

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 2015 This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>			
A This return/report is for:	☒ a single-employer plan	☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)	
	☐ a one-participant plan	☐ a foreign plan	
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 Check box if filing under:	☒ Form 5558	☐ automatic extension	☐ DFVC program
	☐ special extension (enter description)		

Part II Basic Plan Information —enter all requested information			
1a Name of plan <u>THE WESTERN STATES MACHINE COMPANY RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ►	<u>003</u>	
	1c Effective date of plan	<u>12/01/1942</u>	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>THE WESTERN STATES MACHINE COMPANY</u> <u>625 COMMERCE CENTER DRIVE</u> <u>FAIRFIELD, OH 45011</u>	2b Employer Identification Number (EIN) <u>31-0487310</u>		
	2c Sponsor's telephone number <u>513-863-4758</u>		
	2d Business code (see instructions) <u>333900</u>		
3a Plan administrator's name and address ☒ Same as Plan Sponsor.	3b Administrator's EIN		
	3c Administrator's telephone number		
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.	4b EIN		
a Sponsor's name	4c PN		
5a Total number of participants at the beginning of the plan year	5a	<u>94</u>	
b Total number of participants at the end of the plan year	5b	<u>94</u>	
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c		
d(1) Total number of active participants at the beginning of the plan year	5d(1)	<u>14</u>	
d(2) Total number of active participants at the end of the plan year	5d(2)	<u>14</u>	
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	5e	<u>0</u>	
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>09/21/2016</u>	<u>TODD HERSHBERGER</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** 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 III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets.....	7a	5242533	5033668
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	5242533	5033668
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	195900	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	-466	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		195434
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	350611	
e Certain deemed and/or corrective distributions (see instructions)....	8e		
f Administrative service providers (salaries, fees, commissions).....	8f	23490	
g Other expenses	8g	30198	
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h		404299
i Net income (loss) (subtract line 8h from line 8c)	8i		-208865
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1B 11

B If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X		
c Was the plan covered by a fidelity bond?.....	10c	X			500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X		
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).....	10e		X		
f Has the plan failed to provide any benefit when due under the plan?	10f		X		
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h				
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....	10i				
j Did the plan trust incur unrelated business taxable income?	10j				

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)..... ☒ Yes ☐ No

11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40..... **11a** 0

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?... ☐ Yes ☒ No

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

- a** 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 letter ruling granting the waiver. Month Day Year

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

- b** Enter the minimum required contribution for this plan year **12b**
- c** Enter the amount contributed by the employer to the plan for this plan year **12c**
- d** Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**
- e** Will the minimum funding amount reported on line 12d be met by the funding deadline? ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

- 13a** Has a resolution to terminate the plan been adopted in any plan year? ☐ Yes ☒ No
- If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a**
- b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No
- c** 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.)
- | 13c(1) Name of plan(s): | 13c(2) EIN(s) | 13c(3) PN(s) |
|--------------------------------|----------------------|---------------------|
| | | |

Part VIII Trust Information

- 14a** Name of trust **14b** Trust's EIN
- 14c** Name of trustee or custodian **14d** Trustee's or custodian's telephone number

Part IX IRS Compliance Questions

- 15a** Is the plan a 401(k) plan? ☐ Yes ☐ No
- 15b** 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
- 15c** 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
- 16a** 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
- 16b** 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
- 17a** Has the plan been timely amended for all required tax law changes? ☐ Yes ☐ No ☐ N/A
- 17b** 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).
- 17c** 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 ____.
- 17d** 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 ____/____/____.
- 18** 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
- 19** Were in-service distributions made during the plan year? ☐ Yes ☐ No
- If "Yes," enter amount **19**
- 20** Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)? ☐ Yes ☐ No ☐ N/A

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015	
Round off amounts to nearest dollar.	
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan THE WESTERN STATES MACHINE COMPANY RETIREMENT PLAN	B Three-digit plan number (PN) 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE WESTERN STATES MACHINE COMPANY	D Employer Identification Number (EIN) 31-0487310
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2015			
2	Assets:			
	a Market value	2a	5242533	
	b Actuarial value	2b	5065230	
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	57	3311009	3311009
	b For terminated vested participants	23	469484	469484
	c For active participants	14	1518062	1518062
	d Total	94	5298555	5298555
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	6.08%	
6	Target normal cost	6	37320	

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		08/05/2016
	Signature of actuary	Date
	COLIN B. CASSIDY, A.S.A., E.A.	14-05294
	Type or print name of actuary	Most recent enrollment number
	TRANSAMERICA	508-903-6011
	Firm name	Telephone number (including area code)
	24 PRIME PARK WAY SUITE 400 NATICK, MA 01760-1528	
	Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	32833
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	32833
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>8.36</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		702
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.30</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		59
c Total available at beginning of current plan year to add to prefunding balance		761
d Portion of (c) to be added to prefunding balance		761
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	761

Part III Funding Percentages		
14 Funding target attainment percentage	14	95.58 %
15 Adjusted funding target attainment percentage	15	95.58 %
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	90.41 %
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
01/13/2015	15200	0	07/10/2015	16700	0
02/10/2015	15200	0	09/11/2015	16700	0
03/13/2015	15200	0	10/14/2015	16700	0
04/13/2015	16700	0	11/02/2015	16700	0
05/11/2015	16700	0	11/13/2015	16700	0
06/10/2015	16700	0	12/11/2015	16700	0
			Totals ▶	18(b)	195900
				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	190083
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
(4) 4th	0	

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 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	37320	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	234086	153503	
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	190823	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	761	761
36 Additional cash requirement (line 34 minus line 35)	36	190062	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	190083	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	21	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	21	
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		

**Attachment to 2015 Form 5500 Schedule SB,
Line 26 – Schedule of Active Participant Data**

**Plan Name: The Western States Machine Company Retirement Plan
Plan Sponsor: Western States Machine Company**

**E.I.N.: 31-0487310 Plan No.: 003
Plan Year: January 1, 2015 to December 31, 2015**

.....Completed Years of Credited Service											
<u>Age</u>	0 to <u>1</u>	1 to <u>4</u>	5 to <u>9</u>	10 to <u>14</u>	15 to <u>19</u>	20 to <u>24</u>	25 to <u>29</u>	30 to <u>34</u>	35 to <u>39</u>	40 ±	<u>Total</u>
0 – 24	0	0	0	0	0	0	0	0	0	0	0
25 – 29	0	0	0	0	0	0	0	0	0	0	0
30 – 34	0	0	0	0	0	0	0	0	0	0	0
35 – 39	0	0	0	0	0	0	0	0	0	0	0
40 – 44	0	0	0	0	1	0	0	0	0	0	1
45 – 49	0	0	0	0	0	0	1	0	0	0	1
50 – 54	0	0	0	0	1	0	0	0	0	0	1
55 – 59	0	0	0	0	0	2	0	0	0	0	2
60 – 64	0	0	0	0	0	0	0	0	1	2	3
65 – 69	0	0	0	0	0	0	0	0	0	3	3
70 & Up	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>2</u>	<u>0</u>	<u>1</u>	<u>3</u>
Totals	0	0	0	0	2	2	1	2	1	6	14

**Attachment to 2015 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods**

**Plan Name: The Western States Machine Company Retirement Plan
Plan Sponsor: Western States Machine Company**

**E.I.N.: 31-0487310 Plan No.: 003
Plan Year: January 1, 2015 to December 31, 2015**

A ACTUARIAL COST METHOD

The actuarial cost method used to determine the target normal cost, target liability and required contribution amounts for the plan is the Traditional Unit Credit Actuarial Cost Method. Under this method, both the target normal cost and target liability are based on the annual accrual of benefits as accruals occur each year.

The target liability for each active plan participant is equal to the actuarial present value of the participant's accrued benefit as of the valuation date. The total target liability of the plan is equal to the sum of such liabilities as determined for each active participant plus the actuarial present value of benefits being paid, or due to be paid, to retirees, beneficiaries and former participants with deferred vested benefits.

The target normal cost for each active participant is equal to the actuarial present value of the benefit expected to be earned during the year starting on the valuation date. The total target normal cost of the plan is the sum of the target normal costs for each active plan participant.

All employees who are plan participants on a valuation date are included in the actuarial valuation.

B ASSET VALUATION METHOD

The actuarial value of assets is equal to the market value of assets on the valuation date reduced by the sum of:

1. 66.67% of gains and losses of the prior year;
2. 33.33% of gains and losses of the second prior year.

Investment gains and losses are determined by the excess or deficiency of the expected return over the actual return on the market value (including employer contributions receivable for any given year). However, the expected return on assets may be limited by certain statutory interest rates.

The actuarial valuation of assets is further constrained to be not less than 90% or more than 110% of market value (including employer contributions receivable).

**Attachment to 2015 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods**

**Plan Name: The Western States Machine Company Retirement Plan
Plan Sponsor: Western States Machine Company**

**E.I.N.: 31-0487310 Plan No.: 003
Plan Year: January 1, 2015 to December 31, 2015**

C INTEREST RATE METHODS

Target Liability Interest Rates

Segment rates for September prior to the valuation date as adjusted in accordance with Code Section 430(h)(2)(C)(iv).

PBGC Interest Rates

Based on the alternative premium funding target and the Target Liability Interest Rates, unadjusted by Code Section 430(h)(2)(C)(iv).

Expected Investment Return/
ASC 960-20 Interest Rate

7.50% (previously, 8.00%).

D ACTUARIAL ASSUMPTIONS

Pre- and Post-Retirement Mortality

Funding: Static mortality table in accordance with IRS Regulation 1.430(h)(3)-1 for the valuation year.

Accounting (ASC 960-20): RP-2014 Employee and Healthy Annuitant Tables projected with Scale MP-2014 for all years (previously, the 2014 IRS static mortality table).

Salary Increases

Not applicable.

Withdrawal Rates

Sample probabilities are as follows:

<u>Age</u>	<u>Male Rate</u>	<u>Female Rate</u>
25	79.0%	91.0%
40	29.2%	33.7%
55	0.0%	0.0%

IRC Maximum Benefit and
Compensation Limitations

Benefit Limit

\$210,000 for 2015.

Compensation Limit

Not applicable.

Retirement Rates

Participants are assumed to retire upon attainment of age 65 or the completion of five (5) years of service, if later.

**Attachment to 2015 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods**

**Plan Name: The Western States Machine Company Retirement Plan
Plan Sponsor: Western States Machine Company**

**E.I.N.: 31-0487310 Plan No.: 003
Plan Year: January 1, 2015 to December 31, 2015**

D ACTUARIAL ASSUMPTIONS (cont'd)

<u>Form of Payment</u>	Ten-year certain & continuous annuity.
<u>Marital Assumption</u>	It is assumed that 90% of all active participants are married. Husbands are assumed to be three years older than their wives.
<u>Plan Expenses</u>	\$35,000 (previously, \$24,000).

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
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C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE WESTERN STATES MACHINE COMPANY	D Employer Identification Number (EIN) 31-0487310
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2015			
2 Assets:			
a Market value	2a	5242533	
b Actuarial value	2b	5065230	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
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b For terminated vested participants	23	469484	469484
c For active participants	14	1518062	1518062
d Total	94	5298555	5298555
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	6.08 %	
6 Target normal cost	6	37320	

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 COLIN B. CASSIDY, A.S.A., E.A.	08/05/2016 Date 14-05294
	Type or print name of actuary TRANSAMERICA	Most recent enrollment number (508) 903-6011
	Firm name 24 PRIME PARK WAY SUITE 400 NATICK, MA 01760-1528 Address of the firm	Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2015
v. 150123

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	32833
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	32833
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>8.36</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		702
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.30</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		59
c Total available at beginning of current plan year to add to prefunding balance		761
d Portion of (c) to be added to prefunding balance		761
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	761

Part III Funding Percentages

14 Funding target attainment percentage	14	95.58 %
15 Adjusted funding target attainment percentage	15	95.58 %
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	90.41 %
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
01-13-2015	15200		07-10-2015	16700	
02-10-2015	15200		09-11-2015	16700	
03-13-2015	15200		10-14-2015	16700	
04-13-2015	16700		11-02-2015	16700	
05-11-2015	16700		11-13-2015	16700	
06-10-2015	16700		12-11-2015	16700	
Totals ▶			18(b)	195900	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	190083

20 Quarterly contributions and liquidity shortfalls:**a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:			
a Segment rates:	1st segment: 4.72%	2nd segment: 6.11%	3rd segment: 6.81%
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
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	37320
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	234086	153503	
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	190823
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	761	761
36 Additional cash requirement (line 34 minus line 35)		36	190062
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	190083
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	21
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	21
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

**Attachment to 2015 Form 5500 Schedule SB,
Line 19 – Discounted Employer Contributions**

**Plan Name: The Western States Machine Company Retirement Plan
Plan Sponsor: Western States Machine Company**

**E.I.N.: 31-0487310 Plan No.: 003
Plan Year: January 1, 2015 to December 31, 2015**

<u><i>Date</i></u>	<u><i>Actual Contribution</i></u>	<u><i>Discounted Contribution</i></u>	<u><i>Effective Rate</i></u>	<u><i>Plan Year</i></u>
January 13, 2015	\$ 15,200	\$ 15,171	6.08%	1/1/2015 – 12/31/2015
February 10, 2015	15,200	15,102	6.08%	1/1/2015 – 12/31/2015
March 13, 2015	15,200	15,026	6.08%	1/1/2015 – 12/31/2015
April 13, 2015	16,700	16,427	6.08%	1/1/2015 – 12/31/2015
May 11, 2015	16,700	16,353	6.08%	1/1/2015 – 12/31/2015
June 10, 2015	16,700	16,273	6.08%	1/1/2015 – 12/31/2015
July 10, 2015	16,700	16,195	6.08%	1/1/2015 – 12/31/2015
September 11, 2015	16,700	16,031	6.08%	1/1/2015 – 12/31/2015
October 14, 2015	16,700	15,945	6.08%	1/1/2015 – 12/31/2015
November 2, 2015	16,700	15,896	6.08%	1/1/2015 – 12/31/2015
November 13, 2015	16,700	15,868	6.08%	1/1/2015 – 12/31/2015
December 11, 2015	<u>16,700</u>	<u>15,796</u>	6.08%	1/1/2015 – 12/31/2015
Total	\$ 195,900	\$ 190,083		

**Attachment to 2015 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: The Western States Machine Company Retirement Plan
Plan Sponsor: Western States Machine Company**

**E.I.N.: 31-0487310 Plan No.: 003
Plan Year: January 1, 2015 to December 31, 2015**

<u>Effective Date</u>	December 1, 1942.
<u>Covered Employees</u>	The plan covers all salaried employees of the Company, except that leased employees and employees hired after December 31, 1998 are excluded from coverage.
<u>Participation</u>	A covered employee becomes a participant on the earlier of June 30th or December 31st following the completion of one year of service.
<u>Normal Retirement Date</u>	The first day of the month coincident with or next following the date a plan participant attains age 65 or completes five years of plan participation, if later.
<u>Credited Service</u>	All years and completed months of service with the employer from date of employment to the earlier of retirement, termination of employment or death.
<u>Earnings</u>	Basic compensation, including cost of living adjustments, but excluding overtime, commissions and bonuses. However, earnings in any year is not permitted to exceed the maximum amount specified in Internal Revenue Code (IRC) Section 401.
<u>Final Average Monthly Earnings</u>	Total of the highest earnings received during any three (3) calendar years of the last five (5) calendar years preceding the earlier of retirement, termination of employment or December 31, 1998, divided by 36.
<u>Vesting</u>	All participants became 100% vested on December 31, 1998.

**Attachment to 2015 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: The Western States Machine Company Retirement Plan
Plan Sponsor: Western States Machine Company**

**E.I.N.: 31-0487310 Plan No.: 003
Plan Year: January 1, 2015 to December 31, 2015**

Normal Retirement Benefit

The monthly benefit payable at the normal retirement date is equal to $\frac{3}{4}$ of 1% of Final Average Monthly Earnings multiplied by years of Credited Service, provided that such benefit shall not exceed \$1,010.

However, no benefits shall accrue beyond December 31, 1998 under the foregoing formula, except that active participants who are not highly compensated employees (as defined under Section 414(q) of the Internal Revenue Code) and have attained age 60 or older as of that date shall continue to accrue Credited Service for purposes of determining the benefit described above until the earlier of retirement and December 31, 2003.

In addition, a Supplemental Pension is payable as follows:

If an employee retires on or after June 1, 1995 he will be paid a Supplemental Pension of \$8.00 per month multiplied by Credited Service not in excess of 30.

If an employee retired before June 1, 1995 and is listed in Supplement C of the plan document, his monthly pension benefit shall be increased by \$200.00.

Normal Form of Payment

The normal form of payment is a benefit payable for the lifetime of the retiring participant, with 120 monthly payments guaranteed. A participant who is married at the time of retirement will automatically receive a reduced joint and 50% survivor annuity unless another form of payment is elected with the consent of the participant's spouse.

Optional Forms of Payment

Life annuity; life annuity with 60, 120, 180 or 240 monthly payments guaranteed; joint and survivor with 50%, 66-2/3%, 75% or 100% to beneficiary.

Actuarial equivalence is based on 6% interest and the 71 GAM male mortality rates set back 1 year for participants and 5 years for beneficiaries.

**Attachment to 2015 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions**

**Plan Name: The Western States Machine Company Retirement Plan
Plan Sponsor: Western States Machine Company**

**E.I.N.: 31-0487310 Plan No.: 003
Plan Year: January 1, 2015 to December 31, 2015**

Early Retirement

A plan participant may retire early if he has attained age 55 and completed 10 years of service.

The benefit payable to a plan participant who retires early is the participant's normal retirement benefit as determined by the benefit formula, but using service to his early retirement date only. The benefit is reduced by ¼% for each month benefits commence early.

Postponed Retirement

A participant who retires on a postponed retirement date will be paid a benefit calculated on the same basis as it would be if the participant had retired on his Normal Retirement Date, but on the basis of the benefit level and service in effect on the Postponed Retirement Date.

Pre-Retirement Death Benefit

Upon the death of a participant who has completed five (5) or more years of service, a monthly benefit shall be payable to the participant's surviving spouse, if any, provided the participant had been married at least one year at death. The amount of the benefit to the surviving spouse is actuarially equivalent to 50% of the participant's accrued benefit reduced for early receipt, if applicable, and further reduced for payment as a 50% joint and survivor annuity. The benefit begins no earlier than the first day of the month the participant could have retired.

Funding

The Company pays the entire cost of the plan.

Summary of Plan Changes

None.

Summary of Significant Events

None.

**Attachment to 2015 Form 5500 Schedule SB,
Line 32 – Schedule of Amortization Bases**

**Plan Name: The Western States Machine Company Retirement Plan
Plan Sponsor: Western States Machine Company**

**E.I.N.: 31-0487310 Plan No.: 003
Plan Year: January 1, 2015 to December 31, 2015**

Amortization Schedule

(a) <u>Year</u>	(b) <u>Type</u>	(c) <u>Present Value</u>	(d) <u>Years Left</u>		(e) <u>Payment</u>
2009	Shortfall	\$ 75,646	1	\$	75,646
2010	Shortfall	122,091	2		62,453
2011	Shortfall	173,752	3		60,608
2012	Shortfall	(291,559)	4		(78,007)
2013	Shortfall	112,392	5		24,598
2014	Shortfall	57,407	6		10,806
2015	Shortfall	<u>(15,643)</u>	7		<u>(2,601)</u>
Total		\$ 234,086		\$	153,503

**Attachment to 2015 Form 5500 Schedule SB,
Line 24 – Change in Actuarial Assumptions**

**Plan Name: The Western States Machine Company Retirement Plan
Plan Sponsor: Western States Machine Company**

**E.I.N.: 31-0487310 Plan No.: 003
Plan Year: January 1, 2015 to December 31, 2015**

For 2015, the expected investment return was lowered from 8.00% to 7.50%

For 2015, plan expenses were equal to \$35,000 (previously, \$24,000).