Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
SABIN METAL CORP. RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/31/1965

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)
SABIN METAL CORPORATION

300 PANTIGO PL
STE 102
EAST HAMPTON, NY 11937

2b Employer Identification Number (EIN)
11-1736129

2c Plan Sponsor's telephone number
631-329-1717

2d Business code (see instructions)
339900

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.	10/14/2016	JOHN CARPENTIERE
	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 [X] 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:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	428
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)**	263
a(2) Total number of active participants at the end of the plan year	**6a(2)**	275
b Retired or separated participants receiving benefits	**6b**	65
c Other retired or separated participants entitled to future benefits	**6c**	92
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	432
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	11
f Total. Add lines **6d** and **6e**.	**6f**	443
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**	15
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 1D 3H

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)** [X] 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)** [X] 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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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

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
SABIN METAL CORP. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
SABIN METAL CORPORATION

D Employer Identification Number (EIN)
11-1736129

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 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**	36612879
b Actuarial value	**2b**	36225413

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	74	12754984	12754984
b For terminated vested participants	91	1842959	1842959
c For active participants	263	17003251	17196052
d Total	428	31601194	31793995

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**	6.30%
6 Target normal cost	**6**	2271902

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

10/11/2016
Date

AMY E. KEMP, A.S.A., E.A., M.A.A.A.
Type or print name of actuary

14-06806
Most recent enrollment number

BPAS ACTUARIAL & PENSION SERVICES
Firm name

315-703-8942
Telephone number (including area code)

ONE LINCOLN CENTER
12TH FLOOR
SYRACUSE, NY 13202
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	508271	3371359
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	381547	0
9	Amount remaining (line 7 minus line 8)	126724	3371359
10	Interest on line 9 using prior year's actual return of 4.85%	6146	163511
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.50%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	132870	3534870

Part III Funding Percentages

14	Funding target attainment percentage	14	102.40 %
15	Adjusted funding target attainment percentage	15	113.93 %
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	101.78 %
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
01/26/2015	231000	0	09/02/2015	231000	0
02/26/2015	231000	0	10/09/2015	231000	0
03/06/2015	231000	0	11/18/2015	231000	0
04/21/2015	231000	0	12/29/2015	231000	0
05/15/2015	231000	0	02/09/2016	250000	0
08/14/2015	231000	0	04/07/2016	250000	0
			Totals ► 18(b)	3060000	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	2934039

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part 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)		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)		
10	Interest on line 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		
	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 ____%		
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)		

Part III Funding Percentages

14	Funding target attainment percentage	14	%
15	Adjusted funding target attainment percentage	15	%
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	%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/08/2016	250000	0			
			Totals ► 18(b)		18(c)

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	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.72 %	6.11 %	6.81 %	☐ N/A, full yield curve used

b Applicable month (enter code) — **21b**: 0

22 Weighted average retirement age — **22**: 65

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment — **27**:

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years — **28**: 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) — **29**: 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) — **30**: 0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6) — **31a**: 2271902

b Excess assets, if applicable, but not greater than line 31a — **31b**: 763678

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**: 1508224

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	132870	98130	231000

36 Additional cash requirement (line 34 minus line 35) — **36**: 1277224

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) — **37**: 2934039

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36) — **38a**: 1656815

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances — **38b**: 231000

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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
SABIN METAL CORP. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SABIN METAL CORPORATION

D Employer Identification Number (EIN)
11-1736129

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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(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)

BROWN BROTHERS HARRIMAN

13-4973745

(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	118878	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HSBC

13-2774727

(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	95206	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BPAS ACTUARIAL & PENSION SERVICES

30-0192194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	57490	Yes [ ] No [X]	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)

OLSHAM GRUNDMAN FROME ROSENZWEIG

13-1978173

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	22544	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WELLS FARGO BANK

94-1347393

(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	12611	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BUCHBINDER TUNICK & CO LLP

13-1578842

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	12000	Yes [ ] No [X]	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)

ADP

11-3151378

(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?
12	NONE	7987	Yes [ ] No [X]	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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
SABIN METAL CORP. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SABIN METAL CORPORATION

D Employer Identification Number (EIN)
11-1736129

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	546271	253695
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	750000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	92969	101192
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	730653	608992
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	10387330	9271764
(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)	24937261	26265774
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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	36694484	37251417
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	79673	66021
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	1932	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	81605	66021
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	36612879	37185396

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)	3060000	
	(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)		3060000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	79	
	(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)		79
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	164864	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	868102	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1032966
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	1822671	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1844880	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-22209
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	-336168	
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-336168

		(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)		-1342374
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2392294
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1396733	
(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)		1396733
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)	196349	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	226695	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		423044
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1819777
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		572517
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) [X] 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 [X] No

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

(1) Name: BUCHBINDER TUNICK & COMPANY LLP **(2)** EIN: 13-1578842

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.)	4a		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.)	4b		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.)	4c		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.)	4d		X		
e Was this plan covered by a fidelity bond?	4e	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?	4f		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?	4g		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?	4h		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.)	4i	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.)	4j	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?	4k		X		
l Has the plan failed to provide any benefit when due under the plan?	4l		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m				
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n				
o Did the plan trust incur unrelated business taxable income?	4o				
p Were in-service distributions made during the plan year?	4p				

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.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
SABIN METAL CORP. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SABIN METAL CORPORATION

D Employer Identification Number (EIN)
11-1736129

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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): 11-3151378

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** 1

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☒ **Decrease** ☐ **Both** ☐ **No**

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

SABIN METAL CORP. RETIREMENT PLAN

Financial Statements
and
Supplemental Schedules

For the Years Ended
December 31, 2015 and 2014

SABIN METAL CORP. RETIREMENT PLAN
For the Years Ended December 31, 2015 and 2014

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BUCHBINDER

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
Sabin Metal Corp. Retirement Plan

Report on the Financial Statements

We have audited the accompanying financial statements of Sabin Metal Corp. Retirement Plan (the "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 our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding Sabin Metal Corp. Retirement Plan's net assets available for benefits as of December 31, 2015, and changes therein for the year then ended and its financial status as of December 31, 2014, and changes therein for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As discussed in Note 2 to the financial statements, in 2015, the Plan adopted new accounting guidance, ASU 2015-12, Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965): Part (I) Fully Benefit-Responsive Investment Contracts, Part (II) Plan Investment Disclosures, Part (III) Measurement Date Practical Expedient. Our opinion is not modified with respect to this matter.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules on pages 16 through 19 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Buchbinder Tunick & Company LLP

BUCHBINDER TUNICK & COMPANY LLP

New York, NY
July 13, 2016

SABIN METAL CORP. RETIREMENT PLAN
Statements of Net Assets Available for Benefits
December 31, 2015 and 2014

	2015	2014
Assets:		
Investments at fair value:		
Common and preferred stocks	$ 9,271,764	$ 10,387,330
Mutual funds	26,265,774	24,937,261
Short-term investment funds	606,250	727,912
Total investments	36,143,788	36,052,503
Receivables:		
Interest and dividends	12,644	15,148
Contributions	750,000	-
Total receivables	762,644	15,148
Cash	256,437	549,012
Other assets:		
Prepaid pension expense	88,548	77,821
Total assets	37,251,417	36,694,484
Liabilities:		
Accrued expenses	66,021	79,673
Due to Sabin Metal Corp.	-	1,932
Total liabilities	66,021	81,605
Net assets available for benefits	$ 37,185,396	$ 36,612,879

See notes to financial statements.

SABIN METAL CORP. RETIREMENT PLAN
Statements of Changes in Net Assets Available for Benefits
For the years ended December 31, 2015 and 2014

	2015	2014
Additions to plan assets:		
Investment income:		
Net (depreciation) appreciation in fair value of investments	$ (1,700,751)	$ 473,251
Interest and dividends	1,033,045	1,438,663
	(667,706)	1,911,914
Less: investment expenses	226,695	242,798
	(894,401)	1,669,116
Employer contributions	3,060,000	2,460,000
Total additions	2,165,599	4,129,116
Deductions from plan assets:		
Benefits paid directly to participants	1,396,733	1,266,792
Administrative expenses	196,349	181,855
Total deductions	1,593,082	1,448,647
Net increase	572,517	2,680,469
Net assets available for benefits:		
Beginning of year	36,612,879	33,932,410
End of year	$ 37,185,396	$ 36,612,879

See notes to financial statements.

Note 1 - Plan Description

The following brief description of the Sabin Metal Corp. Retirement Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General

The Plan is a defined benefit pension plan covering substantially all employees of Sabin Metal Corp. and its wholly owned subsidiary Sabin Metal West Corp., who are not subject to a collective bargaining agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Contributions

The amounts to be contributed by the employer shall be determined by the administrator. Such determination shall be based on such actuarial assumptions as may be established from time to time.

All contributions to the Plan are expressly conditioned on their deductibility. Any contribution that is determined to be nondeductible shall be returned to the employer and reduced by any losses attributable thereto within one year of the contribution.

For plan years commencing on or after January 1, 2008, the Plan will satisfy the requirement of Code § 412 by making the minimum required contributions under Code § 430. In determining the amount necessary to be contributed to the Plan for each plan year, the administrator shall assume such rates of interest, mortality and turnover and make such other actuarial assumptions as shall be specified by the Code, the employer or by a qualified actuary designated by the employer. All calculations shall be based upon accepted actuarial methods and principles.

Benefits

The regulations of the Plan provide for various types of retirement and death benefits to eligible employees who meet specific eligibility requirements as to age and years of service. Effective December 31, 2015, the Plan was amended to freeze future plan benefits accrued on and after December 31, 2015.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 6 for discussion of fair value measurements.

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

New Accounting Pronouncements

In July 2015, the FASB issued ASU 2015-12, Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965): Part (I) Fully Benefit-Responsive Investment Contracts, Part (II) Plan Investment Disclosures, Part (III) Measurement Date Practical Expedient. This three-part standard simplifies employee benefit plan reporting with respect to fully benefit-responsive investment contracts and plan investment disclosures, and provides for a measurement-date practical expedient. Parts I and II are effective for fiscal years beginning after December 15, 2015 and should be applied retrospectively, with early application permitted. Part III is effective for fiscal years beginning after December 15, 2015 and should be applied prospectively, with early application permitted. Management has elected to early adopt.

Note 2 - Summary of Significant Accounting Policies (Continued)

Subsequent Events

The Plan has evaluated subsequent events and transactions through June 13, 2016, the date that the financial statements were available to be issued.

Note 3 - Concentrations of Credit Risk

Financial instruments that subject the Plan to concentrations of credit risk include cash. The Plan maintains accounts at several high quality financial institutions. While the Plan attempts to limit any financial exposure by maintaining accounts at several banks, its deposit balances may, at times, exceed federally insured limits. The Plan has not experienced any losses on such accounts.

Note 4 - Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits was determined by the Plan's actuary. That amount results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the present value of money, through discounts for interest and the probability of payment (by means of decrements such as death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuations as of January 1, 2015 are as follows:

Funding method:	Unit Credit Cost Method without projection
Effective interest rate:	6.00% per annum, compounded annually
Retirement age:	65, or attained age, if later
Mortality:	RP2014 Combined Blue Collar Mortality Table with mortality improvements using Scale MP-2014 (RP2000 Combined Blue Collar Mortality Table - January 1, 2014)

Note 4 - Actuarial Present Value of Accumulated Plan Benefits (Continued)

Salary scales:	N/A
Withdrawal prior to retirement:	Actuary's Pension Handbook Table T-7
Valuation of assets:	The actuarial value of assets is determined by averaging the fair market value of assets as of the valuation date and the adjusted fair market values as of the preceding two valuation dates. This methodology is consistent with that provided in IRS Notice 2009-22.

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 Plan's actuaries have advised that the Plan is being funded at a level which is adequate to meet the minimum funding standard requirements of ERISA and there is no accumulated funding deficiency as of January 1, 2015.

Actuarial present value of accumulated plan benefits at January 1, 2015 is as follows:

Vested benefits:	
Participants currently receiving benefits	$ 13,301,247
Other participants	20,746,939
	34,048,186
Non-vested benefits	233,084
Total actuarial present value of accumulated plan benefits	$ 34,281,270

Note 4 - Actuarial Present Value of Accumulated Plan Benefits (Continued)

Changes in the actuarial present value of accumulated plan benefits during the year ended December 31, 2014 are as follows:

Actuarial present value of accumulated plan benefits at beginning of the year	$27,889,295
Increase (decrease) during the year attributable to:	
Increase for interest due to the decrease in the discount period	1,635,354
Change in actuarial assumptions	3,386,678
Benefits accumulated	2,636,735
Benefits paid	(1,266,792)
Net increase	6,391,975
Actuarial present value of accumulated plan benefits at end of the year	$34,281,270

Note 5 - Investments

During 2015 and 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) (depreciated) appreciated in value by ($1,700,751) and $473,251, as follows:

	2015	2014
Common and preferred stocks	$ (358,377)	$ 874,556
Mutual funds	(1,342,374)	(401,305)
	$ (1,700,751)	$ 473,251

Note 6 - Fair Value Measurements

Financial Accounting Standards Board ("FASB") *Accounting Standards Codification* ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. It defines fair value as an exit price, which is the price that would be received for an asset or paid to transfer a liability in the Plan's principal or most advantageous market for the asset or liability, in an orderly transaction between market participants on the measurement date.

Note 6 - Fair Value Measurements (Continued)

The fair value hierarchy generally requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. Observable inputs reflect the assumptions market participants would use in pricing the asset or liability and are developed based on market data obtained from sources independent of the reporting entity. Unobservable inputs reflect the entity's own assumptions based on market data and the entity's judgments about the assumptions that market participants would use in pricing the asset or liability, and are to be developed based on the best information available in the circumstances.

The Plan determines the fair market value of its investment in securities based on the established fair value definition and hierarchy levels. The three levels within the hierarchy that may be used to measure fair value are:

Level 1: Unadjusted quoted prices in active markets for identical assets or liabilities.

Level 2: Observable inputs, including Level 1 prices that have been adjusted; quoted prices for similar assets or liabilities; quoted prices in markets that are less active than traded exchanges; and other inputs that are observable or can be substantially corroborated by observable market data.

Level 3: Unobservable inputs that are supported by little or no market activity and that are a significant component of the fair value of the assets or liabilities.

The lowest level of input that is a significant component of the fair value measurements determines the placement of the entire fair value measurement in the hierarchy. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment, and may affect the classification of fair value assets and liabilities within the fair value hierarchy levels.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2015 and 2014.

Common and preferred stocks:

Common and preferred stocks are carried at fair value as determined by quoted market prices in active markets.

Note 6 - Fair Value Measurements (Continued)

Mutual funds:

Mutual funds are valued at the net asset value of the shares held by the Plan at year end, and are deemed to be actively traded.

Short-term investment funds:

Short-term investment funds are stated at cost which approximates fair value.

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

The following table sets forth, by level, the Plan's assets that were accounted for at fair value on a recurring basis as of December 31, 2015:

Investments in securities:

	Total Fair Value	Quoted Prices (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Other Unobservable Inputs (Level 3)
Investments at fair value:				
Common and preferred stocks	$ 9,271,764	$ 9,271,764	$ -	$ -
Mutual funds	26,265,774	26,265,774	-	-
Short-term investment funds	606,250	-	606,250	-
Total investments	$ 36,143,788	$ 35,537,538	$ 606,250	$ -

Note 6 - Fair Value Measurements (Continued)

The following table sets forth, by level, the Plan's assets that were accounted for at fair value on a recurring basis as of December 31, 2014:

Investments in securities:

	Total Fair Value	Quoted Prices (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Other Unobservable Inputs (Level 3)
Investments at fair value:				
Common and preferred stocks	$ 10,387,330	$ 10,387,330	$ -	$ -
Mutual funds	24,937,261	24,937,261	-	-
Short-term investment funds	727,912	-	727,912	-
Total investments	$ 36,052,503	$ 35,324,591	$ 727,912	$ -

Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2015 and 2014, there were no significant transfers in or out of Levels 1, 2 or 3.

Note 7 - Priorities Upon Termination of the Plan

In the event the Plan terminates, the net assets of the Plan (available to provide benefits) shall be used for the benefit of participants and beneficiaries and shall be allocated in amounts determined by the Trustees on the basis of values determined by the actuary in accordance with ERISA and the Plan provisions.

Note 7 - Priorities Upon Termination of the Plan (Continued)

Benefits under this Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most pensions. However, the PBGC does not guarantee all types of benefits under covered plans, and the amount of benefit protection is subject to certain limitations.

Note 8 - Tax Status

The Plan is qualified under Section 401(a) of the Internal Revenue Code ("IRC") and is exempt from federal income taxation under Section 501(a). The Plan has obtained a favorable tax determination letter from the Internal Revenue Service ("IRS") dated October 27, 2015.

Prior to 2015, the restated Plan was submitted to the IRS, with an additional amendment added in 2012. On November 8, 2012, the Plan obtained a favorable tax determination letter from the IRS.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2015, 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. Employee benefit plans are subject to routine audits by taxing jurisdictions; however there are currently no audits for any tax periods in progress for the Plan. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2012.

Note 9 - Risks and Uncertainties

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

Note 9 - Risks and Uncertainties (Continued)

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.

Note 10 - Reconciliation of Financial Statements to Form 5500 Annual Return/Report of Employee Benefit Plan

In accordance with ERISA Regulations Section 2520.103-(b)(3), set forth below is a reconciliation of amounts appearing in the accompanying financial statements to amounts appearing on Form 5500:

	2015	2014
Reconciliation of Noninterest Bearing and Interest Bearing Cash		
Amounts per Page 3 of financial statements:		
Short-term investment funds	$ 606,250	$ 727,912
Cash	256,437	549,012
	$ 862,687	$ 1,276,924
Amounts per Form 5500, Schedule H, Page 1:		
Item 1a	$ 253,695	$ 546,271
Item 1c(1)	608,992	730,653
	$ 862,687	$ 1,276,924
Reconciliation of Other Receivables		
Amounts per Page 3 of financial statements:		
Interest and dividends	$ 12,644	$ 15,148
Prepaid pension expense	88,548	77,821
Amount per Form 5500, Schedule H, Page 1, Item 1b(3)	$ 101,192	$ 92,969

Note 10 - Reconciliation of Financial Statements to Form 5500 Annual Return/Report of Employee Benefit Plan (Continued)

	2015
Reconciliation of Interest and Dividends	
Amount per Page 4 of financial statements:	
Interest and dividends	$ 1,033,045
Amounts per Form 5500, Schedule H, Page 2:	
Item 2b(1)(A) - Interest bearing cash	$ 79
Item 2b(2)(B) - Common stocks	164,864
Item 2b(2)(C) - Registered investment company shares	868,102
	$ 1,033,045

Reconciliation of Net Depreciation in Fair Value of Investments		
Amount per Page 4 of financial statements:		
Net depreciation in fair value of investments		$ (1,700,751)
Amounts per Form 5500, Schedule H, Pages 2 and 3:		
Item 2b(4)(A) - aggregate proceeds	$ 1,822,671	
Item 2b(4)(B) - aggregate carrying amount	1,844,880	(22,209)
Item 2b(5)(B) - unrealized appreciation (depreciation) of assets		(336,168)
Item 2b(10) - net investment gain (loss) from registered investment companies (mutual funds)		(1,342,374)
		$ (1,700,751)

Reconciliation of Administrative Expenses	
Amounts per Page 4 of financial statements:	
Investment expenses	$ 226,695
Administrative expenses	196,349
Amount per Form 5500, Schedule H, Page 3, Item 2i(5)	$ 423,044

SABIN METAL CORP. RETIREMENT PLAN
(Supplemental Schedules)
Schedule of Assets (Held at End of Year)
December 31, 2015

Form 5500, Schedule H, Line 4(i)
E.I.N.: 11-1736129
Plan No.: 001

(a)	(b) Identity of Issue	(c) Description of Investment: Description	Maturity Date	Interest Rate	Collateral	Principal or Shares	(d) Cost	(e) Current Value
	Common and preferred stocks:							
	Brown Brothers Harriman & Co.:							
	Alphabet Inc.	Equity	N/A	N/A	N/A	616	$ 314,749	$ 468,229
	Baxalta Inc.	Equity	N/A	N/A	N/A	5,951	141,196	232,268
	Bed Bath & Beyond	Equity	N/A	N/A	N/A	4,798	280,582	231,504
	Berkshire Hathaway Inc-Cl B	Equity	N/A	N/A	N/A	4,700	358,757	620,588
	Celanese Corp Series A	Equity	N/A	N/A	N/A	3,305	145,257	222,189
	Chubb Corp	Equity	N/A	N/A	N/A	800	69,981	106,112
	Comcast Corp Cl A	Equity	N/A	N/A	N/A	11,300	237,595	637,659
	Dentslpy International Inc	Equity	N/A	N/A	N/A	1,642	52,547	100,524
	Diageo Plc	Equity	N/A	N/A	N/A	2,400	150,591	261,768
	Discovery Communications	Equity	N/A	N/A	N/A	10,500	276,995	264,810
	Ebay Inc.	Equity	N/A	N/A	N/A	2,367	37,838	65,045
	Eog Resources	Equity	N/A	N/A	N/A	4,300	264,427	304,397
	Henry Schein Inc.	Equity	N/A	N/A	N/A	950	61,199	150,281
	Liberty Interactive A	Equity	N/A	N/A	N/A	8,856	64,778	241,946
	Microsoft Corp	Equity	N/A	N/A	N/A	6,900	204,616	382,812
	Nestle S A Adr	Equity	N/A	N/A	N/A	6,000	267,951	446,520
	Novartis Ag-Adr	Equity	N/A	N/A	N/A	5,100	266,594	438,804
	Occidental Petroleum Corp.	Equity	N/A	N/A	N/A	2,800	189,811	189,308
	Oracle Corp	Equity	N/A	N/A	N/A	13,309	517,289	486,178
	Paypal	Equity	N/A	N/A	N/A	4,167	115,260	150,845
	Praxair Inc.	Equity	N/A	N/A	N/A	1,900	203,293	194,560
	Progessive Corp Ohio	Equity	N/A	N/A	N/A	11,800	218,146	375,240
	Qualcomm Inc.	Equity	N/A	N/A	N/A	6,114	375,951	305,608
	Schlumberger Ltd	Equity	N/A	N/A	N/A	3,300	252,247	230,175
	Southwestern Energy	Equity	N/A	N/A	N/A	8,900	307,805	63,279
	U S Bancorp	Equity	N/A	N/A	N/A	4,400	168,250	546,176
	Unilever	Equity	N/A	N/A	N/A	12,800	344,309	190,608
	Walmart	Equity	N/A	N/A	N/A	3,074	191,260	188,436
	Waste Management	Equity	N/A	N/A	N/A	3,238	99,371	172,812
	Wells Fargo & Co	Equity	N/A	N/A	N/A	9,900	339,778	538,164
	Zoetis Inc	Equity	N/A	N/A	N/A	9,702	293,024	464,919
	Total common and preferred stocks						$ 6,811,447	$ 9,271,764

See independent auditor's report.

SABIN METAL CORP. RETIREMENT PLAN
(Supplemental Schedules)
Schedule of Assets (Held at End of Year) (Continued)
December 31, 2015

Form 5500, Schedule H, Line 4(i)
E.I.N.: 11-1736129
Plan No.: 001

(a) (b) Identity of Issue	(c) Description of Investment: Description	Maturity Date	Interest Rate	Collateral	Principal or Shares	(d) Cost	(e) Current Value
Mutual funds:							
HSBC:							
Delaware Emerging Markets Fund	Fixed Income	N/A	N/A	N/A	42,471	$ 660,060	$ 529,188
Federated Clover Small Value	Fixed Income	N/A	N/A	N/A	11,735	284,168	267,446
Goldman Sachs Emerging Markets	Fixed Income	N/A	N/A	N/A	62,407	778,463	738,898
Harding Loevner Intl Equity	Fixed Income	N/A	N/A	N/A	73,200	1,209,537	1,251,712
Ishares US Preferred Stock ETF	Fixed Income	N/A	N/A	N/A	2,668	105,386	103,652
Ivy Mid Cap	Fixed Income	N/A	N/A	N/A	20,959	476,619	425,056
Janus Research Fund	Fixed Income	N/A	N/A	N/A	58,340	1,989,241	2,429,878
John Hancock III	Fixed Income	N/A	N/A	N/A	13,578	246,414	260,027
JPMorgan High Yield	Fixed Income	N/A	N/A	N/A	74,338	588,083	508,471
Lord Abbett Developing	Fixed Income	N/A	N/A	N/A	19,023	447,018	399,480
MFS Intl Value	Fixed Income	N/A	N/A	N/A	29,000	846,132	1,035,882
MFS Value Fund	Fixed Income	N/A	N/A	N/A	68,142	1,805,425	2,245,966
Total HSBC						9,436,546	10,195,656
BBH:							
AIT Global Emerging Markets Opportunity	Fixed Income	N/A	N/A	N/A	220,991	2,137,000	1,869,583
Akre Focus Fund	Fixed Income	N/A	N/A	N/A	57,989	1,332,605	1,359,280
Alps Series Trust Clarkson Partners Fund	Fixed Income	N/A	N/A	N/A	101,503	1,015,031	1,016,046
BBH Limited Duration Fund	Fixed Income	N/A	N/A	N/A	229,977	2,382,012	2,320,476
BBH International Equity Fund	Fixed Income	N/A	N/A	N/A	108,432	1,475,207	1,508,288
Dodge & Cox Income Fund	Fixed Income	N/A	N/A	N/A	86,331	1,200,000	1,147,338
Dodge & Cox Global Bond Fund	Fixed Income	N/A	N/A	N/A	57,143	620,000	552,571
Longleaf Partners Small Cap Fund	Fixed Income	N/A	N/A	N/A	36,167	1,016,527	975,790
Total BBH						11,178,382	10,749,372
Wells Fargo:							
Wells Fargo Advantage Absolute Return Fund	Fixed Income	N/A	N/A	N/A	446,776	6,031,676	5,320,746
Total Wells Fargo						6,031,676	5,320,746
Total mutual funds						$ 26,646,604	$ 26,265,774

See independent auditor's report.

SABIN METAL CORP. RETIREMENT PLAN
(Supplemental Schedules)
Schedule of Assets (Held at End of Year) (Continued)
December 31, 2015

Form 5500, Schedule H, Line 4(i)
E.I.N.: 11-1736129
Plan No.: 001

(a) (b) Identity of Issue	(c) Description of Investment					(d)	(e)
	Description	Maturity Date	Interest Rate	Collateral	Principal or Shares	Cost	Current Value
Short-term investment funds:							
BBH Money Market Fund	Money Market Fund	N/A	N/A	N/A	$ 372,393	$ 372,393	$ 372,393
Goldman Sachs Financial Square Prime Obligations Fund	Money Market Fund	N/A	N/A	N/A	233,857	233,857	233,857
Total short-term investment funds						606,250	606,250
Total investments						$ 34,064,301	$ 36,143,788

See independent auditor's report.

SABIN METAL CORP. RETIREMENT PLAN
(Supplemental Schedules)
Schedule of Reportable Transactions
For the year ended December 31, 2015

Form 5500, Schedule H, Line 4(j)
E.I.N.: 11-1736129
Plan No.: 001

Description	Purchase Price	Selling Price	Cost	Current Value of Assets on Transaction Date	Net Gain or (Loss)
Single Transaction Exceeding 5% of Plan Assets					
BBH Limited Duration Fund Class I	$ -	$ 2,245,000	$ 2,289,553	$ 2,245,000	$ (44,553)
Wells Fargo Advantage Absolute Return Fund	5,184,352	-	5,184,352	5,184,352	-
Series of Transactions Exceeding 5% of Plan Assets					
BBH Limited Duration Fund Class I	650,000	-	650,000	650,000	-
BBH Limited Duration Fund Class I	-	2,245,000	2,289,553	2,245,000	(44,553)
Wells Fargo Advantage Absolute Return Fund	6,031,675	-	6,031,675	6,031,675	-

See independent auditor's report.

SECTION X CENSUS DATA

Completed Years of Service on January 1, 2015											
Attained Age	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40+	Total
Under 25	6	6	0	0	0	0	0	0	0	0	**12**
25-29	4	18	4	0	0	0	0	0	0	0	**26**
30-34	5	8	8	0	0	0	0	0	0	0	**21**
35-39	4	9	5	2	5	0	0	0	0	0	**25**
40-44	2	0	4	3	6	0	0	0	0	0	**15**
45-49	0	6	4	1	3	4	5	1	0	0	**24**
50-54	1	4	7	5	3	1	5	12	0	0	**38**
55-59	1	7	5	9	3	3	6	23	1	0	**58**
60-64	0	4	4	6	3	0	5	4	3	0	**29**
65-70	0	2	1	3	1	0	0	0	0	1	**8**
70 & up	0	0	1	2	1	1	0	1	1	0	**7**
Total	**23**	**64**	**43**	**31**	**25**	**9**	**21**	**41**	**5**	**1**	**263**

Active Member Statistics	January 1, 2015	January 1, 2014
Number of members	263	246
Average age	47.79	48.00
Average years of service	13.37	13.20
Average salary	$79,330	$77,456

SECTION XI ACTUARIAL ASSUMPTIONS AND METHODS

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

I. Actuarial Assumptions

PPA Prescribed Mortality:	Post Retirement - The blended annuitant, non-annuitant RP-2000 Mortality Tables with projected mortality improvements using Scale AA; specifically as outlined in IRC Regulation 1.430(h)(3)-1 for 2015 valuations. The static mortality tables are projected from the base table for the year 2000 through 2015 with further projection to reflect the approximate expected duration of liabilities, namely 8 years for annuitants and 16 years for non-annuitants. Pre-Retirement - None
PPA Prescribed Segment Rates for Minimum Required Contribution and AFTAP:	HATFA Segment Rates as of January 2015: 1st Segment Rate – 4.72% 2nd Segment Rate – 6.11% 3rd Segment Rate – 6.81%
Effective Interest Rate:	6.30% per annum, compounded annually, calculated in accordance with PPA.
PPA Prescribed Segment Rates for Maximum Deductible Contribution:	PPA 24-Month Segment Rates as of January 2015: 1st Segment Rate – 1.22% 2nd Segment Rate – 4.11% 3rd Segment Rate – 5.20%
ASC 960 Interest Rate:	6.0% per annum, compounded annually.
ASC 960 Mortality:	RP-2014 Combined Blue Collar Mortality Table with mortality improvements using Scale MP-2014
Turnover Rates Before Retirement – All Causes:	Terminations are based on an employee's age in accordance with Table T-7 of the Actuary's Pension Handbook.
Salary Increases:	3.5% per annum, compounded annually.
Retirement Age:	Calculations reflect an assumed retirement age of 65 or attained age, if later.
Loading for Expenses:	$182,000.
Profit Sharing Plan Offset	Interest – 9.0% compounded annually. Mortality – 1971 Group Annuity Mortality Table.
Asset Valuation Method:	The actuarial value of assets is determined by averaging the fair market value of assets as of the valuation date and the adjusted fair market values as of the preceding two valuation dates. This methodology is consistent with that provided in IRS Notice 2009-22.

II. Funding Method

The funding method (actuarial cost method), as prescribed by PPA, is the Unit Credit Cost Method without projection.

In general, for the plan years in which the value of plan assets is less than the plan's Funding Target, the Minimum Required Contribution with respect to any plan year is equal to the Target Normal Cost plus the Shortfall Amortization Charge for the plan year, if any.

PPA Definitions:

Target Normal Cost is the present value of all benefits which are expected to accrue during the plan year. The Target Normal Cost also includes estimated administrative expenses to be paid by the plan.

Funding Target is the present value of all benefits accrued as of the beginning of the plan year.

Funding Shortfall is the excess if any, of the Funding Target over the value of plan assets reduced by any credit balance.

Shortfall Amortization Charge is the total of the Shortfall Amortization Installments for the current plan year and each of the 6 preceding plan years. Each installment represents the 7 year amortization of the Shortfall Amortization Base for that year using the segment rates applicable for that year. Once established, these bases and installments are not redetermined in subsequent plan years.

SABIN METAL CORP. RETIREMENT PLAN
(Supplemental Schedules)
Schedule of Reportable Transactions
For the year ended December 31, 2015

Form 5500, Schedule H, Line 4(j)
E.I.N.: 11-1736129
Plan No.: 001

Description	Purchase Price	Selling Price	Cost	Current Value of Assets on Transaction Date	Net Gain or (Loss)
Single Transaction Exceeding 5% of Plan Assets					
BBH Limited Duration Fund Class I	$ -	$ 2,245,000	$ 2,289,553	$ 2,245,000	$ (44,553)
Wells Fargo Advantage Absolute Return Fund	5,184,352	-	5,184,352	5,184,352	-
Series of Transactions Exceeding 5% of Plan Assets					
BBH Limited Duration Fund Class I	650,000	-	650,000	650,000	-
BBH Limited Duration Fund Class I	-	2,245,000	2,289,553	2,245,000	(44,553)
Wells Fargo Advantage Absolute Return Fund	6,031,675	-	6,031,675	6,031,675	-

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

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
SABIN METAL CORP. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
SABIN METAL CORPORATION

D Employer Identification Number (EIN)
11-1736129

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 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	36,612,879
b Actuarial value	2b	36,225,413

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	74	12,754,984	12,754,984
b For terminated vested participants	91	1,842,959	1,842,959
c For active participants	263	17,003,251	17,196,052
d Total	428	31,601,194	31,793,995

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	6.30%
6 Target normal cost	6	2,271,902

Statement by Enrolled Actuary

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

SIGN HERE AMY KEMP AK — 10/11/2016

Signature of actuary — Date

AMY E. KEMP, A.S.A., E.A., M.A.A.A. — 1406806

Type or print name of actuary — Most recent enrollment number

BPAS Actuarial & Pension Services — 315-703-8942

Firm name — Telephone number (including area code)

ONE LINCOLN CENTER
12TH FLOOR
SYRACUSE NY 13202

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	508,271	3,371,359
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	381,547	0
9	Amount remaining (line 7 minus line 8)	126,724	3,371,359
10	Interest on line 9 using prior year's actual return of 4.85%	6,146	163,511
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.50%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	132,870	3,534,870

Part III Funding Percentages

14	Funding target attainment percentage	14	102.40%
15	Adjusted funding target attainment percentage	15	113.93%
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	101.78%
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
01/26/2015	231,000	0			
02/26/2015	231,000	0			
03/06/2015	231,000	0			
04/21/2015	231,000	0			
05/15/2015	231,000	0			
08/14/2015	231,000	0			
09/02/2015	231,000	0			
10/09/2015	231,000	0			
11/18/2015	231,000	0			
12/29/2015	231,000	0			
02/09/2016	250,000	0			
04/07/2016	250,000	0			
07/08/2016	250,000	0			
			Totals ► 18(b)	3,060,000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2,934,039

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
4.72%	6.11%	6.81%	

b Applicable month (enter code)	21b	0
22 Weighted average retirement age	22	65

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	31a	2,271,902
b Excess assets, if applicable, but not greater than line 31a	31b	763,678

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	1,508,224

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	132,870	98,130	231,000

36 Additional cash requirement (line 34 minus line 35)	36	1,277,224
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	2,934,039
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	1,656,815
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	231,000
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	

Sabin Metal Corp. Retirement Plan
Schedule SB, Line 22 - Description of Weighted Average Retirement Age
EIN/PN: 111736129/001

All participants were assumed to retire at age 65.

Effective Date

December 31, 1965. Amended to conform to ERISA, effective January 1, 1976. Amended to conform to TEFRA, DEFRA and REA, effective January 1, 1984 and January 1, 1985. Further amended and restated on May 14, 1993 to comply with Tax Reform Act of 1986 and to make certain plan benefit improvements. Amended and restated in 2002 to comply with GUST and EGTRRA legislation. Amended and restated in 2010 to comply with PPA legislation. Amended in 2012 to improve optional forms of benefit. Amended and restated in 2015 to include Sabin Commodities employees in the plan, and to make other technical amendments.

Eligibility

All non-union employees of Sabin Metal Corporation and Sabin Metal West are eligible to participate on the December 31st following attainment of age 20½ and completion of 6 months of service. Effective January 1, 2015 employees of Sabin Commodities are eligible to participate in the plan provided that they are credited with an hour of service after January 1, 2014.

Credited Service

Counted from date of employment for purposes of eligibility and vesting; counted from date of participation for benefit accrual purposes (except all service counted for $25 minimum benefit). Participants who were former employees of Sabin Commodities who are credited with an Hour of Service on or after January 1, 2014, shall have their years and months of service with Sabin Commodities taken into account for eligibility, vesting and benefit accrual purpose.

Retirement Dates

Normal:	Age 65 or completion of 5 years of plan participation, if later.
Deferred:	Allowed.
Early:	No specific provision.
Disability:	Any age.

Vesting

With 5 or more years of Credited Service.

Retirement Benefits

At or after Normal Retirement Date, a Participant will receive a monthly benefit of 30% of his Final Average Compensation, plus 30% of such Compensation in excess of 1984 Social Security Covered Compensation; reduced by 1/25 for each Year of Credited Service under 25 years. This benefit is prorated, based on years of participation, if retirement or termination of employment occurs before Normal Retirement Date.

Benefits are further reduced by the monthly equivalent of the vested account balance from the Sabin Metal Corp. Profit Sharing Plan. Such monthly equivalent is calculated by projecting such balance at termination to the Normal Retirement Date using a 9% annual interest rate. Vested account balances are frozen as of December 31, 1990, for purposes of the offset application, but are adjusted to reflect actual investment earnings after that date.

For employees who terminate employment or retire after June 30, 1992, a past service benefit is added to the above benefit, equal to 1% of Average Compensation (determined as of December 31, 1990) in

excess of 1984 Social Security Covered Compensation times Years of Service (maximum = 5). A $25 per month per year of service minimum benefit (before application of the profit sharing offset) is also provided.

Final Average Compensation is the average monthly compensation during the five highest consecutive calendar years during the last ten years of employment, subject to a maximum of $245,000 (adjusted for changes in the cost-of-living after 2010).

Optional Methods of Payment

(a) Ten Years Certain and Continuous (Basic Option for Single Participants):
A monthly benefit payable for life with 120 monthly payments guaranteed.

(b) 50% Joint and Survivor Annuity with 120 monthly payments guaranteed (Basic Option for Married Participants):
A reduced monthly benefit payable for life with 120 monthly payments guaranteed; and upon death after the tenth anniversary of the effective date of the pension, 50% of the benefit is continued to the Participant's spouse.

(c) 75% and 100% Joint and Survivor Annuity with 120 monthly payments guaranteed:
A reduced monthly benefit payable for life with 120 monthly payments guaranteed; and upon death after the tenth anniversary of the effective date of the pension, 75% or 100% of the benefit is continued to the Participant's spouse.

Pre-Retirement Death Benefit

The present value of a Participant's accrued benefit, subject to the requirements of the Retirement Equity Act of 1984 and including an optional form of payment with 120 monthly payments guaranteed.

SABIN METAL CORP. RETIREMENT PLAN
(Supplemental Schedules)
Schedule of Assets (Held at End of Year) (Continued)
December 31, 2015

Form 5500, Schedule H, Line 4(i)
E.I.N.: 11-1736129
Plan No.: 001

(a)	(b) Identity of Issue	(c) Description of Investment					(d)	(e)
		Description	Maturity Date	Interest Rate	Collateral	Principal or Shares	Cost	Current Value
	Short-term investment funds:							
	BBH Money Market Fund	Money Market Fund	N/A	N/A	N/A	$ 372,393	$ 372,393	$ 372,393
	Goldman Sachs Financial Square Prime Obligations Fund	Money Market Fund	N/A	N/A	N/A	233,857	233,857	233,857
	Total short-term investment funds						606,250	606,250
	Total investments						$ 34,064,301	$ 36,143,788

SABIN METAL CORP. RETIREMENT PLAN
(Supplemental Schedules)
Schedule of Assets (Held at End of Year)
December 31, 2015

Form 5500, Schedule H, Line 4(i)
E.I.N.: 11-1736129
Plan No.: 001

(a)	(b) Identity of Issue	(c) Description of Investment					(d)	(e)
		Description	Maturity Date	Interest Rate	Collateral	Principal or Shares	Cost	Current Value
	Common and preferred stocks:							
	Brown Brothers Harriman & Co.:							
	Alphabet Inc.	Equity	N/A	N/A	N/A	616	$ 314,749	$ 468,229
	Baxalta Inc.	Equity	N/A	N/A	N/A	5,951	141,196	232,268
	Bed Bath & Beyond	Equity	N/A	N/A	N/A	4,798	280,582	231,504
	Berkshire Hathaway Inc-Cl B	Equity	N/A	N/A	N/A	4,700	358,757	620,588
	Celanese Corp Series A	Equity	N/A	N/A	N/A	3,305	145,257	222,189
	Chubb Corp	Equity	N/A	N/A	N/A	800	69,981	106,112
	Comcast Corp Cl A	Equity	N/A	N/A	N/A	11,300	237,595	637,659
	Dentsply International Inc	Equity	N/A	N/A	N/A	1,642	52,547	100,524
	Diageo Plc	Equity	N/A	N/A	N/A	2,400	150,591	261,768
	Discovery Communications	Equity	N/A	N/A	N/A	10,500	276,995	264,810
	Ebay Inc.	Equity	N/A	N/A	N/A	2,367	37,838	65,045
	Eog Resources	Equity	N/A	N/A	N/A	4,300	264,427	304,397
	Henry Schein Inc.	Equity	N/A	N/A	N/A	950	61,199	150,281
	Liberty Interactive A	Equity	N/A	N/A	N/A	8,856	64,778	241,946
	Microsoft Corp	Equity	N/A	N/A	N/A	6,900	204,616	382,812
	Nestle S A Adr	Equity	N/A	N/A	N/A	6,000	267,951	446,520
	Novartis Ag-Adr	Equity	N/A	N/A	N/A	5,100	266,594	438,804
	Occidental Petroleum Corp.	Equity	N/A	N/A	N/A	2,800	189,811	189,308
	Oracle Corp	Equity	N/A	N/A	N/A	13,309	517,289	486,178
	Paypal	Equity	N/A	N/A	N/A	4,167	115,260	150,845
	Praxair Inc.	Equity	N/A	N/A	N/A	1,900	203,293	194,560
	Progessive Corp Ohio	Equity	N/A	N/A	N/A	11,800	218,146	375,240
	Qualcomm Inc.	Equity	N/A	N/A	N/A	6,114	375,951	305,608
	Schlumberger Ltd	Equity	N/A	N/A	N/A	3,300	252,247	230,175
	Southwestern Energy	Equity	N/A	N/A	N/A	8,900	307,805	63,279
	U S Bancorp	Equity	N/A	N/A	N/A	4,400	168,250	546,176
	Unilever	Equity	N/A	N/A	N/A	12,800	344,309	190,608
	Walmart	Equity	N/A	N/A	N/A	3,074	191,260	188,436
	Waste Management	Equity	N/A	N/A	N/A	3,238	99,371	172,812
	Wells Fargo & Co	Equity	N/A	N/A	N/A	9,900	339,778	538,164
	Zoetis Inc	Equity	N/A	N/A	N/A	9,702	293,024	464,919
	Total common and preferred stocks						$ 6,811,447	$ 9,271,764

SABIN METAL CORP. RETIREMENT PLAN
(Supplemental Schedules)
Schedule of Assets (Held at End of Year) (Continued)
December 31, 2015

Form 5500, Schedule H, Line 4(i)
E.I.N.: 11-1736129
Plan No.: 001

(a)	(b) Identity of Issue	(c) Description of Investment: Description	Maturity Date	Interest Rate	Collateral	Principal or Shares	(d) Cost	(e) Current Value
	Mutual funds:							
	HSBC:							
	Delaware Emerging Markets Fund	Fixed Income	N/A	N/A	N/A	42,471	$ 660,060	$ 529,188
	Federated Clover Small Value	Fixed Income	N/A	N/A	N/A	11,735	284,168	267,446
	Goldman Sachs Emerging Markets	Fixed Income	N/A	N/A	N/A	62,407	778,463	738,898
	Harding Loevner Intl Equity	Fixed Income	N/A	N/A	N/A	73,200	1,209,537	1,251,712
	Ishares US Preferred Stock ETF	Fixed Income	N/A	N/A	N/A	2,668	105,386	103,652
	Ivy Mid Cap	Fixed Income	N/A	N/A	N/A	20,959	476,619	425,056
	Janus Research Fund	Fixed Income	N/A	N/A	N/A	58,340	1,989,241	2,429,878
	John Hancock III	Fixed Income	N/A	N/A	N/A	13,578	246,414	260,027
	JPMorgan High Yield	Fixed Income	N/A	N/A	N/A	74,338	588,083	508,471
	Lord Abbett Developing	Fixed Income	N/A	N/A	N/A	19,023	447,018	399,480
	MFS Intl Value	Fixed Income	N/A	N/A	N/A	29,000	846,132	1,035,882
	MFS Value Fund	Fixed Income	N/A	N/A	N/A	68,142	1,805,425	2,245,966
	Total HSBC						9,436,546	10,195,656
	BBH:							
	AIT Global Emerging Markets Opportunity	Fixed Income	N/A	N/A	N/A	220,991	2,137,000	1,869,583
	Akre Focus Fund	Fixed Income	N/A	N/A	N/A	57,989	1,332,605	1,359,280
	Alps Series Trust Clarkson Partners Fund	Fixed Income	N/A	N/A	N/A	101,503	1,015,031	1,016,046
	BBH Limited Duration Fund	Fixed Income	N/A	N/A	N/A	229,977	2,382,012	2,320,476
	BBH International Equity Fund	Fixed Income	N/A	N/A	N/A	108,432	1,475,207	1,508,288
	Dodge & Cox Income Fund	Fixed Income	N/A	N/A	N/A	86,331	1,200,000	1,147,338
	Dodge & Cox Global Bond Fund	Fixed Income	N/A	N/A	N/A	57,143	620,000	552,571
	Longleaf Partners Small Cap Fund	Fixed Income	N/A	N/A	N/A	36,167	1,016,527	975,790
	Total BBH						11,178,382	10,749,372
	Wells Fargo:							
	Wells Fargo Advantage Absolute Return Fund	Fixed Income	N/A	N/A	N/A	446,776	6,031,676	5,320,746
	Total Wells Fargo						6,031,676	5,320,746
	Total mutual funds						$ 26,646,604	$ 26,265,774