
	Dodge & Cox	Dodge & Cox Income Fund	5,360,002	5,153,765
	Hotchkis & Wiley Capital Management	Hotchkis & Wiley High Yield Fund	1,955,899	1,727,961
	Sentinel Investments	Sentinel Total Return Bond Fund	5,335,001	5,161,377
	Franklin Templeton Investments	Franklin Templeton International Bond Fund	1,860,298	1,561,602
	American Century Investments	American Century Mid Cap Value Fund	1,007,975	1,107,791
	Dodge & Cox Funds	International Stock Fund	4,124,684	3,815,983
	American Funds	EuroPacific Growth Fund	3,958,191	3,940,437
	Oppenheimer Funds	Developing Markets Fund	1,992,242	1,758,756
	Principal	Principal Midcap Blend Fund	1,300,000	1,242,340
	T. Rowe Price	T. Rowe Price New Horizons Fund	2,151,873	2,141,070
	Total Mutual Funds		30,313,546	28,878,463
	<u>Exchange Traded Funds</u>			
	IShares	Russell 1000 Index	5,113,318	6,277,261
				<u>\$ 43,138,097</u>

VAN DORN DEMAG CORPORATION
EMPLOYEE RETIREMENT PLAN
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
For the year ended December 31, 2015

Name of Plan Sponsor: Van Dorn Demag Corporation
Employer Identification Number: 34-1733242
Three-Digit Plan Number: 003

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category (i) – A single transactions in excess of 5% of the current value of Plan assets:								
Fidelity	Fidelity Advisor New Insights Class I	-	3,523,622	-	-	2,460,969	3,523,622	1,062,653
MFS	MFS Value Class I	-	3,346,958	-	-	2,611,722	3,346,958	735,236
Category (iii) – A series of transactions in the same security in excess of 5% of the current value of Plan assets:								
Federated	Municipal Obligations Fund	\$ 5,040,555 -	\$ - 4,695,273	\$ - -	\$ - -	\$ 5,040,555 4,695,273	\$ 5,040,555 4,695,273	\$ - -
Fidelity	Fidelity Advisor New Insights Class I	19,320 -	- 3,523,622	- -	- -	19,320 2,460,969	19,320 3,523,622	- 1,062,653
MFS	MFS Value Class I Fund	20,982 -	- 3,346,958	- -	- -	20,982 2,611,722	20,982 3,346,958	- 735,236
IShares	IShares Russell 1000	2,702,472	-	-	-	2,702,472	2,702,472	-

See Independent Auditor's Report

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Van Dorn Demag Corporation Employee Retirement Plan

EIN/PN: 58-1396267 / 003

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

Prescribed Funding Assumptions and Methods

The following assumptions and methods are prescribed by ERISA.

Funding interest rates

For 2015 Plan Year: Segment Rates with four-month lookahead, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	1.15%	4.72%
Second Segment Rate	4.06%	6.11%
Third Segment Rate	5.15%	6.81%

Effective Interest Rate
Based on constrained rates 6.23%

For 2014 Plan Year: Segment Rates with four-month lookahead, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	1.37%	4.99%
Second Segment Rate	4.05%	6.32%
Third Segment Rate	5.06%	6.99%

Effective Interest Rate
Based on constrained rates 6.47%

* Used for maximum tax-deduction purposes

** Used for minimum funding and benefit restriction purposes

Mortality

Mortality tables mandated by PPA as specified in IRS Regulation 1.430(h)(3)-1, applied on a static basis, projected 7 years from the valuation date for annuitants and 15 years for non-annuitants. For disabled participants, mortality is based on Rev. Rule 96-97 Post 1994 Disabled Mortality.

Actuarial cost method

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

Van Dorn Demag Corporation Employee Retirement Plan

EIN/PN: 58-1396267 / 003

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods

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

Expenses

Expected plan administrative expenses of \$160,000 plus this year's expected PBGC premiums payable from the plan were added to the Target Normal Cost.

Frequency of optional payment forms

100% of participants are assumed to take a life annuity.

Deferred Vested Commencement

Assumed to commence at age 65.

Marital percentage

80% of male participants and 50% of female participants are assumed to be married at death. Husbands are assumed to be 2 years older than their wives.

Mortality table

The mortality table is applied on a static basis. Separate annuitant and non-annuitant tables were used.

Retirement rates

Beginning at the age of 55, the following rates are assumed:

Age	Rate of Retirement	Age	Rate of Retirement
55	0.02	61	0.10
56	0.02	62	0.20
57	0.03	63	0.15
58	0.03	64	0.15
59	0.04	65	1.00
60	0.05		

In addition, for purposes of determining at-risk Funding Target and at-risk Target Normal Cost, employees eligible to retire and receive a benefit in the next 11 years are assumed to retire when first eligible (but not before the end of the current plan year) and will elect to receive the form of benefit producing the highest present value.

Van Dorn Demag Corporation Employee Retirement Plan

EIN/PN: 58-1396267 / 003

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Disability rates

Wyatt 1985 Study Disability Incidence Class 1 Rates for males and females, with the following sample rates:

Age	Males	Female
25	.00038	.00047
35	.00069	.00136
45	.00202	.00323
55	.00722	.00952
65	.01753	.01358

Withdrawal rates

Rates specific to males and females, with the following sample rates:

Age	Males	Female
25	0.097	0.136
35	0.057	0.079
45	0.028	0.055
55	0.000	0.000

Note: Only applicable to participants not eligible for retirement.

Asset rate of return

The actuary's expected rate of return is based on the plan's asset allocation and forward-looking expected rates of return by asset category.

Asset valuation method

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

	Actuary's Assumption	Third Segment Rate	Reflecting PPA Limit
2015 Expected Return	7.25%	6.81%	6.81%
2014 Expected Return	7.25%	6.99%	6.99%
2013 Expected Return	7.25%	6.76%	6.76%

Van Dorn Demag Corporation Employee Retirement Plan

EIN/PN: 58-1396267 / 003

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Future actuarial measurements

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

Summary of Changes from the January 1, 2014 Valuation

- The interest rates and mortality tables were updated to those applicable to the current plan year in accordance with PPA, MAP-21, and HATFA. These changes increased the Funding Target by approximately \$1,600,000.
- Assumed expenses were changed from \$190,000 to \$160,000 plus the expected PBGC premiums payable from the plan.

VAN DORN DEMAG CORPORATION
EMPLOYEE RETIREMENT PLAN
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
For the year ended December 31, 2015

Name of Plan Sponsor: Van Dorn Demag Corporation
Employer Identification Number: 34-1733242
Three-Digit Plan Number: 003

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category (i) – A single transactions in excess of 5% of the current value of Plan assets:								
Fidelity	Fidelity Advisor New Insights Class I	-	3,523,622	-	-	2,460,969	3,523,622	1,062,653
MFS	MFS Value Class I	-	3,346,958	-	-	2,611,722	3,346,958	735,236
Category (iii) – A series of transactions in the same security in excess of 5% of the current value of Plan assets:								
Federated	Municipal Obligations Fund	\$ 5,040,555 -	\$ - 4,695,273	\$ - -	\$ - -	\$ 5,040,555 4,695,273	\$ 5,040,555 4,695,273	\$ - -
Fidelity	Fidelity Advisor New Insights Class I	19,320 -	- 3,523,622	- -	- -	19,320 2,460,969	19,320 3,523,622	- 1,062,653
MFS	MFS Value Class I Fund	20,982 -	- 3,346,958	- -	- -	20,982 2,611,722	20,982 3,346,958	- 735,236
IShares	IShares Russell 1000	2,702,472	-	-	-	2,702,472	2,702,472	-

See Independent Auditor's Report

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 VAN DORN DEMAG CORPORATION EMPLOYEE RETIREMENT PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Sumitomo (SHI) Demag Plastics Machinery	D Employer Identification Number (EIN) 58-1396267	
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	47,262,290	
b Actuarial value	2b	46,721,030	
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	634	29,653,171	29,653,171
b For terminated vested participants	360	10,964,374	10,964,374
c For active participants	40	2,056,767	2,056,767
d Total	1,034	42,674,312	42,674,312
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.23%	
6 Target normal cost	6	338,272	

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

SIGN HERE	<u>Paul M. Baugher</u> <i>PMB</i> Signature of actuary	<u>9/6/2016</u> Date
	PAUL M. BAUGHER Type or print name of actuary	1406586 Most recent enrollment number
	BUCK CONSULTANTS, LLC Firm name	314-725-0114 Telephone number (including area code)
	231 S BEMISTON, STE 400 ST LOUIS MO 63105 Address of the firm	

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

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

Schedule SB (Form 5500) 2015
v. 150123

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	4	
22 Weighted average retirement age	22	63	
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	338,272	
b Excess assets, if applicable, but not greater than line 31a	31b	338,272	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	6,654,123	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	6,654,123	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

Van Dorn Demag Corporation Employee Retirement Plan

EIN/PN: 58-1396267 / 003

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

This table calculates the weighted average retirement age for all active persons in the plan

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	15.4859	0.0101	0.1564	8.6006
56	21.1859	0.0199	0.4215	23.6031
57	21.5434	0.0298	0.6425	36.6228
58	22.6518	0.0298	0.6752	39.1591
59	25.6882	0.0397	1.0203	60.1948
60	26.3118	0.0496	1.3054	78.3243
61	26.6097	0.0992	2.6386	160.9517
62	26.5458	0.1982	5.2610	326.1789
63	21.8516	0.1485	3.2457	204.4796
64	18.2115	0.1484	2.7034	173.0147
65	15.1589	1.0000	<u>15.1589</u>	<u>985.3271</u>
Total			33.2286	2,096.4567
Weighted Average Retirement Age = 2,096.4567 / 33.2286				63.09
Rounded Weighted Average Retirement Age				63

Note to Column 2: The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

Note to Column 3: At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

General note: The table presents values rounded to fewer significant digits than used in the calculation.



Van Dorn Demag Corporation Employee Retirement Plan
EIN/PN: 58-1396267 / 003

Schedule SB, Line 24 - Change in Actuarial Assumptions

- Assumed expenses were changed from \$190,000 to \$160,000 plus the expected PBGC premiums payable from the plan due to a decrease in plan administrative expenses.

[illegible]

Van Dorn Demag Corporation Employee Retirement Plan

EIN/PN: 58-1396267 / 003

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

Prescribed Funding Assumptions and Methods

The following assumptions and methods are prescribed by ERISA.

Funding interest rates

For 2015 Plan Year: Segment Rates with four-month lookahead, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	1.15%	4.72%
Second Segment Rate	4.06%	6.11%
Third Segment Rate	5.15%	6.81%

Effective Interest Rate
Based on constrained rates 6.23%

For 2014 Plan Year: Segment Rates with four-month lookahead, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	1.37%	4.99%
Second Segment Rate	4.05%	6.32%
Third Segment Rate	5.06%	6.99%

Effective Interest Rate
Based on constrained rates 6.47%

* Used for maximum tax-deduction purposes

** Used for minimum funding and benefit restriction purposes

Mortality

Mortality tables mandated by PPA as specified in IRS Regulation 1.430(h)(3)-1, applied on a static basis, projected 7 years from the valuation date for annuitants and 15 years for non-annuitants. For disabled participants, mortality is based on Rev. Rule 96-97 Post 1994 Disabled Mortality.

Actuarial cost method

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

Van Dorn Demag Corporation Employee Retirement Plan

EIN/PN: 58-1396267 / 003

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods

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

Expenses

Expected plan administrative expenses of \$160,000 plus this year's expected PBGC premiums payable from the plan were added to the Target Normal Cost.

Frequency of optional payment forms

100% of participants are assumed to take a life annuity.

Deferred Vested Commencement

Assumed to commence at age 65.

Marital percentage

80% of male participants and 50% of female participants are assumed to be married at death. Husbands are assumed to be 2 years older than their wives.

Mortality table

The mortality table is applied on a static basis. Separate annuitant and non-annuitant tables were used.

Retirement rates

Beginning at the age of 55, the following rates are assumed:

Age	Rate of Retirement	Age	Rate of Retirement
55	0.02	61	0.10
56	0.02	62	0.20
57	0.03	63	0.15
58	0.03	64	0.15
59	0.04	65	1.00
60	0.05		

In addition, for purposes of determining at-risk Funding Target and at-risk Target Normal Cost, employees eligible to retire and receive a benefit in the next 11 years are assumed to retire when first eligible (but not before the end of the current plan year) and will elect to receive the form of benefit producing the highest present value.

Van Dorn Demag Corporation Employee Retirement Plan

EIN/PN: 58-1396267 / 003

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Disability rates

Wyatt 1985 Study Disability Incidence Class 1 Rates for males and females, with the following sample rates:

Age	Males	Female
25	.00038	.00047
35	.00069	.00136
45	.00202	.00323
55	.00722	.00952
65	.01753	.01358

Withdrawal rates

Rates specific to males and females, with the following sample rates:

Age	Males	Female
25	0.097	0.136
35	0.057	0.079
45	0.028	0.055
55	0.000	0.000

Note: Only applicable to participants not eligible for retirement.

Asset rate of return

The actuary's expected rate of return is based on the plan's asset allocation and forward-looking expected rates of return by asset category.

Asset valuation method

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

	Actuary's Assumption	Third Segment Rate	Reflecting PPA Limit
2015 Expected Return	7.25%	6.81%	6.81%
2014 Expected Return	7.25%	6.99%	6.99%
2013 Expected Return	7.25%	6.76%	6.76%

Van Dorn Demag Corporation Employee Retirement Plan

EIN/PN: 58-1396267 / 003

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Future actuarial measurements

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

Summary of Changes from the January 1, 2014 Valuation

- The interest rates and mortality tables were updated to those applicable to the current plan year in accordance with PPA, MAP-21, and HATFA. These changes increased the Funding Target by approximately \$1,600,000.
- Assumed expenses were changed from \$190,000 to \$160,000 plus the expected PBGC premiums payable from the plan.

Van Dorn Demag Corporation Employee Retirement Plan

EIN/PN: 58-1396267 / 003

Schedule SB, Part V - Summary of Plan Provisions

Effective date

April 20, 1993.

Subsequent amendments

January 1, 2001; January 31, 2005; December 31, 2006.

Eligible employees

Participants in the prior plan become participants as of the effective date. All other eligible employees become participants at employment. Special rules apply to part-time employees.

Service to determine amount of benefit

Service is credited for benefit accruals based on the period of service since employment to the nearest 1/12 of a year. Service credited under the prior plan as of April 20, 1993 is included under the plan. Service while covered by a union plan or while an employee of a related entity that has not adopted the plan is not included in credited service.

Service for vesting

Similar to benefit service, but includes service while covered by a union plan or while an employee of a related entity that has not adopted the plan.

Benefit eligibility

Normal retirement

Age 65.

Early retirement

The first day of the month coincident with or following after the participant attains age 55 and completes ten years of vesting service.

Disability

A participant who has a total and permanent disability while in the active service of the company after completing 15 years of vesting service.

Deferred vested

100% vested after five years of vesting service.

Van Dorn Demag Corporation Employee Retirement Plan

EIN/PN: 58-1396267 / 003

Schedule SB, Part V - Summary of Plan Provisions (continued)

Retirement benefits

Normal retirement

All benefit accruals under the Plan are frozen as of December 31, 2006.

Salaried Employees

The greater of (1) and (2), plus (3), below:

- (1) 1% of final average compensation, plus 0.5% of the excess, if any, of final average compensation over covered compensation, multiplied by benefit service rendered after December 31, 1988 to maximum of 30 years, divided by 12 to be expressed in terms of a monthly benefit.
- (2) \$13.50 multiplied by benefit service rendered after December 31, 1989; this amount is expressed in terms of a monthly benefit.
- (3) \$4.00 multiplied by benefit service rendered prior to January 1, 1989; this amount is expressed in terms of a monthly benefit.

Hourly (Strongsville) Employees

Effective February 1, 2005, the monthly benefit equals \$33.50, multiplied by benefit service. Prior to February 1, 2005, the monthly benefit was \$29.00, multiplied by benefit service. Prior to January 1, 2001, the monthly benefit was \$28.00, multiplied by benefit service.

Satellite Employees

Effective February 1, 2005 the monthly benefit equals \$33.50 multiplied by benefit service. Prior to February 1, 2005, the monthly benefit was \$19.50, multiplied by benefit service. Prior to January 1, 2001, the monthly benefit was \$18.50, multiplied by benefit service.

Note: Satellite participants transferred to Hourly (Strongsville) begin to earn future benefits under the Hourly formula as of their date of transfer.

Early retirement

The accrued benefit as determined above reduced by 1/3 of 1% for each month that the benefit commencement date precedes the participant's normal retirement date.

Disability

The accrued benefit determined at date of disability is payable without reduction for early commencement.

Deferred vested

Accrued normal retirement benefit based on benefit service to termination date. Benefit is payable on normal retirement date.

Van Dorn Demag Corporation Employee Retirement Plan

EIN/PN: 58-1396267 / 003

Schedule SB, Part V - Summary of Plan Provisions (continued)

Pre-retirement surviving spouse

Should an active, married participant die prior to normal retirement date benefit and after age 55 and 5 years of vesting service, the surviving spouse will be entitled to a lifetime benefit equal to 50% of the actuarially reduced vested benefit the participant would have received had he/she retired early and elected the 50% Joint and Survivor benefit before his death.

If a vested participant is not eligible for early retirement at his date of death, benefit payments to the spouse are deferred until the earliest date the participant would have attained early retirement eligibility.

Final average earnings

The average of the highest consecutive five years of compensation during the last 10 plan years prior to retirement or termination. Compensation earned during the year of termination is included if it is beneficial to the participant.

Employee contributions

There are no employee contributions required.

Cost-of-Living adjustments

None.

Normal form of benefit

Single Life Annuity for non-married participants; 50% Qualified Joint and Survivor Annuity for married participants.

Optional forms of benefit

Joint and 50% Survivor annuity, Joint and 75% Survivor annuity, Joint and 100% Survivor annuity, and 10-year Certain and Continuous annuity.

Actuarial equivalence

7.00% interest with the UP-19884 Mortality Table, set back 3 years for contingent annuitants.

Summary of Changes from the January 1, 2014 Valuation

None.

Van Dorn Demag Corporation Employee Retirement Plan

EIN/PN: 58-1396267 / 003

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

This table calculates the weighted average retirement age for all active persons in the plan

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	15.4859	0.0101	0.1564	8.6006
56	21.1859	0.0199	0.4215	23.6031
57	21.5434	0.0298	0.6425	36.6228
58	22.6518	0.0298	0.6752	39.1591
59	25.6882	0.0397	1.0203	60.1948
60	26.3118	0.0496	1.3054	78.3243
61	26.6097	0.0992	2.6386	160.9517
62	26.5458	0.1982	5.2610	326.1789
63	21.8516	0.1485	3.2457	204.4796
64	18.2115	0.1484	2.7034	173.0147
65	15.1589	1.0000	<u>15.1589</u>	<u>985.3271</u>
Total			33.2286	2,096.4567
Weighted Average Retirement Age = 2,096.4567 / 33.2286				63.09
Rounded Weighted Average Retirement Age				63

Note to Column 2: The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

Note to Column 3: At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

General note: The table presents values rounded to fewer significant digits than used in the calculation.

Van Dorn Demag Corporation Employee Retirement Plan

EIN/PN: 58-1396267 / 003

Schedule SB, Part V - Summary of Plan Provisions

Effective date

April 20, 1993.

Subsequent amendments

January 1, 2001; January 31, 2005; December 31, 2006.

Eligible employees

Participants in the prior plan become participants as of the effective date. All other eligible employees become participants at employment. Special rules apply to part-time employees.

Service to determine amount of benefit

Service is credited for benefit accruals based on the period of service since employment to the nearest 1/12 of a year. Service credited under the prior plan as of April 20, 1993 is included under the plan. Service while covered by a union plan or while an employee of a related entity that has not adopted the plan is not included in credited service.

Service for vesting

Similar to benefit service, but includes service while covered by a union plan or while an employee of a related entity that has not adopted the plan.

Benefit eligibility

Normal retirement

Age 65.

Early retirement

The first day of the month coincident with or following after the participant attains age 55 and completes ten years of vesting service.

Disability

A participant who has a total and permanent disability while in the active service of the company after completing 15 years of vesting service.

Deferred vested

100% vested after five years of vesting service.

Van Dorn Demag Corporation Employee Retirement Plan

EIN/PN: 58-1396267 / 003

Schedule SB, Part V - Summary of Plan Provisions (continued)

Retirement benefits

Normal retirement

All benefit accruals under the Plan are frozen as of December 31, 2006.

Salaried Employees

The greater of (1) and (2), plus (3), below:

- (1) 1% of final average compensation, plus 0.5% of the excess, if any, of final average compensation over covered compensation, multiplied by benefit service rendered after December 31, 1988 to maximum of 30 years, divided by 12 to be expressed in terms of a monthly benefit.
- (2) \$13.50 multiplied by benefit service rendered after December 31, 1989; this amount is expressed in terms of a monthly benefit.
- (3) \$4.00 multiplied by benefit service rendered prior to January 1, 1989; this amount is expressed in terms of a monthly benefit.

Hourly (Strongsville) Employees

Effective February 1, 2005, the monthly benefit equals \$33.50, multiplied by benefit service. Prior to February 1, 2005, the monthly benefit was \$29.00, multiplied by benefit service. Prior to January 1, 2001, the monthly benefit was \$28.00, multiplied by benefit service.

Satellite Employees

Effective February 1, 2005 the monthly benefit equals \$33.50 multiplied by benefit service. Prior to February 1, 2005, the monthly benefit was \$19.50, multiplied by benefit service. Prior to January 1, 2001, the monthly benefit was \$18.50, multiplied by benefit service.

Note: Satellite participants transferred to Hourly (Strongsville) begin to earn future benefits under the Hourly formula as of their date of transfer.

Early retirement

The accrued benefit as determined above reduced by 1/3 of 1% for each month that the benefit commencement date precedes the participant's normal retirement date.

Disability

The accrued benefit determined at date of disability is payable without reduction for early commencement.

Deferred vested

Accrued normal retirement benefit based on benefit service to termination date. Benefit is payable on normal retirement date.

Van Dorn Demag Corporation Employee Retirement Plan

EIN/PN: 58-1396267 / 003

Schedule SB, Part V - Summary of Plan Provisions (continued)

Pre-retirement surviving spouse

Should an active, married participant die prior to normal retirement date benefit and after age 55 and 5 years of vesting service, the surviving spouse will be entitled to a lifetime benefit equal to 50% of the actuarially reduced vested benefit the participant would have received had he/she retired early and elected the 50% Joint and Survivor benefit before his death.

If a vested participant is not eligible for early retirement at his date of death, benefit payments to the spouse are deferred until the earliest date the participant would have attained early retirement eligibility.

Final average earnings

The average of the highest consecutive five years of compensation during the last 10 plan years prior to retirement or termination. Compensation earned during the year of termination is included if it is beneficial to the participant.

Employee contributions

There are no employee contributions required.

Cost-of-Living adjustments

None.

Normal form of benefit

Single Life Annuity for non-married participants; 50% Qualified Joint and Survivor Annuity for married participants.

Optional forms of benefit

Joint and 50% Survivor annuity, Joint and 75% Survivor annuity, Joint and 100% Survivor annuity, and 10-year Certain and Continuous annuity.

Actuarial equivalence

7.00% interest with the UP-19884 Mortality Table, set back 3 years for contingent annuitants.

Summary of Changes from the January 1, 2014 Valuation

None.

VAN DORN DEMAG CORPORATION
EMPLOYEE RETIREMENT PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2015

Name of Plan Sponsor: Sumitomo (SHI) Demag Plastics Machinery
Employer Identification Number: 58-1396267
Three-Digit Plan Number: 003

(a)	(b) Identity of Issuer or Borrower	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current Value
<u>Common Stock</u>				
	Weyerhaeuser Co.	2,121 shares	\$ 67,127	\$ 63,588
	Abbvie Inc.	1,901 shares	118,163	112,615
	Aetna Inc.	1,129 shares	120,586	122,067
	Agree Realty Corp.	650 shares	22,801	22,094
	Alphabet Inc.	165 shares	106,450	128,372
	Alexandria Real Estate Equities Inc.	837 shares	61,555	75,631
	Amdocs Limited	2,053 shares	111,599	112,032
	American Campus Communitys Inc.	936 shares	41,542	38,694
	American Tower Corp.	766 shares	72,195	74,264
	Ameriprise Financial Inc.	1,042 shares	132,915	110,890
	Amgen Inc.	750 shares	121,196	121,748
	Alaska Air Group Inc.	1,600 shares	125,882	128,816
	Apartment Investment & Management Co.	1,113 shares	29,976	44,553
	Apple Inc.	1,022 shares	126,983	107,576
	AT&T Inc.	2,262 shares	73,442	77,835
	Avalonbay Communities Inc	317 shares	39,245	58,369
	Biomed Realty Trust Inc.	1,770 shares	43,826	41,931
	Boeing Co.	908 shares	133,399	131,288
	Boston Properties, Inc.	493 shares	49,531	62,877
	Brixmor Property Group Inc.	2,349 shares	62,127	60,651
	Broadridge Financial Solutions	2,203 shares	116,089	118,367
	Cardinal Health Inc.	1,344 shares	118,952	119,979
	CDW Corp.	2,927 shares	111,043	123,051
	Chevron Corporation	1,262 shares	124,734	113,530
	Cisco Systems Inc.	4,315 shares	120,234	117,174
	Citigroup Inc.	2,082 shares	115,075	107,744
	CMS Energy Corp.	2,667 shares	91,822	96,225
	Comcast Cor. CL A	2,088 shares	121,366	117,826
	Crown Castle Intl Corp.	840 shares	72,549	72,618
	Cubesmart	1,980 shares	54,338	60,628
	CVS Health Corporation	1,231 shares	122,362	120,355
	Digital Realty	747 shares	48,062	56,488
	DR Horton Inc.	3,647 shares	114,109	116,813
	Dr Pepper Snapple Group Inc.	1,384 shares	106,440	128,989
	Education Rlty Tr Inc.	1,043 shares	38,453	39,509
	EPR Properties	1,025 shares	46,273	59,911
	East Group Properties, Inc.	744 shares	33,115	41,374
	Exxon Mobil Corp.	1,485 shares	124,887	115,755
	Federal Realty Investment Trust	489 shares	46,879	71,443
	First Industrial Realty Inc.	1,792 shares	39,496	39,655
	General Dynamics Corp.	822 shares	115,099	112,910
	General Electric Co.	4,338 shares	131,479	135,129
	GEO Group, Inc.	741 shares	24,989	21,422

(Continued)

VAN DORN DEMAG CORPORATION
EMPLOYEE RETIREMENT PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2015

Name of Plan Sponsor: Sumitomo (SHI) Demag Plastics Machinery
Employer Identification Number: 58-1396267
Three-Digit Plan Number: 003

(a)	(b) Identity of Issuer or Borrower	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value		(d) Cost	(e) Current Value
	Gilead Sciences Inc.	1,130 shares	\$	114,795	\$ 114,345
	Goldman Sachs Group	596 shares		122,362	107,417
	Gramercy Property Trust Inc.	5,087 shares		37,850	39,272
	Hartford Financial Services Grp	2,409 shares		115,458	104,695
	HCP, Inc.	845 shares		32,418	32,313
	Hospitality Properties Trust	2,061 shares		57,504	53,895
	Host Hotels & Resorts, Inc.	3,460 shares		56,240	53,076
	Interpublic Group Cos Inc.	4,975 shares		117,146	115,818
	Iron Mountain Inc.	1,697 shares		65,586	45,836
	Johnson & Johnson	1,181 shares		117,067	121,312
	Kimberly Clark Corp.	1,053 shares		112,241	134,047
	Kite Realty Group Trust	1,406 shares		43,568	36,458
	Kroger Co.	3,131 shares		112,557	130,970
	LAM Resh Corp,	1,717 shares		121,791	136,364
	LTC Properties, Inc.	845 shares		25,491	36,453
	Lear Corp.	948 shares		119,078	116,443
	Lowes Cos Inc.	1,593 shares		114,863	121,132
	Lyondellbasell Industries	957 shares		91,095	83,163
	Microsoft Corp.	2,294 shares		107,855	127,271
	National Retail Properties	1,128 shares		29,556	45,176
	Northstar Realty Financial Corp	2,102 shares		52,406	35,797
	Omega Healthcare Investment Inc.	3,228 shares		121,006	112,915
	Outfront Media Inc.	1,769 shares		49,970	38,617
	Pfizer Inc.	3,488 shares		121,200	112,593
	PNC Financial Services Group	1,222 shares		110,681	116,469
	Principal Financial Grop Inc.	2,356 shares		128,567	105,972
	Qorvo Inc.	2,215 shares		163,132	112,744
	Reynolds American Inc.	2,711 shares		102,430	125,113
	RMR Group Inc.	34 shares		404	490
	Royal Caribbean Cruises Ltd.	1,316 shares		105,065	133,192
	Schlumberger Ltd.	1,404 shares		125,196	97,929
	Sealed Air Corp.	1,802 shares		83,979	80,369
	Simon Property Group, Inc.	837 shares		91,871	162,746
	Skyworks Solutions Inc.	1,426 shares		132,189	109,560
	Stanley Black & Decker Inc.	1,224 shares		128,329	130,638
	Steris PLC SHS	1,585 shares		119,023	119,414
	Suntrust BKS Inc.	2,695 shares		111,119	115,454
	Target Corp.	1,532 shares		121,528	111,239
	Terreno Realty Corp.	1,859 shares		44,223	42,051
	Tesoro Corporation	981 shares		83,963	103,368
	Ventas, Inc.	653 shares		31,919	36,849
	Verizon Communications Inc.	1,404 shares		68,582	64,893
	Vornado Realty Trust	466 shares		44,413	46,581
	Weingarten Realty Investors	1,208 shares		28,943	41,773

(Continued)

VAN DORN DEMAG CORPORATION
EMPLOYEE RETIREMENT PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2015

Name of Plan Sponsor: Sumitomo (SHI) Demag Plastics Machinery
Employer Identification Number: 58-1396267
Three-Digit Plan Number: 003

(a)	(b) Identity of Issuer or Borrower	(c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current Value
	Wells Fargo & Company	2,075 shares	112,013	112,797
	Welltower Inc.	841 shares	42,569	57,213
	Xcel Energy Inc.	2,711 shares	92,895	97,355
	Total Common Stock		7,830,521	7,982,373
	<u>Mutual Funds</u>			
	Federated Investors	Federated Municipal Obligations Fund	\$ 1,267,381	\$ 1,267,381
	Dodge & Cox	Dodge & Cox Income Fund	5,360,002	5,153,765
	Hotchkis & Wiley Capital Management	Hotchkis & Wiley High Yield Fund	1,955,899	1,727,961
	Sentinel Investments	Sentinel Total Return Bond Fund	5,335,001	5,161,377
	Franklin Templeton Investments	Franklin Templeton International Bond Fund	1,860,298	1,561,602
	American Century Investments	American Century Mid Cap Value Fund	1,007,975	1,107,791
	Dodge & Cox Funds	International Stock Fund	4,124,684	3,815,983
	American Funds	EuroPacific Growth Fund	3,958,191	3,940,437
	Oppenheimer Funds	Developing Markets Fund	1,992,242	1,758,756
	Principal	Principal Midcap Blend Fund	1,300,000	1,242,340
	T. Rowe Price	T. Rowe Price New Horizons Fund	2,151,873	2,141,070
	Total Mutual Funds		30,313,546	28,878,463
	<u>Exchange Traded Funds</u>			
	IShares	Russell 1000 Index	5,113,318	6,277,261
				<u>\$ 43,138,097</u>



Van Dorn Demag Corporation Employee Retirement Plan
EIN/PN: 58-1396267 / 003

Schedule SB, Line 24 - Change in Actuarial Assumptions

- Assumed expenses were changed from \$190,000 to \$160,000 plus the expected PBGC premiums payable from the plan due to a decrease in plan administrative expenses.