

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2015 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☒ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>KIRK AND BLUM MANUFACTURING COMPANY SHEET METAL WORKERS LOCAL UNION 183 PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">002</td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>12/31/1958</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	002	1c Effective date of plan <u>12/31/1958</u>	
1b Three-digit plan number (PN) ▶	002				
1c Effective date of plan <u>12/31/1958</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>KIRK AND BLUM MANUFACTURING COMPANY</u> <u>4625 RED BANK ROAD, SUITE 200</u> <u>CINCINNATI, OH 45227</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-0341570</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>513-458-2600</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>238100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-0341570</u>	2c Plan Sponsor's telephone number <u>513-458-2600</u>	2d Business code (see instructions) <u>238100</u>	
2b Employer Identification Number (EIN) <u>31-0341570</u>					
2c Plan Sponsor's telephone number <u>513-458-2600</u>					
2d Business code (see instructions) <u>238100</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2016	EDWARD J. PRAJZNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 196
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) 0
a(2) Total number of active participants at the end of the plan year	6a(2) 0
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B 3D	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

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

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

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

▶ Round off amounts to nearest dollar.
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan KIRK AND BLUM MANUFACTURING COMPANY SHEET METAL WORKERS LOCAL UNION 183 PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF KIRK AND BLUM MANUFACTURING COMPANY	D Employer Identification Number (EIN) 31-0341570

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	6183898	
b Actuarial value	2b	6258136	
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	102	4330639	4330639
b For terminated vested participants	94	2161681	2161681
c For active participants	0	0	0
d Total	196	6492320	6492320
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.23%	
6 Target normal cost	6	22000	

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	06/24/2016	Date
RANDALL N. SMITH	14-06649	Most recent enrollment number
Type or print name of actuary	513-891-0270	Telephone number (including area code)
CUNI, RUST & STRENK		
Firm name		
4555 LAKE FOREST DRIVE, SUITE 620 CINCINNATI, OH 45242-3760		
Address of the firm		

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

Part II	Beginning of Year Carryover and Prefunding Balances
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		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	5668	19825
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	5668	19825
10	Interest on line 9 using prior year's actual return of <u>2.75</u> %	156	545
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		6
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>6.45</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance.....		6
d	Portion of (c) to be added to prefunding balance		6
12	Other reductions in balances due to elections or deemed elections	0	
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	5824	20376

Part III Funding Percentages

14	Funding target attainment percentage.....	14	95.98 %
15	Adjusted funding target attainment percentage	15	95.98 %
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	91.49 %
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
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18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)		(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)		(b) Amount paid by employer(s)	(c) Amount paid by employees	
04/14/2015		79083	0					
10/14/2015		10458	0					
01/25/2016		12039	0					
03/11/2016		16900	0					
				Totals ►	18(b)	118480	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	114720

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 64
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	22000										
b Excess assets, if applicable, but not greater than line 31a	31b	0										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment</td> <td>260384</td> <td>90863</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment	260384	90863	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment	260384	90863										
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	112863										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement.....	0	0	0									
36 Additional cash requirement (line 34 minus line 35)	36	112863										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	114720										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	1857										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0										
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0										
40 Unpaid minimum required contributions for all years.....	40	0										

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

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

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

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan KIRK AND BLUM MANUFACTURING COMPANY SHEET METAL WORKERS LOCAL UNION 183 PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 KIRK AND BLUM MANUFACTURING COMPANY	D Employer Identification Number (EIN) 31-0341570	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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-----	---

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

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

U.S. BANK, NA

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 51	NONE	32499	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CUNI, RUST & STRENK, INC.

31-1227755

(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 17 50 70	NONE	25775	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name: RANDALL N. SMITH	b EIN: 31-1227755
c Position: ENROLLED ACTUARY	
d Address: 4555 LAKE FOREST DRIVE SUITE 620 CINCINNATI, OH 45242-3760	e Telephone: 513-891-0270

Explanation: PLAN MERGER.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>		
A Name of plan <u>KIRK AND BLUM MANUFACTURING COMPANY SHEET METAL WORKERS LOCAL UNION 183 PENSION PLAN</u>		B Three-digit plan number (PN) <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>KIRK AND BLUM MANUFACTURING COMPANY</u>		D Employer Identification Number (EIN) <u>31-0341570</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	9718	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	105044	0
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	1365	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	172700	0
(2) U.S. Government securities.....	1c(2)	155831	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	5741031	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	6185689	0

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	24470	0
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	24470	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	6161219	0
---	-----------	---------	---

Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	118480	
(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)		118480

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	13	
(B) U.S. Government securities	2b(1)(B)	7125	
(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)		7138

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	112113	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		112113

(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	8232449	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	8130541	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		101908

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-337678	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-337678

		(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)		5774
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		7735

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	439563	
(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)		439563
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)	68805	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	6362	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		75167
j Total expenses. Add all expense amounts in column (b) and enter total	2j		514730

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-506995
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		5654224

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: MARCUM LLP

(2) EIN: 11-1986323

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒		

	Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	X			
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No Amount:

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
MET-PRO TECHNOLOGIES LLC CONSOLIDATED PENSION PLAN	46-2630972	001

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

Part V Trust Information

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>KIRK AND BLUM MANUFACTURING COMPANY SHEET METAL WORKERS LOCAL UNION 183 PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>KIRK AND BLUM MANUFACTURING COMPANY</u>	D Employer Identification Number (EIN) <u>31-0341570</u>

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	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-0841368</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

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

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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

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

Schedule R (Form 5500) 2015
v. 150123

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

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

18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)
	a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

THE KIRK & BLUM MANUFACTURING CO.
SHEET METAL WORKERS LOCAL UNION 183 PENSION PLAN
FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES
FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

THE KIRK & BLUM MANUFACTURING CO.
SHEET METAL WORKERS LOCAL UNION 183 PENSION PLAN
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INDEPENDENT AUDITORS' REPORT

Participants and Administrator
The Local 183 Pension Committee
The Kirk & Blum Manufacturing Co.
Sheet Metal Workers Local Union 183 Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Kirk & Blum Manufacturing Co. Sheet Metal Workers Local Union 183 Pension 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

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by U.S. Bank, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of and for the years ended December 31, 2015 and 2014, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Emphasis of Matter – Plan Merger

As discussed in Note 1, effective December 31, 2015 the Plan was merged into the Met-Pro Technologies LLC Consolidated Pension Plan.

Other Matter – Supplemental Schedules

The supplemental Schedule H, Line 4i- Schedule of Assets (Held at End of Year) as of December 31, 2015 and the Schedule H, Line 4j- Schedule of Reportable (5%) Transactions for the year ended December 31, 2015, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

Report on Form and Content in Compliance With DOL Rules and Regulations 2015

The form and content of the information included in the 2015 financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Marcum LLP

Philadelphia, PA
October 12, 2016

THE KIRK & BLUM MANUFACTURING CO.

SHEET METAL WORKERS LOCAL UNION 183 PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2015 AND 2014

	<u>2015</u>	<u>2014</u>
Assets		
Cash and cash equivalents	\$5,582,985	\$ 9,718
Investments, at fair value (see Note 5)	<u>2,220</u>	<u>6,069,562</u>
	5,585,205	6,079,280
Receivables:		
Accrued income	80	1,365
Employer contribution	<u>28,939</u>	<u>105,044</u>
	<u>29,019</u>	<u>106,409</u>
Total Assets	5,614,224	6,185,689
Liabilities		
Due to Met-Pro Technologies LLC		
Consolidated Pension Plan	5,579,224	--
Accrued expenses	<u>35,000</u>	<u>24,470</u>
Total Liabilities	<u>5,614,224</u>	<u>24,470</u>
Net Assets Available for Benefits	<u>\$ --</u>	<u>\$6,161,219</u>

The accompanying notes are an integral part of these financial statements

THE KIRK & BLUM MANUFACTURING CO.

SHEET METAL WORKERS LOCAL UNION 183 PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

	<u>2015</u>	<u>2014</u>
Additions to Net Assets Attributed to:		
Investment Income:		
Net (depreciation) appreciation in fair value of investments	\$ (229,996)	\$ 67,902
Dividends	112,113	131,814
Interest	<u>7,138</u>	<u>7,139</u>
Total Investment Income	(110,745)	206,855
Employer Contributions	<u>118,480</u>	<u>331,814</u>
Total Additions	7,735	538,669
Deductions from Net Assets Attributed to:		
Benefits paid directly to participants	439,563	423,188
Administrative expenses	68,805	63,800
Other Expenses	<u>6,362</u>	<u>10,410</u>
Total Deductions	<u>514,730</u>	<u>497,398</u>
Net (Decrease) Increase	(506,995)	41,271
Transfers of Assets out of the Plan	(5,654,224)	--
Net Assets Available for Benefits		
Beginning of year	<u>6,161,219</u>	<u>6,119,948</u>
End of year	<u>\$ --</u>	<u>\$6,161,219</u>

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

THE KIRK & BLUM MANUFACTURING CO.
SHEET METAL WORKERS LOCAL UNION 183 PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

NOTE 1 - DESCRIPTION OF PLAN

The following description of The Kirk & Blum Manufacturing Co. Sheet Metal Workers Local Union 183 Pension Plan (the “Plan”) provides only general information. Participants should refer to the Plan’s adoption agreement for a more complete description of the Plan’s provisions.

GENERAL

The Plan provides defined retirement, death and permanent disability benefits to employees of The Kirk & Blum Manufacturing Co. (the “Company”), a wholly-owned subsidiary of CECO Environmental Corp., who are members of The Sheet Metal Workers International Association, Local Union 183. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan was most recently restated effective January 2012 to comply with the Economic Growth and Tax Relief Reconciliation Act of 2001 and other legislative and regulatory changes.

The Company's Local 183 Pension Committee (the “Committee”) and plan administrator control and manage the operation and administration of the Plan. The Committee has all powers necessary to carry out the provisions of the Plan and to satisfy the requirements of any applicable law. U.S. Bank, N.A. is the trustee (“Trustee”) of the Plan.

Effective December 31, 2015 the Plan was amended and the assets of the Plan were merged in to the Met-Pro Technologies LLC Consolidated Pension Plan as directed by the Met-Pro Technologies LLC delegate. The total assets transferred from the Plan were \$5,654,224 of which \$5,579,224 is included as a due to Met-Pro Technologies LLC Consolidated Pension Plan on the statement of net assets available for benefits.

FUNDING POLICY

The Company's funding policy is to contribute funds to the trust for the Plan as necessary to provide for current service and for any unfunded projected benefit obligation over a reasonable period. To the extent that these requirements are fully covered by assets in the trust, the Company may elect not to make any contribution in a particular year. The Company elected to contribute \$118,480 and \$331,814 in 2015 and 2014, respectively. The Company's contributions for 2015 and 2014 met the minimum funding requirements of ERISA.

THE KIRK & BLUM MANUFACTURING CO.
SHEET METAL WORKERS LOCAL UNION 183 PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

PENSION BENEFITS

Participants or their beneficiaries are entitled to receive benefits under this Plan upon the earlier of their retirement, disability or death. Normal retirement age is the latter of age 65 or the fifth anniversary of plan participation; however, retirement may be postponed or early retirement elected at age 62 with certain limitations. Normal retirement benefits are calculated based on hours worked for each calendar year of employment, multiplied by a set factor for each specific calendar year worked. However, the annual benefit may be limited from time to time by the Commissioner of the Internal Revenue Service. In most cases, benefits are paid in the form of a life annuity, a qualified joint and survivor annuity, or a life annuity with term certain. Accrued benefits of \$5,000 or less are paid in a lump sum.

DEATH AND DISABILITY BENEFITS

A participant's beneficiary, should the option have been elected by the participant, shall receive a life annuity equal to the amount the participant would have received upon retirement under a joint and 50% or 75% survivor pension. If an active, vested participant dies prior to retirement, the spouse is eligible for a life annuity.

Disability benefits commence five months after the date on which the Participant is determined to be disabled by the Social Security Administration.

VESTING

A participant becomes 100% vested upon the completion of three years of service with no vesting occurring prior to that time, or upon total and permanent disability.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

The following are the significant accounting policies followed by the Plan:

BASIS OF ACCOUNTING

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

THE KIRK & BLUM MANUFACTURING CO.
SHEET METAL WORKERS LOCAL UNION 183 PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

NEW ACCOUNTING PRONOUNCEMENTS

In May 2015, the Financial Accounting Standards Board (“FASB”) issued Accounting Standards Update (“ASU”) No. 2015-07, “Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or its Equivalent)”. The amendments in ASU 2015-07 remove the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. However, sufficient information must be provided to permit reconciliation of the fair value of assets categorized within the fair value hierarchy to the amounts presented in the statements of net assets available for benefits. The amendments also remove the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the net asset value per share practical expedient. The amendments in ASU 2015-07 are effective for the Plan for fiscal years beginning after December 15, 2016, with early adoption permitted. Management elected to early adopt this standard in 2015, and retrospectively present the common/collective trust separately outside of the fair value hierarchy schedule.

In July 2015, the FASB issued ASU 2015-12, Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), 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. Part I eliminates the requirements to measure the fair value of fully benefit-responsive investment contracts and provide certain disclosures. Contract value is the only required measure for fully benefit-responsive investment contracts. Part II eliminates the requirements to disclose individual investments that represent 5 percent or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Part I and III is not applicable to the Plan. The ASU is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Part II is to be applied retrospectively. Management has elected to adopt II early.

THE KIRK & BLUM MANUFACTURING CO.
SHEET METAL WORKERS LOCAL UNION 183 PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES (CONTINUED)

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 and liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the beginning of the year. Actual results could differ from those estimates.

INVESTMENT VALUATION AND INCOME RECOGNITION

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the Trustee. See Note 5 for discussion of fair value measurements.

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

PAYMENTS OF BENEFITS

Benefit payments to participants are recorded upon distribution

ADMINISTRATIVE EXPENSES

The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Certain administrative functions are performed by employees of the Company. No employees receive compensation from the Plan. Certain expenses incurred in connection with the administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

THE KIRK & BLUM MANUFACTURING CO.
SHEET METAL WORKERS LOCAL UNION 183 PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

NOTE 3 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions for the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on the employee's hours of service while employed by the Company. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances (retirement, death or disability) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of December 31, 2015 and 2014 were:

	<u>December 31, 2014</u>	<u>December 31, 2013</u>
Life Expectancy of Participants	RP-2014 Mortality Table Projected generationally With MP-2014	RP-2014 Mortality Table Projected generationally With MP-2014
Interest rate:		
Pre-retirement	7.50%	7.70%
Post-retirement	7.50%	7.50%
Normal retirement age	65	65

For the year ended December 31, 2015, there were no changes to actuarial assumptions and methods:

- a. The expense load was decreased from \$30,000 to \$22,000.

THE KIRK & BLUM MANUFACTURING CO.

SHEET METAL WORKERS LOCAL UNION 183 PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

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

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 was merged into the Met-Pro Technologies LLC Consolidated Pension Plan, See Note 1.

Accumulated plan benefits are summarized as follows as of December 31:

	<u>2014</u>	<u>2013</u>
Actuarial present value of accumulated plan benefits:		
Vested:		
Actives	\$ --	\$ 901,311
Vested terminated and transfers	1,959,434	1,225,254
Retirees and beneficiaries	<u>4,113,600</u>	<u>3,888,124</u>
	6,073,034	6,014,689
Non-vested	<u>--</u>	<u>21,055</u>
Total actuarial present value of accumulated plan benefits	<u>\$6,073,034</u>	<u>\$6,035,744</u>

The change in the actuarial present value of accumulated plan benefits is summarized as follows:

	<u>2014</u>	<u>2013</u>
Actuarial present value of accumulated plan benefits at beginning of period	\$6,035,744	\$5,518,370
Increases (decrease) during period due to:		
Decrease in the discount period	425,616	425,713
Benefits paid	(422,950)	(401,632)
Plan expense and benefit accrual	(6,344)	46,410
Changes in assumptions	<u>40,968</u>	<u>446,883</u>
Actuarial present value of accumulated plan benefits at end of period	<u>\$6,073,034</u>	<u>\$6,035,744</u>

THE KIRK & BLUM MANUFACTURING CO.
SHEET METAL WORKERS LOCAL UNION 183 PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

NOTE 4 – PLAN TERMINATION

In the event that the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and the related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (“PBGC”) (a U.S. government agency) up to the applicable limitations (discussed subsequently).
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor’s pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan’s termination. However, a statutory ceiling exists, which is adjusted periodically, on the amount of an individual’s monthly benefit that the PBGC guarantees. For plan terminations occurring during 2015, that ceiling is \$5,011 per month (\$60,136 per year). That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan’s net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

THE KIRK & BLUM MANUFACTURING CO.
SHEET METAL WORKERS LOCAL UNION 183 PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

NOTE 5 - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under FASB Accounting Standards Codification ("ASC") 820 are described as follows:

Level 1 Fair Value Measurements

Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access at measurement date.

Level 2 Fair Value Measurements

Inputs other than quoted prices included within Level 1 that are observable for the assets or liabilities, either directly or indirectly such as:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term the Level 2 input must be observable for substantially the full-term of the asset or liability.

Level 3 Fair Value Measurements

Inputs to the valuation methodology are unobservable inputs for the asset or liability.

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

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

THE KIRK & BLUM MANUFACTURING CO.
SHEET METAL WORKERS LOCAL UNION 183 PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

NOTE 5 - FAIR VALUE MEASUREMENTS (CONTINUED)

	Assets at Fair Value as of December 31, 2015			
	Level 1	Level 2	Level 3	Total
Assets				
Money Market Account	\$5,582,538	\$ --	\$ --	\$5,582,538
Mutual Funds	<u>2,220</u>	<u>--</u>	<u>--</u>	<u>2,220</u>
Total Assets in the Fair Value Hierarchy	<u>\$5,584,758</u>	<u>\$ --</u>	<u>\$ --</u>	<u>\$5,584,758</u>

	Assets at Fair Value as of December 31, 2014			
	Level 1	Level 2	Level 3	Total
Assets				
Mutual Funds	<u>6,069,562</u>	<u>--</u>	<u>--</u>	<u>6,069,562</u>
Total Assets in the Fair Value Hierarchy	<u>\$6,069,562</u>	<u>\$ --</u>	<u>\$ --</u>	<u>\$6,069,562</u>

TRANSFERS BETWEEN LEVELS

For the years ended December 31, 2015 and 2014, there were no transfers between levels 1 and 2 and no transfers in or out of level 3.

The following is a description of the valuation methodologies applied to the Plan's major classes of assets measured at fair value on a recurring basis:

MUTUAL FUNDS

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

THE KIRK & BLUM MANUFACTURING CO.
SHEET METAL WORKERS LOCAL UNION 183 PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

NOTE 6 – UNAUDITED INFORMATION CERTIFIED BY THE PLAN TRUSTEE

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, U.S. Bank, the trustee of the Plan, has certified that the following data included in the accompanying financial statements and supplemental schedule are complete and accurate with respect to investments:

- Investments at fair value
- Accrued dividends and interest
- Net (depreciation) appreciation in fair value of investments
- Cash – non-interest bearing
- Dividends and interest
- Schedule of assets (held at end of year)
- Schedule of reportable (5%) transactions

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

NOTE 7 - TAX STATUS

The Plan was established using a prototype plan document sponsored by Dinsmore & Shohl, LLP. The prototype plan obtained its latest determination letter on March 31, 2010, in which the Internal Revenue Service stated that the prototype plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

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. The Plan is

THE KIRK & BLUM MANUFACTURING CO.
SHEET METAL WORKERS LOCAL UNION 183 PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

NOTE 7 - TAX STATUS (CONTINUED)

subject to routine audit; however, there are currently no audits for any tax periods in progress.

NOTE 8 – PARTY-IN-INTEREST TRANSACTIONS

All plan investments as of December 31, 2015 and 2014 were managed by the Trustee. The Trustee as well as two other professional service companies provided services to the Plan, and therefore, all transactions qualified as party-in-interest transactions. Fees paid by the Plan to parties-in-interest were as follows for the year:

	<u>2015</u>	<u>2014</u>
Trustee for investment management services	\$26,662	\$29,829
Actuarial services	25,143	21,471
Auditor services	<u>17,000</u>	<u>12,500</u>
	<u>\$68,805</u>	<u>\$63,800</u>

NOTE 9 - RISKS AND UNCERTAINTIES

At December 31, 2015 and 2014, the Plan maintained 100% of its investments and cash with the Trustee.

The Plan places its cash deposits and temporary cash investments with financial institutions that at times may be uninsured or in deposit accounts that exceed the Federal Deposit Insurance Corporation (“FDIC”) insurance limit. At December 31, 2015 and 2014 the Plan’s cash is held at one financial institution.

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 change could materially affect the amounts reported in the statements of net assets available for benefits.

THE KIRK & BLUM MANUFACTURING CO.
SHEET METAL WORKERS LOCAL UNION 183 PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

NOTE 9 - RISKS AND UNCERTAINTIES (CONTINUED)

The actuarial present value of accumulated plan benefits is 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 – SUBSEQUENT EVENTS

Management evaluated subsequent events occurring through October 12, 2016, the date that the accompanying financial statements were available to be issued and determined that there were no such events or transactions which require recognition or disclosure in the financial statements.

**THE KIRK & BLUM MANUFACTURING CO.
SHEET METAL WORKERS LOCAL UNION 183 PENSION PLAN**

EIN: 31-0341570

PLAN #002

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2015**

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Mutual Funds:			
	Federated Institutional High Yield Bond Fund	Mutual Fund	\$ 770	\$ 770
	American Century Diversified Bond Institutional fund	Mutual Fund	<u>1,450</u>	<u>1,450</u>
	Total Mutual Funds		<u>220</u>	<u>2,220</u>
	Cash Equivalents:			
	Cash	Cash	447	447
	First American Prime Obligation Fund	Money Market	<u>5,582,538</u>	<u>5,582,538</u>
	Total Cash Equivalents		<u>5,582,985</u>	<u>5,582,985</u>
	Total Investments		<u>\$5,585,205</u>	<u>\$5,585,205</u>

See independent auditors' report.

THE KIRK & BLUM MANUFACTURING CO.

SHEET METAL WORKERS LOCAL UNION 183 PENSION PLAN

EIN: 31-0341570

PLAN #002

**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE (5%) TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2015**

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of asset (including interest rate and maturity in case of a loan)	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain (loss)
IShares Core Total US Bond Market ETF	Mutual fund	\$362,253	\$ --	\$362,253		\$ --
Nuveen Real Estate Secure R6	Mutual fund	--	348,552	347,917		635

See independent auditors' report.

Schedule SB, Line 26 – Schedule of Active Participant Data
Plan Name: Kirk & Blum Mfg. Co. Sheetmetal Workers Local Union 183 Pension Plan
EIN: 31-0341570
PN: 002

EIN: 31-0341570

Years of Credited Service:

[illegible]

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

Plan Name: The Kirk & Blum Mfg. Co. Sheetmetal Workers Local Union 183 Pension Plan

EIN: 31-0341570

PN: 002

1. Segment Rates: 4.72%, 6.11%, and 6.81% Highway and Transportation Funding Act relief segment rates for January 1, 2015.

2. Mortality Rates: 2015 Combined Static Mortality Table with Small Plan Adjustment.

3. Retirement Rates:

a. Actives	<u>Age</u>	<u>Rate</u>
	62	0.10
	63	0.30
	64	0.50
	65	1.00

b. Terminated Vesteds Age 65.

4. Termination Rates:

<u>Age</u>	<u>Years of Service</u>			
	<u>1st Yr.</u>	<u>2nd Yr.</u>	<u>3rd Yr.</u>	<u>> 4th Yr.</u>
25	0.2569	0.1326	0.0727	0.0669
30	0.2314	0.1125	0.0582	0.0482
35	0.2083	0.0940	0.0455	0.0326
40	0.1867	0.0780	0.0341	0.0203
45	0.1671	0.0644	0.0245	0.0120
50	0.0030	0.0040	0.0050	0.0045
55+	0.0000	0.0000	0.0000	0.0000

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

Plan Name: The Kirk & Blum Mfg. Co. Sheetmetal Workers Local Union 183 Pension Plan

EIN: 31-0341570

PN: 002

5. Percent Married/Spousal Age: 90%, with wives three years younger than their husbands.

6. Number of Hours Worked: 1,600 per year.

7. <u>Disability Rates:</u>	<u>Age</u>	<u>Male</u>	<u>Female</u>
	20	0.0004	0.0004
	25	0.0004	0.0004
	30	0.0004	0.0006
	35	0.0005	0.0010
	40	0.0011	0.0018
	45	0.0022	0.0034
	50	0.0046	0.0056
	55	0.0096	0.0089
	60	0.0161	0.0127
	65	0.0000	0.0000

8. Expense Load: \$22,000 per year.

9. Actuarial Cost Method: Unit Credit.

10. Actuarial Value of Assets: Asset smoothing allowed under PPA.

11. Changes Since Last Year: The segment rates and mortality table were updated to 2015 in accordance with PPA and HATFA. The expense load was revised.

THE KIRK & BLUM MANUFACTURING CO.

SHEET METAL WORKERS LOCAL UNION 183 PENSION PLAN

EIN: 31-0341570

PLAN #002

**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE (5%) TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2015**

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of asset (including interest rate and maturity in case of a loan)	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain (loss)
IShares Core Total US Bond Market ETF	Mutual fund	\$ 362,253	\$ --	\$ 362,253		\$ --
Nuveen Real Estate Secure R6	Mutual fund	--	348,552	347,917		635

See independent auditors' report.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>		
► 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 Kirk and Blum Manufacturing Company Sheet Metal Workers Local Union 183 Pension Plan	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Kirk and Blum Manufacturing Company	D Employer Identification Number (EIN) 31-0341570	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2015</u>			
2 Assets:		2a	6,183,898
a Market value		2b	6,258,136
b Actuarial value			
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	102	4,330,639	4,330,639
b For terminated vested participants	94	2,161,681	2,161,681
c For active participants	0	0	0
d Total	196	6,492,320	6,492,320
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate		5	6.23 %
6 Target normal cost		6	22,000

Statement by Enrolled Actuary																																		
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.																																		
<table style="width:100%;"> <tr> <td style="width:15%; background-color: #f2f2f2;">SIGN HERE</td> <td style="width:45%; text-align: center;"> </td> <td style="width:40%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">Signature of actuary</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">Randall N. Smith</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">Type or print name of actuary</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">Cuni, Rust & Strenk</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">Firm name</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">4555 Lake Forest Drive, Suite 620</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">US Cincinnati OH 45242-3760</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">Address of the firm</td> <td></td> </tr> </table>	SIGN HERE				Signature of actuary			Randall N. Smith			Type or print name of actuary			Cuni, Rust & Strenk			Firm name			4555 Lake Forest Drive, Suite 620			US Cincinnati OH 45242-3760			Address of the firm		<table style="width:100%;"> <tr> <td style="text-align: center;">06/24/2016</td> </tr> <tr> <td style="text-align: center;">Date</td> </tr> <tr> <td style="text-align: center;">14-06649</td> </tr> <tr> <td style="text-align: center;">Most recent enrollment number</td> </tr> <tr> <td style="text-align: center;">(513) 891-0270</td> </tr> <tr> <td style="text-align: center;">Telephone number (including area code)</td> </tr> </table>	06/24/2016	Date	14-06649	Most recent enrollment number	(513) 891-0270	Telephone number (including area code)
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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)	5,668	19,825
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	5,668	19,825
10 Interest on line 9 using prior year's actual return of <u>2.75</u> %	156	545
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		6
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>6.45</u> %.....		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance .		6
d Portion of (c) to be added to prefunding balance		6
12 Other reductions in balances due to elections or deemed elections	0	
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	5,824	20,376

Part III Funding Percentages

14 Funding target attainment percentage	14	95.98 %
15 Adjusted funding target attainment percentage	15	95.98 %
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	91.49 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2015	79,083				
10/14/2015	10,458				
01/25/2016	12,039				
03/11/2016	16,900				
Totals ▶ 18(b)				118,480	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	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	114,720

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:			
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 64
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	22,000	
b Excess assets, if applicable, but not greater than line 31a	31b		
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	260,384		90,863
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	112,863	
	Carryover balance	Prefunding Balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	112,863	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	114,720	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1,857	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

Schedule SB, line 19 – Discounted Employer Contributions.

Plan Name: The Kirk & Blum Mfg. Co. Sheetmetal Workers Local Union 183 Pension Plan

EIN: 31-0341570

PN: 002

Effective Interest Rate: 6.23%

Late Quarterly Interest Rate: 11.23%

	<u>Date</u>	<u>Contribution Amount</u>	<u># Days to 1/1/2015</u>	<u>Discounted Contributions</u>
	4/14/2015	\$79,083	103	\$77,746
	10/14/2015	10,458	286	9,974
	1/25/2016	12,039	389	11,274
	3/11/2016	<u>16,900</u>	435	<u>15,726</u>
TOTAL		\$118,480		\$114,720

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

Plan Name: The Kirk & Blum Mfg. Co. Sheetmetal Workers Local Union 183 Pension Plan

EIN: 31-0341570

PN: 002

(A) Early Retirement Age	(B) Retirement Rates	(C) Fraction Remaining	(D) Probability Distribution	(E) Sum Weighted Average Age
62	10%	0.9000	10.00%	6.2000
63	30%	0.6300	27.00%	17.0100
64	50%	0.3150	31.50%	20.1600
65	100%	0.0000	31.50%	<u>20.4750</u>

Weighted Average Retirement Age**64**

The Retirement Rates (Column B) at each Early Retirement Age (Column A) are converted to a probability distribution (Column D). The products of Column A and Column D are summed to determine the resulting Weighted Average Retirement Age.

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: The Kirk & Blum Mfg. Co. Sheetmetal Workers Local Union 183 Pension Plan

EIN: 31-0341570

PN: 002

1. Effective Date: December 31, 1958.
2. Plan Year: January 1st through December 31st.
3. Covered Employees: All employees of Kirk & Blum Manufacturing Company. who are members of Sheet Metal Workers Local Union 183.
4. Eligibility: 1st of the month following membership in the Sheet Metal Workers Local Union 183.
5. Year of Service: 1 Year of Service is granted if 1,000 Hours of Service is performed during a Plan Year.
6. Pension Credit: Determined by Hours of Service completed during the Plan Year based on the following schedule:

Hours of <u>Service</u>	Pension <u>Credit</u>
< 100	0.0
100 - 199	0.2
200 - 399	0.3
400 - 599	0.4
600 - 799	0.5
800 - 999	0.6
1,000 - 1,199	0.7
1,200 - 1,399	0.8
1,400 - 1,599	0.9
> 1,600	1.0

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: The Kirk & Blum Mfg. Co. Sheetmetal Workers Local Union 183 Pension Plan

EIN: 31-0341570

PN: 002

7. Normal Retirement:

- a. Eligibility Age 65 and 5th anniversary of Plan participation.
- b. Monthly Benefit Sum of the Pension Credits earned in a given time period times the benefit rate in effect for that period.

<u>Time Period</u>	<u>Benefit Rate</u>
Before 09/01/63	\$ 1.50
09/01/63 – 03/21/72	\$ 1.75
03/21/72 – 03/01/75	\$ 5.00
03/01/75 – 03/31/87	\$ 9.00
04/01/87 – 03/31/88	\$ 11.00
04/01/88 – 03/31/89	\$ 13.00
04/01/89 – 03/31/90	\$ 14.00
04/01/90 – 03/31/91	\$ 16.00
04/01/91 – 03/31/92	\$ 18.00
04/01/92 – 03/31/93	\$ 19.00
04/01/93 – 03/31/94	\$ 21.00
04/01/94 – 12/31/94	\$ 23.00
01/01/95 – 12/31/95	\$ 25.00
01/01/96 – 12/31/96	\$ 28.00
01/01/97 – 12/31/97	\$ 30.00
01/01/98 – 12/31/98	\$ 32.00
01/01/99 – 12/31/99	\$ 34.00
01/01/00 – 12/31/00	\$ 36.00
01/01/01 – 12/31/02	\$ 38.00
01/01/03 – 12/31/03	\$ 39.00
01/01/04 – 12/31/07	\$ 40.00
01/01/08 and after	\$ 41.00

8. Early Retirement:

- a. Eligibility Age 62 and 5 Years of Service.
- b. Monthly Benefit Calculated as for Normal Retirement without reduction for early commencement.

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: The Kirk & Blum Mfg. Co. Sheetmetal Workers Local Union 183 Pension Plan

EIN: 31-0341570

PN: 002

9. Vested Retirement:

- | | |
|--------------------|---|
| a. Eligibility | 3 Years of Service. |
| b. Monthly Benefit | Calculated as for Normal Retirement. Participant may elect to receive benefit calculated as for Early Retirement. |

10. Disabled Retirement:

- | | |
|--------------------|---|
| a. Eligibility | Total and Permanent Disability. |
| b. Monthly Benefit | Calculated as for Normal Retirement payable immediately without reduction for early commencement. |

11. Pre-Retirement Death:

- | | |
|--------------------|--|
| a. Eligibility | Married and 3 Years of Service. |
| b. Monthly Benefit | Calculated as for Early Retirement reflecting a 50% Joint & Survivor annuity payment form with death immediately after Early Retirement. |

12. Payment Forms:

- | | |
|-------------|--|
| a. Normal | Life annuity for single participants and an Actuarially Equivalent 50% Joint & Survivor Annuity (QJSA) for married participants. |
| b. Optional | Actuarially equivalent 66 ^{2/3} %, 75% or 100% Joint & Survivor Annuity (QOSA) or a 5- or 10-Year Certain & Life annuity. |

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: The Kirk & Blum Mfg. Co. Sheetmetal Workers Local Union 183 Pension Plan

EIN: 31-0341570

PN: 002

13. Actuarial Equivalency:

a. Other Than Lump Sums

UP 1984 Mortality Table at 8.00%.

b. Lump Sums

2014 IRS Applicable Mortality Table (under Rev. Ruling 2007-67) and the 417(e) segment interest rates for the November prior to the Plan Year.

14. Changes Since Last Year:

None.

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

Plan Name: The Kirk & Blum Mfg. Co. Sheetmetal Workers Local Union 183 Pension Plan

EIN: 31-0341570

PN: 002

1. Segment Rates: 4.72%, 6.11%, and 6.81% Highway and Transportation Funding Act relief segment rates for January 1, 2015.

2. Mortality Rates: 2015 Combined Static Mortality Table with Small Plan Adjustment.

3. Retirement Rates:

a. Actives	<u>Age</u>	<u>Rate</u>
	62	0.10
	63	0.30
	64	0.50
	65	1.00

- b. Terminated Vesteds Age 65.

4. Termination Rates:

<u>Age</u>	<u>Years of Service</u>			
	<u>1st Yr.</u>	<u>2nd Yr.</u>	<u>3rd Yr.</u>	<u>> 4th Yr.</u>
25	0.2569	0.1326	0.0727	0.0669
30	0.2314	0.1125	0.0582	0.0482
35	0.2083	0.0940	0.0455	0.0326
40	0.1867	0.0780	0.0341	0.0203
45	0.1671	0.0644	0.0245	0.0120
50	0.0030	0.0040	0.0050	0.0045
55+	0.0000	0.0000	0.0000	0.0000

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

Plan Name: The Kirk & Blum Mfg. Co. Sheetmetal Workers Local Union 183 Pension Plan

EIN: 31-0341570

PN: 002

5. Percent Married/Spousal Age: 90%, with wives three years younger than their husbands.

6. Number of Hours Worked: 1,600 per year.

7. <u>Disability Rates:</u>	<u>Age</u>	<u>Male</u>	<u>Female</u>
	20	0.0004	0.0004
	25	0.0004	0.0004
	30	0.0004	0.0006
	35	0.0005	0.0010
	40	0.0011	0.0018
	45	0.0022	0.0034
	50	0.0046	0.0056
	55	0.0096	0.0089
	60	0.0161	0.0127
	65	0.0000	0.0000

8. Expense Load: \$22,000 per year.

9. Actuarial Cost Method: Unit Credit.

10. Actuarial Value of Assets: Asset smoothing allowed under PPA.

11. Changes Since Last Year: The segment rates and mortality table were updated to 2015 in accordance with PPA and HATFA. The expense load was revised.

Schedule SB, line 24 – Justification for Change in Actuarial Assumptions

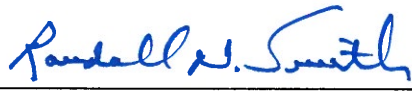
Plan Name: The Kirk & Blum Mfg. Co. Sheetmetal Workers Local Union 183 Pension Plan

EIN: 31-0341570

PN: 002

Effective with the January 1, 2015 valuation, the following assumptions were changed based upon historical Plan and industry data as an indicator of anticipated future experience:

- The expense load was changed from \$30,000 to \$22,000 to better reflect actual experience.

 (signed)

Randall N. Smith

Enrollment # 14-06649

Schedule SB, Line 26 – Schedule of Active Participant Data
Plan Name: Kirk & Blum Mfg. Co. Sheetmetal Workers Local Union 183 Pension Plan
EIN: 31-0341570
PN: 002

EIN: 31-0341570

Years of Credited Service:

[illegible]

Schedule SB, Line 32 – Schedule of Amortization Bases

Plan Name: The Kirk & Blum Mfg. Co. Sheetmetal Workers Local Union 183 Pension Plan

EIN: 31-0341570

PN: 002

<u>Type</u>	Present Value of Remaining <u>Installments</u>	Date <u>Established</u>	Rem. <u>Years</u>	Amortization <u>Installment</u>
Shortfall	\$ (52,266)	01/01/2009	1	\$ (52,266)
Shortfall	211,287	01/01/2010	2	108,079
Shortfall	237,731	01/01/2011	3	82,925
Shortfall	(469,282)	01/01/2012	4	(125,557)
Shortfall	447,186	01/01/2013	5	97,871
Shortfall	(54,060)	01/01/2014	6	(10,176)
Shortfall	<u>(60,212)</u>	01/01/2015	7	<u>(10,013)</u>
	\$ 260,384			\$ 90,863

Schedule SB, line 19 – Discounted Employer Contributions.

Plan Name: The Kirk & Blum Mfg. Co. Sheetmetal Workers Local Union 183 Pension Plan

EIN: 31-0341570

PN: 002

Effective Interest Rate: 6.23%

Late Quarterly Interest Rate: 11.23%

	<u>Date</u>	<u>Contribution Amount</u>	<u># Days to 1/1/2015</u>	<u>Discounted Contributions</u>
	4/14/2015	\$79,083	103	\$77,746
	10/14/2015	10,458	286	9,974
	1/25/2016	12,039	389	11,274
	3/11/2016	<u>16,900</u>	435	<u>15,726</u>
TOTAL		\$118,480		\$114,720

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

Plan Name: The Kirk & Blum Mfg. Co. Sheetmetal Workers Local Union 183 Pension Plan

EIN: 31-0341570

PN: 002

(A) Early Retirement Age	(B) Retirement Rates	(C) Fraction Remaining	(D) Probability Distribution	(E) Sum Weighted Average Age
62	10%	0.9000	10.00%	6.2000
63	30%	0.6300	27.00%	17.0100
64	50%	0.3150	31.50%	20.1600
65	100%	0.0000	31.50%	<u>20.4750</u>

Weighted Average Retirement Age**64**

The Retirement Rates (Column B) at each Early Retirement Age (Column A) are converted to a probability distribution (Column D). The products of Column A and Column D are summed to determine the resulting Weighted Average Retirement Age.

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: The Kirk & Blum Mfg. Co. Sheetmetal Workers Local Union 183 Pension Plan

EIN: 31-0341570

PN: 002

1. Effective Date: December 31, 1958.
2. Plan Year: January 1st through December 31st.
3. Covered Employees: All employees of Kirk & Blum Manufacturing Company. who are members of Sheet Metal Workers Local Union 183.
4. Eligibility: 1st of the month following membership in the Sheet Metal Workers Local Union 183.
5. Year of Service: 1 Year of Service is granted if 1,000 Hours of Service is performed during a Plan Year.
6. Pension Credit: Determined by Hours of Service completed during the Plan Year based on the following schedule:

Hours of <u>Service</u>	Pension <u>Credit</u>
< 100	0.0
100 - 199	0.2
200 - 399	0.3
400 - 599	0.4
600 - 799	0.5
800 - 999	0.6
1,000 - 1,199	0.7
1,200 - 1,399	0.8
1,400 - 1,599	0.9
> 1,600	1.0

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: The Kirk & Blum Mfg. Co. Sheetmetal Workers Local Union 183 Pension Plan

EIN: 31-0341570

PN: 002

7. Normal Retirement:

- a. Eligibility Age 65 and 5th anniversary of Plan participation.
- b. Monthly Benefit Sum of the Pension Credits earned in a given time period times the benefit rate in effect for that period.

<u>Time Period</u>	<u>Benefit Rate</u>
Before 09/01/63	\$ 1.50
09/01/63 – 03/21/72	\$ 1.75
03/21/72 – 03/01/75	\$ 5.00
03/01/75 – 03/31/87	\$ 9.00
04/01/87 – 03/31/88	\$ 11.00
04/01/88 – 03/31/89	\$ 13.00
04/01/89 – 03/31/90	\$ 14.00
04/01/90 – 03/31/91	\$ 16.00
04/01/91 – 03/31/92	\$ 18.00
04/01/92 – 03/31/93	\$ 19.00
04/01/93 – 03/31/94	\$ 21.00
04/01/94 – 12/31/94	\$ 23.00
01/01/95 – 12/31/95	\$ 25.00
01/01/96 – 12/31/96	\$ 28.00
01/01/97 – 12/31/97	\$ 30.00
01/01/98 – 12/31/98	\$ 32.00
01/01/99 – 12/31/99	\$ 34.00
01/01/00 – 12/31/00	\$ 36.00
01/01/01 – 12/31/02	\$ 38.00
01/01/03 – 12/31/03	\$ 39.00
01/01/04 – 12/31/07	\$ 40.00
01/01/08 and after	\$ 41.00

8. Early Retirement:

- a. Eligibility Age 62 and 5 Years of Service.
- b. Monthly Benefit Calculated as for Normal Retirement without reduction for early commencement.

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: The Kirk & Blum Mfg. Co. Sheetmetal Workers Local Union 183 Pension Plan

EIN: 31-0341570

PN: 002

9. Vested Retirement:

- | | |
|--------------------|---|
| a. Eligibility | 3 Years of Service. |
| b. Monthly Benefit | Calculated as for Normal Retirement. Participant may elect to receive benefit calculated as for Early Retirement. |

10. Disabled Retirement:

- | | |
|--------------------|---|
| a. Eligibility | Total and Permanent Disability. |
| b. Monthly Benefit | Calculated as for Normal Retirement payable immediately without reduction for early commencement. |

11. Pre-Retirement Death:

- | | |
|--------------------|--|
| a. Eligibility | Married and 3 Years of Service. |
| b. Monthly Benefit | Calculated as for Early Retirement reflecting a 50% Joint & Survivor annuity payment form with death immediately after Early Retirement. |

12. Payment Forms:

- | | |
|-------------|--|
| a. Normal | Life annuity for single participants and an Actuarially Equivalent 50% Joint & Survivor Annuity (QJSA) for married participants. |
| b. Optional | Actuarially equivalent 66 ^{2/3} %, 75% or 100% Joint & Survivor Annuity (QOSA) or a 5- or 10-Year Certain & Life annuity. |

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: The Kirk & Blum Mfg. Co. Sheetmetal Workers Local Union 183 Pension Plan

EIN: 31-0341570

PN: 002

13. Actuarial Equivalency:

a. Other Than Lump Sums

UP 1984 Mortality Table at 8.00%.

b. Lump Sums

2014 IRS Applicable Mortality Table (under Rev. Ruling 2007-67) and the 417(e) segment interest rates for the November prior to the Plan Year.

14. Changes Since Last Year:

None.

**THE KIRK & BLUM MANUFACTURING CO.
SHEET METAL WORKERS LOCAL UNION 183 PENSION PLAN**

EIN: 31-0341570

PLAN #002

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2015**

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Mutual Funds:			
	Federated Institutional High Yield Bond Fund	Mutual Fund	\$ 770	\$ 770
	American Century Diversified Bond Institutional fund	Mutual Fund	<u>1,450</u>	<u>1,450</u>
	Total Mutual Funds		<u>220</u>	<u>2,220</u>
	Cash Equivalents:			
	Cash	Cash	447	447
	First American Prime Obligation Fund	Money Market	<u>5,582,538</u>	<u>5,582,538</u>
	Total Cash Equivalents		<u>5,582,985</u>	<u>5,582,985</u>
	Total Investments		<u>\$5,585,205</u>	<u>\$5,585,205</u>

See independent auditors' report.

Schedule SB, Line 32 – Schedule of Amortization Bases

Plan Name: The Kirk & Blum Mfg. Co. Sheetmetal Workers Local Union 183 Pension Plan

EIN: 31-0341570

PN: 002

<u>Type</u>	Present Value of Remaining <u>Installments</u>	Date <u>Established</u>	Rem. <u>Years</u>	Amortization <u>Installment</u>
Shortfall	\$ (52,266)	01/01/2009	1	\$ (52,266)
Shortfall	211,287	01/01/2010	2	108,079
Shortfall	237,731	01/01/2011	3	82,925
Shortfall	(469,282)	01/01/2012	4	(125,557)
Shortfall	447,186	01/01/2013	5	97,871
Shortfall	(54,060)	01/01/2014	6	(10,176)
Shortfall	<u>(60,212)</u>	01/01/2015	7	<u>(10,013)</u>
	\$ 260,384			\$ 90,863

Schedule SB, line 24 – Justification for Change in Actuarial Assumptions

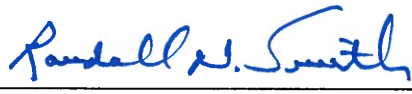
Plan Name: The Kirk & Blum Mfg. Co. Sheetmetal Workers Local Union 183 Pension Plan

EIN: 31-0341570

PN: 002

Effective with the January 1, 2015 valuation, the following assumptions were changed based upon historical Plan and industry data as an indicator of anticipated future experience:

- The expense load was changed from \$30,000 to \$22,000 to better reflect actual experience.

 (signed)

Randall N. Smith

Enrollment # 14-06649