

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>HARTZELL COMPANIES RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶ <u>003</u>
	1c Effective date of plan <u>01/01/1980</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>HARTZELL INDUSTRIES, INC.</u> <u>P.O. BOX 919</u> <u>PIQUA, OH 45356</u>	2b Employer Identification Number (EIN) <u>31-0674874</u> 2c Plan Sponsor's telephone number <u>937-773-6295</u> 2d Business code (see instructions) <u>321210</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/14/2016</u>	<u>JANE FARLEY</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
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

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

Form 5500 (2015)
v. 150123

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	5 205
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 76 6a(2) 68 6b 45 6c 35 6d 148 6e 23 6f 171 6g 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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 HARTZELL COMPANIES RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HARTZELL INDUSTRIES, INC.	D Employer Identification Number (EIN) 31-0674874

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

1 Enter the valuation date: Month 01 Day 01 Year 2015			
2 Assets:			
a Market value	2a	4814519	
b Actuarial value	2b	4814519	
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	66	1778284	1778284
b For terminated vested participants	62	954277	954277
c For active participants	76	2509146	2509146
d Total	204	5241707	5241707
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	6.11%	
6 Target normal cost	6	306776	

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

SIGN HERE		
Signature of actuary	10/13/2016	Date
LIVIA W. PAYLO	14-07469	Most recent enrollment number
Type or print name of actuary	513-784-0005	Telephone number (including area code)
BUCK CONSULTANTS, LLC		
Firm name		
720 E. PETE ROSE WAY, SUITE 300 CINCINNATI, OH 45202		
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 ☐

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 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	306776	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	427188	70148	
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	376924	
	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	376924	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	413378	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	36454	
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 HARTZELL COMPANIES RETIREMENT PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 HARTZELL INDUSTRIES, INC.	D Employer Identification Number (EIN) 31-0674874	

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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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)

MERRILL LYNCH

13-5674085

(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?
28 50 51 52	NONE	26774	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

BUCK CONSULTANTS LLC

13-3954297

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	11310	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLACKROCK INVESTMENT MGMT LLC

20-5319476

(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?
28 50 51	NONE	8236	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)

BANK OF AMERICA

94-1687665

(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 50	NONE	7846	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

a Name: DONALD BUNGENSTOCK	b EIN: 13-3954297
c Position: ENROLLED ACTUARY	
d Address: BUCK CONSULTANTS, LLC 720 E. PETE ROSE WAY, SUITE 300 CINCINNATI, OH 45202	e Telephone: 513-784-0005

Explanation: TERMINATION OF THE ENROLLED ACTUARY'S EMPLOYMENT.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan HARTZELL COMPANIES RETIREMENT PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 HARTZELL INDUSTRIES, INC.	D Employer Identification Number (EIN) 31-0674874	

	Part I Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1	Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
	Assets			
a	Total noninterest-bearing cash	1a	17292	1539
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	103000	110000
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)	9685	10016
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	84935	138877
	(2) U.S. Government securities.....	1c(2)	1067662	965766
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)	704133	678758
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)	2278517	1912521
	(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)	550377	505212
	(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	4815601	4322689

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	10669	2561
k Total liabilities (add all amounts in lines 1g through 1j)	1k	10669	2561

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4804932	4320128
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	440000	
(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)		440000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3	
(B) U.S. Government securities	2b(1)(B)	39893	
(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)	331	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		40227
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	37449	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	16743	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		54192
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	4801764	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	4640915	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		160849
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-243290	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-243290

		(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		451978

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	818400	
(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)		818400
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)	15167	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	45090	
(4) Other	2i(4)	58125	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		118382
j Total expenses. Add all expense amounts in column (b) and enter total	2j		936782

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-484804
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: RSM US LLP

(2) EIN: 42-0714325

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No Amount:

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

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

Part V Trust Information

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.		OMB No. 1210-0110 2015 This Form is Open to Public Inspection.	
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015					
A Name of plan HARTZELL COMPANIES RETIREMENT PLAN				B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 HARTZELL INDUSTRIES, INC.				D Employer Identification Number (EIN) 31-0674874	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 31-0854433					
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	14
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					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.				Schedule R (Form 5500) 2015 v. 150123	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)
	a Enter the percentage of plan assets held as: Stock: _____% 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

Hartzell Companies Retirement Plan

Financial Report
December 31, 2015

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Independent Auditor's Report

To the Participants and Plan Trustees
Hartzell Companies Retirement Plan
Piqua, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Hartzell Companies Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014 and the related statements of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits as of December 31, 2015 and the related statement of changes in accumulated plan benefits for the year then ended and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the 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 3, which was certified or provided by Bank of America, the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes 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. Accordingly, we do not express an opinion on these financial statements.

Independent Auditor's Report (Continued)

Emphasis of Matter

As discussed in Note 2 to the financial statements, the entity adopted new accounting guidance related to disclosure of investments. Prior year disclosures have also been revised to reflect the retrospective application of adopting these changes in accounting. Our disclaimer of opinion is not modified with respect to this matter.

Other Matter – Report on Supplementary Information

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

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified or provided 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.

RSM US LLP

Dayton, Ohio
September 20, 2016

Hartzell Companies Retirement Plan

Statements of Net Assets Available for Benefits December 31, 2015 and 2014

	2015	2014
Assets		
Investments, at fair value:		
Money market fund	\$ 138,877	\$ 84,935
Mutual funds	505,212	550,377
United States Government securities	965,766	1,067,662
Corporate bonds	678,758	704,133
Common stocks	1,912,521	2,278,517
	<u>4,201,134</u>	<u>4,685,624</u>
Receivables:		
Employer contribution	110,000	103,000
Accrued interest receivable	10,016	9,685
	<u>120,016</u>	<u>112,685</u>
Cash	<u>1,539</u>	<u>17,292</u>
Total assets	4,322,689	4,815,601
Liabilities	<u>2,561</u>	<u>10,669</u>
Net assets available for benefits	<u><u>\$ 4,320,128</u></u>	<u><u>\$ 4,804,932</u></u>

See notes to financial statements.

Hartzell Companies Retirement Plan

Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2015 and 2014

	2015	2014
Additions:		
Investment income (loss):		
Interest and dividends	\$ 94,419	\$ 107,088
Net (depreciation) appreciation in fair value of investments	(82,441)	178,031
Total investment income	11,978	285,119
Employer contributions	440,000	412,000
Total additions	451,978	697,119
Deductions from net assets attributable to:		
Benefits paid to participants	818,400	813,332
Administrative expenses	118,382	97,145
Total deductions	936,782	910,477
Net decrease	(484,804)	(213,358)
Net assets available for benefits:		
Beginning	4,804,932	5,018,290
Ending	\$ 4,320,128	\$ 4,804,932

See notes to financial statements.

Hartzell Companies Retirement Plan

Statement of Accumulated Plan Benefits December 31, 2014

Actuarial present value of accumulated plan benefits:

Vested benefits	
Participants currently receiving benefits	\$ 1,778,207
Other participants	<u>3,313,052</u>
	5,091,259
Non-vested benefits	<u>-</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 5,091,259</u>

Hartzell Companies Retirement Plan

Statement of Changes in Accumulated Plan Benefits Year Ended December 31, 2014

Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 5,291,225</u>
Increase (decrease) during the year attributable to:	
Interest and experience losses	613,366
Benefits paid	<u>(813,332)</u>
Net decrease	<u>(199,966)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 5,091,259</u>

See notes to financial statements.

Hartzell Companies Retirement Plan

Notes to Financial Statements

Note 1. Description of Plan

The Plan is a defined benefit pension plan designed to provide retirement, death and disability benefits to eligible employees of Hartzell Industries, Inc., Hartzell Hardwoods, Inc., Hartzell Fan, Inc. and Arkansas Face Veneer, Inc. (sponsors). It is subject to the provisions of the Employee Retirement Income Security Act of 1974. For more complete information on the Plan, participants should refer to the summary plan description, which is available from the Plan sponsors.

A summary of major Plan provisions follows:

Effective date: January 1, 1980

Plan eligibility: All employees are eligible on the January 1 or July 1 next following the completion of one year of service and attainment of age 21. No employees hired on or after January 1, 2005 shall become a participant in the Plan.

Vesting - A participant is nonvested if they have completed less than 5 years of service. A participant is fully vested after completing 5 years of service.

Normal retirement benefit:

Eligibility: Age 65

Amount: A monthly pension, payable for life equal to \$5.00 times the number of years of credited service for hourly employees. Salary employees are entitled to annual pension benefits equal to .6% of final average earnings plus .3% of final average earnings in excess of Social Security covered compensation, times each year of service with a maximum of 35 years used for the excess portion of the formula.

Early retirement benefit:

Eligibility: Age 55 and at least 10 Years of Service.

Amount: A monthly pension, payable for life equal to the accrued normal retirement benefit reduced by 1/180 for each of the first 60 months before normal retirement and 1/360 for each additional month.

Termination benefit:

Eligibility: At least 5 years of credited service at date of termination.

Amount: A deferred monthly pension, payable for life with payments commencing at age 65 equal in amount to the accrued normal retirement benefit at date of termination.

Death benefit:

Eligibility: A participant who has completed 5 years of service at date of death.

Amount: A monthly benefit payable to the surviving spouse or beneficiary for life, in an amount determined under the assumption that the deceased had retired the day prior to his death, having selected the joint and 100% survivor method of benefit payment. If the participant had completed 10 years of service prior to his death, the benefit will commence on the later of age 55 or his date of death. If he had completed less than 10 years of service, the benefit will commence at age 65.

Hartzell Companies Retirement Plan

Notes to Financial Statements

Note 1. Description of Plan (Continued)

Disability benefit:

Eligibility: Totally and permanently disabled and at least 5 years of service.

Amount: Same as early retirement, with further actuarial reductions for benefits commencing prior to age 55.

Note 2. Summary of Significant Accounting Policies

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

Basis of presentation: The accompanying financial statements are prepared on the accrual basis in conformity with accounting principles generally accepted in the United States of America (GAAP) in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC).

Use of estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the amounts and disclosures reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Payment of benefits: Benefit payments to participants are recorded upon distribution.

Contributions: Contributions are recognized annually upon completion of the actuarial valuation for the Plan year.

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.

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 or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. Capital gain distributions are included in interest and dividend income.

Actuarial present value of accumulated plan benefits: Accumulated Plan benefits are those future periodic payments, including lump-sum distributions, which are attributable to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of employees who have died and present employees or their beneficiaries. The accumulated Plan benefits for active employees are based on credited years of service. Benefits payable under all circumstances (retirement, death, disability and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated Plan benefits at December 31, 2014 was determined by Buck Consultants and is that amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money through discounts for interest and the probability of payment by means of decrements such as for death, disability, withdrawal, or retirement between the valuation date and the expected date of payment.

Hartzell Companies Retirement Plan

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

The Plan has elected to present actuarial benefit information as of the beginning of the Plan year. These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits. The actuarial cost method used in the valuation is the unit credit cost method.

The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2015. Had the valuation been performed as of December 31, 2014, there would be no material differences.

The significant actuarial assumptions used to determine the Plan's contributions are as follows:

Investment return:	7.00 % per annum
Mortality:	RP-2015 Mortality Table with Improvement Scale MP-2015 (IRS 2014 Static Mortality Table at January 1, 2014)
Assumed retirement age:	Retirement rates are as follows:

Age	Retirement Rate
60	5%
61	5%
62	20%
63	10%
64	10%
65	100%

Salary increase:	3.25% per annum.
Social security wage base increase:	3.0% per annum.
Rate of disability:	UAW disability rates for males and females.

The most significant changes in actuarial assumptions was the use of updated RP 2015 mortality tables.

Recent accounting pronouncements: In July 2015, the Financial Accounting Standards Board issued Accounting Standards Update No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965) – (I) Fully Benefit-Responsive Investment Contracts, (II) Plan Investment Disclosures, and (III) Measurement Date Practical Expedient (a consensus of the FASB Emerging Issues Task Force)*. The purpose of this Update is to simplify plan accounting.

The amendments in Part I of this Update designate contract value as the only required measure for direct investments in fully benefit-responsive investment contracts. Fully benefit-responsive investment contracts will be presented at contract value; accordingly there will no longer be an adjustment from fair value to contract value on the face of the financial statements.

The amendments in Part II of this Update will eliminate the requirements for plans to disclose (1) individual investments that represent 5 percent or more of net assets available for benefits and (2) the net appreciation or depreciation for investments by general type for both participant-directed investments and nonparticipant-directed investments. The net appreciation or depreciation in investments for the period will still be required to be presented in the aggregate. In addition, if an investment is measured using the net asset value per share (or its equivalent) practical expedient in Topic 820 and that investment is in a fund that files a U.S. Department of Labor Form 5500, *Annual Return/Report of Employee Benefit Plan*, as a direct filing entity, disclosure of that investment's strategy will no longer be required.

Hartzell Companies Retirement Plan

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

The amendments in Part III of this Update reduce complexity in employee benefit plan accounting by providing a practical expedient that permits plans to measure investments and investment-related accounts as of a month-end date that is closest to the plan's fiscal year-end, when the fiscal period does not coincide with month-end.

The Update may be adopted in whole or by part (I, II, and III), as applicable. The amendments in this Update are effective for fiscal years beginning after December 15, 2015. Early adoption is permitted. Upon adoption, the amendments in Parts I and II shall be applied retrospectively to all periods presented; the amendments in Part III shall be applied prospectively.

The Plan adopted amendments in Parts I, II, and III of this Update for the 2015 plan year, and the amendments in Part II were retrospectively applied to December 31, 2014. Prior year disclosures in Note 4 have been revised to reflect the retrospective application. The impact of adopting Part II of these amendments is reflected in the financial statements. The adoption of Parts I and III had no impact to the December 31, 2015 or 2014 financial statements.

In May 2015, the Financial Accounting Standards Board issued Accounting Standards Update 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 this update 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 statement of financial position. 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 this Update are effective for public business entities for fiscal years beginning after December 15, 2015. For all other entities, the amendments in this update are effective for fiscal years beginning after December 15, 2016. Early adoption is permitted. Upon adoption, the amendments shall be applied retrospectively to all periods presented. The Plan adopted this Update for the 2015 plan year and it was retrospectively applied to December 31, 2014. Prior year disclosures have been revised to reflect the retrospective application of this Update. The impact of adopting this Update is reflected in Note 4.

Subsequent events: The Plan has evaluated subsequent events for potential recognition and/or disclosure through September 20, 2016, the date the financial statements were available to be issued.

Note 3. Information Certified by the Plan's Trustee

The investment information included throughout the Plan's financial statements and supplemental schedules as of December 31, 2015 and 2014 and for the years then ended was prepared by or derived from information provided by the trustee and furnished to the Plan administrator. The Plan administrator has obtained certifications from the trustee that information provided to the Plan administrator by the trustee related to these investments is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information in Note 4 and supplemental schedules related to the Plan's assets.

Hartzell Companies Retirement Plan

Notes to Financial Statements

Note 3. Information Certified by the Plan's Trustee (Continued)

The trustee also certified to the completeness and accuracy of \$82,441 of net depreciation and \$178,031 of net appreciation in fair value of investments and \$94,419 and \$107,088 of interest and dividends for the years ended December 31, 2015 and 2014, respectively.

Note 4. Fair Value Measurements

The Plan has determined the fair value of certain assets through application of accounting guidance that establishes a framework for measuring fair values. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under this standard are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- 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 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's 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 need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Common stocks, mutual fund and United States Government securities: Valued at the closing price reported on the active market on which the individual securities are traded.

Corporate bonds: Valued using quoted prices for identical or similar assets in both active and inactive markets.

Money market fund: Valued at the net asset value (NAV) of shares held by the Plan at year end, as reported to the Plan by the trustee. A fund's NAV reflects an exit price, is the same for all holders of the fund and provides the basis for current transactions.

Hartzell Companies Retirement Plan

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

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

The following tables summarize assets measured at fair value on a recurring basis as of December 31, segregated by the level of the valuation inputs within the fair value hierarchy utilized to measure fair value.

	Total	Level 1	Level 2	Level 3
<u>At December 31, 2015</u>				
Common stock	\$ 1,912,521	\$ 1,912,521	\$ -	\$ -
United States Government securities	965,766	965,766		
Corporate bonds	678,758		678,758	
Mutual funds	505,212	-	505,212	
Investments measured at fair value	4,062,257	2,878,287	1,183,970	-
Investments measured at NAV	138,877			
Total investments, at fair value	\$ 4,201,134	\$ 2,878,287	\$ 1,183,970	\$ -
<u>At December 31, 2014</u>				
Common stock	\$ 2,278,517	\$ 2,278,517	\$ -	\$ -
United States Government securities	1,067,662	1,067,662		
Corporate bonds	704,133		704,133	
Mutual fund	550,377	550,377		
Investments measured at fair value	4,600,689	3,896,556	704,133	-
Investments measured at NAV	84,935			
Total investments, at fair value	\$ 4,685,624	\$ 3,896,556	\$ 704,133	\$ -

There were no transfers in or out of Levels 1 and 2 during the years ended December 31, 2015 or 2014.

Note 5. Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations and the Plan Document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal-age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination subject to a statutory ceiling on the amount of an individual's monthly benefits.

Hartzell Companies Retirement Plan

Notes to Financial Statements

Note 5. Plan Termination (Continued)

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

Note 6. Funding Policy

The sponsors' funding policy is to make annual contributions to the Plan in amounts that are equal to the actuarially determined normal service cost plus a portion of the past service cost liability, so that all employees' benefits should be fully provided for by the time of retirement. The sponsors' contributions for the years ended December 31, 2015 and 2014 complies with the minimum funding requirements of ERISA. Although it has not expressed any intention to do so, the Company can discontinue contributions at any time and terminate the Plan subject to the provisions set forth in ERISA.

Note 7. Income Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated July 17, 2015, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan administrator believes the Plan is designed and being operated in compliance with the applicable requirements of the IRC.

The Plan administrator evaluated the Plan's tax positions and concluded that there are no uncertain tax positions that require recognition or disclosure in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by tax authorities for years before 2012.

Note 8. Risks and Uncertainties

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

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

Note 9. Related-Party Transactions

Fees paid for actuarial, trustee, audit and other administrative services rendered by parties-in-interest totaled \$60,257 and \$61,088 for the years ended December 31, 2015 and 2014, respectively.

Certain Plan investments held during 2015 and 2014 are shares of mutual funds managed by Bank of America. Bank of America is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

Supplemental Schedules

Name of Plan: Hartzell Companies Retirement Plan
EIN / PN: 31-0674874 / 003
Plan Year: January 1, 2015 to December 31, 2015

Schedule SB, Line 26 - Schedule of Active Participant Data

Attained Age	Years of Credited Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Under 25										
25 to 29				1						
30 to 34					1					
35 to 39			1	2	3					
40 to 44				3	5		1			
45 to 49					2	1	2			
50 to 54				2	2	2	2	1	1	
55 to 59			2	3	2	1	1	2	12	3
60 to 64				2	1	3	3	2	3	2
65 to 69						1				1
70 & up										

Note: Average compensation is not shown since the plan has less than 1,000 active participants.

Name of Plan: Hartzell Companies Retirement Plan
EIN / PN: 31-0674874 / 003
Plan Year: January 1, 2015 to December 31, 2015

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

Prescribed Funding Assumptions and Methods

The following assumptions and methods are prescribed by ERISA.

Funding interest rates

Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

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

Effective Interest Rate

Based on constrained rates

6.11%

* Used for maximum tax-deduction purposes

** Used for minimum funding and benefit restriction purposes

Mortality

Mortality tables mandated by PPA as specified in IRS Regulation 1.430(h)(3)-1, applied on a static basis, projected 7 years from the valuation date for annuitants and 15 years for non-annuitants.

Actuarial cost method

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

Non-Prescribed Funding Assumptions and Methods

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

Salary increases

4.50%

Social Security

Annual increase in maximum wage base: 4.00%

Expenses

Expected plan expenses of \$125,000 were added to the Target Normal Cost.

Frequency of optional payment forms

100% of active participants are assumed to elect a lump sum.

Marital percentage

100% of participants are assumed to be married with husbands 3 years older than their wives.

Mortality table

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

Disability rates

UAW disability rates for males and females.

Retirement rates

Age	Assumption
60	5.0%
61	5.0%
62	20.0%
63	10.0%
64	10.0%
65	100.0%

Withdrawal rates

Age	Salaried	Hourly
25	5.35%	11.70%
40	4.04%	9.60%
55	1.38%	2.77%

Asset valuation method

Market value, including the discounted value of accrued contributions

Future actuarial measurements

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

Hartzell Companies Retirement Plan

Employer No. 31-0674874

Plan No. 003

Schedule H, Part IV, Line 4(j) - Schedule of Reportable Transactions

Year Ended December 31, 2015

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset Sold	Fair Value of Asset on Transaction Date	Net Gain (Loss)

Category (i) - Single transaction in excess of 5 percent of plan assets:

Bank of America	BIF Money Fund	\$	250,115		\$	250,115
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Category (iii) - Series of transactions in excess of 5 percent of plan assets:

Bank of America	BIF Money Fund	\$	2,418,897	\$	2,364,955	\$	2,364,955	\$	2,364,955	\$	-
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There were no category (ii) or (iv) transactions for the year ended December 31, 2015.

There were no lease rental activities or expenses incurred with the Plan.
Therefore, columns (e) and (f) were eliminated for presentation purposes.

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 HARTZELL COMPANIES RETIREMENT PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HARTZELL INDUSTRIES, INC.	D Employer Identification Number (EIN) 31-0674874	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2015</u>			
2 Assets:			
a Market value	2a	4,814,519	
b Actuarial value	2b	4,814,519	
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.....	66	1,778,284	1,778,284
b For terminated vested participants.....	62	954,277	954,277
c For active participants.....	76	2,509,146	2,509,146
d Total.....	204	5,241,707	5,241,707
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	6.11%	
6 Target normal cost.....	6	306,776	

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	LIVIA W. PAYLO Signature of actuary 10/13/2016 Date 1407469 Most recent enrollment number 513-784-0005 Telephone number (including area code) LIVIA W. PAYLO Type or print name of actuary BUCK CONSULTANTS, LLC Firm name 720 E. PETE ROSE WAY, SUITE 300 CINCINNATI OH 45202 Address of the firm

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

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

Schedule SB (Form 5500) 2015
v. 150123

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>5.58%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		6,416
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>6.32%</u>		405
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		6,821
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	91.85%
15 Adjusted funding target attainment percentage	15	91.85%
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	96.55%
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	100,000	0			
07/15/2015	110,000	0			
10/14/2015	110,000	0			
01/13/2016	110,000	0			
Totals ▶			18(b)	430,000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	413,378

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

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

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

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

21 Discount rate:			
a Segment rates:	1st segment: 4.72%	2nd segment: 6.11%	3rd segment: 6.81%
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 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	306,776
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		427,188	70,148
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	376,924
	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	376,924
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	413,378
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	36,454
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	

Name of Plan: Hartzell Companies Retirement Plan
EIN / PN: 31-0674874 / 003
Plan Year: January 1, 2015 to December 31, 2015

Schedule SB - Statement by Enrolled Actuary

In preparing this Schedule SB, the actuary relied upon other parties for – and applied reasonability tests to – information on assets, contributions, plan provisions and data on people covered by the plan.

Name of Plan: Hartzell Companies Retirement Plan
EIN / PN: 31-0674874 / 003
Plan Year: January 1, 2015 to December 31, 2015

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

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

(1)	(2)	(3)	(4)	(5)
Age	Expected Active Headcount	Retirement Rate	Expected Retirements (2) x (3)	Weighted Age (1) x (4)
60	50.2090	0.0497	2.4945	149.6699
61	51.0931	0.0496	2.5344	154.5988
62	50.7701	0.1981	10.0560	623.4730
63	41.8334	0.0988	4.1344	260.4696
64	37.7714	0.0986	3.7243	238.3563
65	34.0453	1.0000	34.0453	2,212.9476
66	0.0000	1.0000	0.0000	0.0000
67	1.0000	1.0000	1.0000	67.0000
68	1.0000	1.0000	1.0000	68.0000
Total			58.9890	3,774.5152
Average				63.99

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

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

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

Name of Plan: Hartzell Companies Retirement Plan
EIN / PN: 31-0674874 / 003
Plan Year: January 1, 2015 to December 31, 2015

Schedule SB, Part V - Summary of Plan Provisions

Eligibility

All employees will be eligible upon the attainment of age twenty-one (21), and the completion of one year of service. No employees hired on or after January 1, 2005 shall become a participant in the plan.

Entry dates

January 1 and July 1.

Normal retirement age

Later of age 65 and the completion of five (5) years of service.

Accrued benefit

Hourly employees: A monthly benefit equal to \$5.00 times years of service.

Salaried employees: A monthly benefit equal to 0.6% of average monthly compensation plus 0.3% of average monthly compensation which is in excess of Social Security Covered Compensation, times years of service, with a maximum of 35 years used for the excess portion of the formula.

Normal retirement benefit

At normal retirement age, the accrued benefit is payable immediately.

Deferred retirement

A participant may continue in active service after his normal retirement date. In this event, his benefit will be equal to the greater of the actuarial equivalent of his normal retirement benefit or his accrued benefit at late retirement date.

Early retirement benefit

Upon completion of ten (10) years of service and attainment of age 55, a participant may elect to retire early and receive his accrued benefit reduced by 1/180th for each of the first sixty months and 1/360th for each of the next sixty months by which his benefit commencement date precedes his normal retirement date.

Vested benefit

Upon termination of employment after five (5) years of service, a participant will be entitled to receive his monthly accrued benefit beginning at his normal retirement date.

Disability benefit

Hourly employees: A disabled participant who has completed five (5) years of service is eligible to receive an immediate benefit equal to his unreduced accrued benefit.

Salaried employees: A disabled participant who has completed five (5) years of service continues to accrue benefit service under the plan while disabled.

Death benefit

Beneficiaries of vested employees receive the survivor portion of a 100% joint and survivor pension.

Normal form of benefit

Monthly income commencing on a participant's retirement date and payable for life.

Plan merger

Hourly employees who were previously covered under the Arkansas Face Veneer Company Retirement Income Plan joined this plan on September 30, 1998 as a result of the plan merger. These employees are guaranteed that their pensions on any date following the merger will not be less than if the prior plan provisions had continued for them and their highest five-year average compensation excluded compensation increases granted after September 30, 1998.

Salaried employees who were previously covered by the Arkansas Face Veneer Company Retirement Income Plan joined this plan on September 30, 1998 as a result of the plan merger.

Hartzell Companies Retirement Plan
Employer No. 31-0674874
Plan No. 003
Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2015

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
*	Money market fund:			
	BIF Money Fund	138,877 units	\$ 138,877	\$ 138,877
	Mutual funds:			
	Blackrock Bond Allocation	18,429 units	\$ 180,742	\$ 180,604
	Blackrock Strategic Income Opportunities Fund	33,225 units	329,188	324,608
			<u>\$ 509,930</u>	<u>\$ 505,212</u>
	United States Government securities:			
	Federal Home Loan Mortgage Corp., 4.0%, due 2041	17,107 par	\$ 17,211	\$ 18,128
	Federal Home Loan Mortgage Corp., 4.0%, due 2045	32,399 par	35,052	34,567
	Federal National Mortgage Assoc., 0.50%, due 3/30/2016	35,000 par	35,034	35,003
	Federal Home Loan Mortgage Corp., 1.00%, due 6/29/2017	44,000 par	44,281	43,996
	Federal National Mortgage Assoc., 4.50%, due 2041	41,149 par	45,034	44,754
	Federal National Mortgage Assoc., 4.50%, due 2041	25,466 par	27,232	27,563
	Federal National Mortgage Assoc., 3.50%, due 2026	13,398 par	14,222	14,057
	Federal National Mortgage Assoc., 3.50% due 2042	13,629 par	14,553	14,086
	Federal National Mortgage Assoc., 4.00% due 2041	20,321 par	21,785	21,559
	Federal National Mortgage Assoc., 3.50% due 2043	63,765 par	63,321	65,922
	Federal National Mortgage Assoc., 3.00% due 2033	20,868 par	21,474	21,426
	Federal National Mortgage Assoc., 4.00% due 2041	15,429 par	15,896	16,376
	US Treasury Note, 2.250%, due 11/15/2024	52,000 par	52,172	51,973
	US Treasury Note, 2.750%, due 2/15/2024	26,000 par	26,271	27,082
	US Treasury Note, 0.875%, due 11/30/2017	35,000 par	34,947	34,899
	US Treasury Note, 0.875%, due 9/15/2016	46,000 par	46,196	46,058
	US Treasury Note, 1.000%, due 3/31/2017	66,000 par	67,276	66,103
	US Treasury Note, 1.000%, due 5/31/2018	75,000 par	74,053	74,616
	US Treasury Note, 1.375%, due 3/31/2020	49,000 par	49,100	48,397
	US Treasury Note, 2.000%, due 11/30/2022	45,000 par	44,930	44,754
	US Treasury Note, 1.000%, due 10/31/2016	92,000 par	92,490	92,179
	US Treasury Note, 1.250%, due 10/31/2018	72,000 par	71,764	71,898
	US Treasury Note, 2.000%, due 8/15/2025	32,000 par	31,348	31,201
	US Treasury Inflation Note, 0.250%, due 1/15/2025	20,083 par	19,831	19,169
			<u>\$ 965,473</u>	<u>\$ 965,766</u>
	Corporate bonds:			
	American Express Credit Ser Mtn, 2.800%, due 9/19/2016	17,000 par	\$ 18,001	\$ 17,217
	American International Group, 3.375%, due 8/15/2020	21,000 par	21,120	21,591
	Apple Inc., 1.000%, due 5/3/2018	17,000 par	17,019	16,862
	Bank of American Corp, 4.000% due 4/1/2024	23,000 par	23,388	23,523
	BP Capital Markets PLC 2.521% due 1/15/2020	26,000 par	26,086	25,915
	Bristol-Myers Squibb Co., 0.875%, due 8/1/2017	17,000 par	16,917	16,905
	Capital One Financial Co., 3.200%, due 2/5/2025	23,000 par	22,831	22,233
	Citigroup Inc., 3.953%, due 6/15/2016	29,000 par	30,948	29,402
	ComCast Corp, 3.600%, due 3/1/2024	23,000 par	23,093	23,774
	Costco Wholesale Corp., 1.700%, due 12/15/2019	20,000 par	20,071	19,831
	CVS Health Corp., 3.500%, due 7/20/2022	18,000 par	18,108	18,316
	Enterprise Products, 3.750%, due 2/15/2025	19,000 par	19,820	17,379
	Goldman Sachs Group Inc., 6.15%, due 4/1/2018	15,000 par	17,738	16,289
	Goldman Sachs Group Inc., 5.25%, due 7/27/2021	26,000 par	27,712	28,746
	GS Mtg Sec II, Var, due 8/10/2045	29,566 par	34,092	30,379

(Continued)

Hartzell Companies Retirement Plan

Employer No. 31-0674874

Plan No. 003

Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year) (Continued)

December 31, 2015

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
Corporate bonds (Continued):				
	HCP Inc., 2.625%, due 2/1/2020	34,000 par	\$ 33,492	\$ 33,475
	JPMorgan Chase, 4.25%, due 10/15/2020	21,000 par	22,749	22,277
	Kinder Morgan Ener Part, 3.950%, due 9/1/2022	18,000 par	18,724	15,669
	Medtronic Inc., 1.500%, due 3/15/2018	18,000 par	18,007	17,990
	Metlife Inc., 3.60%, due 4/10/2024	17,000 par	17,127	17,442
	Morgan Stanley, 2.125%, due 4/25/2018	21,000 par	21,100	21,028
	Oracle Corp., 2.80% due 7/8/2021	27,000 par	27,034	27,349
	Reynolds American Inc., 2.300%, due 6/12/2018	20,000 par	20,173	20,126
	Toronto-Dominion Bank, 1.750%, due 7/23/2018	20,000 par	19,992	19,971
	Total Capital International SA, 2.125% due 1/10/2019	21,000 par	21,134	21,038
	Toyota Motor Credit Corp, 1.375%, due 1/10/2018	26,000 par	26,125	26,053
	UnitedHealth Group Inc., 3.350%, due 7/15/2022	19,000 par	19,325	19,434
	USD United Mexican, 3.625%, due 3/15/2022	24,000 par	24,510	24,144
	Verizon Communications, 4.6%, due 4/1/2021	34,000 par	38,305	36,545
	Wells Fargo & Company, 3.300%, due 9/9/2024	28,000 par	28,088	27,855
			<u>\$ 692,829</u>	<u>\$ 678,758</u>
Common stocks:				
	3M Company	95 shares	\$ 10,140	\$ 14,311
	Accor SA SHS	380 shares	3,694	3,306
	Activision Blizzard Inc.	61 shares	1,284	2,361
	Acxiom Corp	172 shares	3,276	3,598
	ADT Corp	231 shares	7,991	7,618
	Aetna Inc.	171 shares	13,280	18,489
	AKZO	196 shares	4,530	4,354
	Albemarle Corp	83 shares	5,369	4,649
	Alexander and Baldwin	123 shares	4,897	4,343
	Alibaba Group Holdings	292 shares	24,215	23,731
	Alleghany Corp.	6 shares	2,960	2,868
	Alliant Energy Corp.	59 shares	3,423	3,685
	Allianz Akngslst Spd Adr	254 shares	3,736	4,475
	Alphabet Inc.	52 shares	35,181	40,457
	Amazon.com Inc	47 shares	24,163	31,767
	American International Group Inc.	357 shares	15,339	22,123
	Ametek Aerospace Prods	43 shares	2,240	2,304
	Amgen Inc.	170 shares	26,455	27,596
	Anheuser-Busch InBev	47 shares	4,600	5,875
	Apple Computer Inc.	202 shares	21,851	21,263
	Arch Capital Group LTD	36 shares	2,446	2,511

(Continued)

Hartzell Companies Retirement Plan

Employer No. 31-0674874

Plan No. 003

Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year) (Continued)

December 31, 2015

(a)	(b)	(c) Description of Investment	(d)	Cost	(e) Current Value
Identity of Issue					
Common stocks (continued):					
Arm Holdings		79 shares	\$	3,546	\$ 3,574
Arris Group Inc.		79 shares		2,370	2,415
Arrow Electronics		61 shares		2,485	3,305
ASML Holding NV NY		40 shares		3,611	3,551
Astellas Pharm., Inc.		351 shares		4,125	5,023
AT&T Inc.		418 shares		13,624	14,383
Axa SA		143 shares		3,081	3,906
Barclays Plc		369 shares		6,148	4,782
BASF AG		45 shares		3,711	3,421
Bayer AG		37 shares		3,593	4,619
Berkshire Hathaway Inc.		55 shares		5,390	7,262
BG Group Plc		520 shares		8,959	7,550
BHP Limited		122 shares		7,585	3,143
BNP Paribas		146 shares		4,504	4,126
Boeing Company		159 shares		22,189	22,990
BP Amoco PLC Sponsored		131 shares		6,168	4,095
British American Tobacco		37 shares		3,168	4,087
Brocade Communications		662 shares		6,471	6,077
Burberry Group Plc		185 shares		3,891	3,237
Cable One Inc.		8 shares		3,209	3,469
Carlisle Cos Inc.		28 shares		2,430	2,483
Carnival Corp.		305 shares		14,671	16,616
Carpenter Technology		71 shares		3,296	2,149
CDW Corp.		166 shares		7,408	6,979
Celgene Corp.		154 shares		14,611	18,443
Chevron Corp		55 shares		5,508	4,948
China Construction		87 shares		1,270	1,184
Chipotle Mexican Grill		36 shares		24,783	17,275
CIE Financiere Richemont		459 shares		3,889	3,268
Cigna Corp		111 shares		13,437	16,243
Cisco Systems Inc.		679 shares		17,025	18,438
Citigroup Inc.		481 shares		20,670	24,892
Citizens Financial Group Inc.		165 shares		4,001	4,321
CK Hutchison Holdings Ltd.		359 shares		5,158	4,825
CNOOC Ltd.		32 shares		4,535	3,340
Comcast Corp		326 shares		15,701	18,396
Concho Resources Inc.		27 shares		2,922	2,507

(Continued)

Hartzell Companies Retirement Plan

Employer No. 31-0674874

Plan No. 003

Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year) (Continued)

December 31, 2015

(a)	(b)	(c) Description of Investment	(d)	(e) Current Value
Identity of Issue			Cost	
Common stocks (continued):				
Continental Ag (ADR)		109 shares	\$ 5,253	\$ 5,243
Credit Suisse Gp		212 shares	6,276	4,598
CVS Corp		138 shares	10,597	13,492
Cypress Semiconductor Corp.		256 shares	2,373	2,511
DBS Group Holdings		63 shares	3,087	2,942
Deckers Outdoor Corp.		25 shares	1,570	1,180
Delta Air Lines Inc.		301 shares	12,702	15,258
Diageo Plc		30 shares	2,894	3,272
Dollar Tree Inc.		300 shares	22,234	23,166
Domtar Corp.		69 shares	3,062	2,550
Dow Chemical		188 shares	8,161	9,678
Dr Pepper Snapple Group		120 shares	7,669	11,184
DST Systems Inc.		32 shares	3,280	3,650
East Japan		208 shares	2,627	3,262
Edgewell Personal Care Co.		30 shares	1,941	2,351
Electronic Arts		273 shares	15,819	18,761
Eli Lilly and Co.		160 shares	13,905	13,482
Energen Corp.		82 shares	5,331	3,361
Essilor International		28 shares	1,530	1,755
Expeditors International of Washington Inc.		86 shares	3,685	3,879
Exxon Mobil Corp		229 shares	20,410	17,851
Facebook, Inc.		421 shares	25,166	44,062
Fanuc Ltd.		122 shares	3,301	3,514
Fedex Corp Delaware		63 shares	10,510	9,386
Fidelity National Financial Group Inc.		73 shares	1,751	2,531
First Horizon National Corp.		195 shares	2,610	2,831
First Niagara Financial Group Inc.		203 shares	1,876	2,203
First Solar Inc.		32 shares	1,620	2,112
Fleetcor Technologies, Inc.		92 shares	12,849	13,150
FMC Corp.		64 shares	3,362	2,504
Fresenius Medical Care AG & Co.		75 shares	2,673	3,138
Gallagher Arthur J & Co		52 shares	2,368	2,129
General Electric		321 shares	7,250	9,999
Genesee & Wyoming Inc.		42 shares	2,257	2,255
GNC Holdings Inc.		55 shares	2,418	1,706
Goldman Sachs Group Inc.		102 shares	13,767	18,383

(Continued)

Hartzell Companies Retirement Plan

Employer No. 31-0674874

Plan No. 003

Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year) (Continued)

December 31, 2015

(a)	(b)	(c) Description of Investment	(d)	(e) Current Value
Identity of Issue			Cost	
Common stocks (continued):				
Goodyear Tire Rubber		225 shares	\$ 6,845	\$ 7,351
Halliburton Company		177 shares	10,427	6,025
Halyard Health Inc.		151 shares	4,793	5,045
Hancock Holding Co.		82 shares	2,453	2,064
Hang Lung Properties		155 shares	2,720	1,747
Hanover Insurance Group, Inc.		61 shares	4,183	4,962
Henkel KGAA		30 shares	2,543	3,343
Hess Corp		161 shares	14,195	7,805
HollyFrontier Corp.		46 shares	2,330	1,835
Home Depot Inc.		115 shares	10,990	15,209
Honda Motor		133 shares	4,312	4,247
HSBC Holdings		160 shares	8,073	6,315
Hubbell Inc.		35 shares	3,530	3,536
Humana Inc.		57 shares	10,649	10,175
Imperial Tobacco Group		33 shares	2,430	3,490
Incyte Pharmaceuticals Inc.		73 shares	7,296	7,917
Industrial and Commercial Bank of China		120 shares	1,615	1,435
ING Group		381 shares	4,507	5,128
Ingram Micro Inc.		148 shares	3,219	4,496
J P Morgan Chase and Co		547 shares	26,474	36,118
Jack Henry & Associates Inc.		35 shares	2,419	2,732
Japan Tobacco Inc.		211 shares	3,349	3,919
Jarden Corp.		55 shares	2,579	3,142
JetBlue Airways Corp.		86 shares	1,820	1,948
KBR Inc.		192 shares	3,949	3,249
KDDI Corp.		437 shares	4,415	5,657
KLX Inc.		97 shares	3,913	2,987
Knowles Corp.		152 shares	3,634	2,026
Komatsu		162 shares	3,730	2,645
Kroger Co.		93 shares	3,898	3,890
Kubota Ltd		63 shares	3,540	4,875
Laboratory Corporate of America Holdings		67 shares	7,852	8,284
Lear Corp		19 shares	1,210	2,334
Live Nation Inc.		102 shares	2,468	2,506
LKQ Corp		119 shares	3,159	3,526
Lloyds Banking Group PLC (ADR)		899 shares	4,660	3,920

(Continued)

Hartzell Companies Retirement Plan

Employer No. 31-0674874

Plan No. 003

Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year) (Continued)

December 31, 2015

(a)	(b)	(c) Description of Investment	(d)	(e) Current Value
Identity of Issue			Cost	
Common stocks (continued):				
Lowes Companies Inc.		202 shares	\$ 10,555	\$ 15,360
LTC Properties Inc.		86 shares	3,465	3,710
LVMH Moet Hennessy Louis Vuitton SE(ADR)		146 shares	4,578	4,598
Makita Corp. ADR		62 shares	3,185	3,596
Manpower Inc.		25 shares	2,364	2,107
Marks and Spencer Group		92 shares	1,188	1,229
Match Group Inc.		207 shares	2,979	2,805
MDU Resources Group		146 shares	3,487	2,675
Medtronic PLC		100 shares	5,914	7,692
Methanex Corp.		53 shares	2,305	1,750
MetLife Inc.		168 shares	6,359	8,099
Microchip Technology Inc.		52 shares	2,370	2,420
Mitsubishi Estate Ltd.		186 shares	3,872	3,860
Mohawk Industries, Inc.		12 shares	1,654	2,273
Molson Coor Brewing Co. Class B		127 shares	8,975	11,928
MSC Industrial Direct Co Inc		41 shares	3,438	2,307
Murphy USA Inc.		40 shares	2,193	2,430
Naspers Ltd.		23 shares	3,298	3,136
National Fuel Gas		44 shares	2,336	1,881
Nestle SA		107 shares	6,128	7,963
NetScout Systems Inc.		61 shares	2,248	1,873
Newell Rubbermaid Inc.		54 shares	2,374	2,380
New York Community Bancorp		285 shares	4,959	4,651
Nidec Corporation		142 shares	1,686	2,590
Nike Inc. Class B		452 shares	21,152	28,250
Nitto Denko Corp.		68 shares	2,024	2,487
Novartis		86 shares	5,823	7,399
Novo Nordisk		68 shares	2,653	3,949
NXP Semiconductors NV		161 shares	15,190	13,564
Oasis Petroleum Inc.		163 shares	3,084	1,201
Oceaneering International Inc.		58 shares	3,087	2,176
OGE Energy Corp		137 shares	4,750	3,602
Old Republic International Corp.		130 shares	2,469	2,422
Omnicom Group		110 shares	8,037	8,323
Oracle Corp.		188 shares	7,830	6,868
Orbital ATK Inc.		50 shares	3,819	4,467

(Continued)

Hartzell Companies Retirement Plan

Employer No. 31-0674874

Plan No. 003

Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year) (Continued)

December 31, 2015

(a)	(b)	(c) Description of Investment	(d)	Cost	(e) Current Value
Identity of Issue					
Common stocks (continued):					
	Owens & Minor Inc.	164 shares	\$	5,345	\$ 5,901
	Owens-Illinois Inc.	82 shares		2,195	1,428
	Packaging Corp. of America	38 shares		2,648	2,396
	Palo Alto Networks Inc.	59 shares		9,552	10,392
	Parker Hannifin Corp	119 shares		10,732	11,541
	Patterson UTI Energy Inc.	194 shares		3,533	2,926
	Pebblebrook Hotel Trust	118 shares		3,755	3,306
	People's United Financial Inc.	154 shares		2,482	2,487
	Pfizer Inc.	456 shares		11,940	14,720
	Ping An Insurance Group Co of China	228 shares		1,976	2,517
	Pinnacle Food, Inc.	51 shares		2,261	2,165
	Pitney Bowes, Inc.	135 shares		2,570	2,788
	PNM Resources Inc.	160 shares		3,958	4,891
	Prosperity Bancshares, Inc.	48 shares		2,518	2,297
	Prudential PLC	153 shares		4,363	6,897
	PTC Inc.	72 shares		2,001	2,493
	Public Service Enterprise Group	226 shares		9,245	8,744
	Qorvo Inc.	42 shares		2,391	2,138
	Raytheon Co.	130 shares		13,648	16,189
	Regeneron Pharmaceuticals Inc.	26 shares		14,882	14,115
	Rio Tinto Plc	147 shares		7,689	4,281
	Roche Holding Ltd	209 shares		6,320	7,204
	Royal Caribbean Cruises	89 shares		7,184	9,008
	Salesforce.com Inc.	402 shares		28,375	31,517
	Sanofi SA	131 shares		5,795	5,587
	SAP Aktiengesellschaft	96 shares		5,905	7,594
	Schlumberger Ltd	374 shares		30,056	26,086
	Schneider Electric SA	365 shares		5,591	4,141
	Schwab Charles Corp	675 shares		19,680	22,228
	Sherwin Williams	87 shares		17,901	22,585
	Shin-Etsu Chemical	260 shares		3,733	3,511
	Signet Jewelers LTD	71 shares		9,481	8,782
	SLM Corp	534 shares		5,068	3,482
	SM Energy Co	108 shares		4,751	2,123
	South32 Ltd.	53 shares		421	202
	Staples Inc.	274 shares		4,360	2,595

(Continued)

Hartzell Companies Retirement Plan

Employer No. 31-0674874

Plan No. 003

Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year) (Continued)

December 31, 2015

(a)	(b)	(c) Description of Investment	(d)	Cost	(e) Current Value
	Identity of Issue				
Common stocks (continued):					
	Starbucks Corp.	452 shares	\$	18,725	\$ 27,134
	State Street Corp.	452 shares		7,990	9,622
	Steel Dynamics, Inc.	198 shares		3,407	3,538
	Sumitomo Mitsui-Unsponsored	780 shares		6,063	5,920
	Suncor Energy Inc.	299 shares		9,712	7,714
	Suntrust Banks, Inc.	274 shares		8,863	11,738
	Superior Energy Services, Inc.	157 shares		3,538	2,115
	Supervalu, Inc.	568 shares		4,268	3,851
	Synovus Financial Corp.	154 shares		4,208	4,987
	Synchrony Financial Co.	114 shares		3,538	3,467
	Taiwan Semiconductor Manufacturing Co.	178 shares		2,864	4,049
	Tanger Factory Outlet Centers	142 shares		4,673	4,643
	Technip-Coflexip	125 shares		2,922	1,563
	Teco Energy Inc.	148 shares		2,717	3,944
	Teleflex, Inc.	49 shares		4,604	6,441
	Tesla Motors Inc.	35 shares		9,242	8,400
	Tesoro Corp.	95 shares		6,065	10,010
	Teva Pharmaceutical Industries	240 shares		12,391	15,754
	Tokyo Electron Ltd.	234 shares		3,251	3,531
	Total Systems Services Inc.	108 shares		3,456	5,378
	Toyota Motor Corp	59 shares		6,091	7,259
	Travelers Companies Inc.	133 shares		9,969	15,010
	TreeHouse Foods Inc.	28 shares		2,384	2,197
	Triumph Group Inc.	73 shares		4,102	2,902
	Tullow Oil Plc	283 shares		2,173	331
	Tyco International Ltd	221 shares		8,270	7,048
	Tyson Foods Inc.	60 shares		1,831	3,200
	UBS Group AG	313 shares		5,096	6,063
	Unilever NV	113 shares		3,853	4,895
	United Continental Holdings, Inc.	193 shares		8,120	11,059
	United States Steel Corp	111 shares		3,307	886
	UnitedHealth Group Inc.	363 shares		33,920	42,703
	Universal Health Services B	74 shares		7,129	8,842
	US Bancorp	313 shares		10,628	13,356
	Valero Energy Corp	155 shares		5,460	10,960
	Valley National Bancorp	292 shares		3,053	2,876

(Continued)

Hartzell Companies Retirement Plan

Employer No. 31-0674874

Plan No. 003

Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year) (Continued)

December 31, 2015

(a)	(b)	(c) Description of Investment	(d)	(e) Current Value
Identity of Issue			Cost	
Common stocks (continued):				
Varian Medical Systems Inc.		53 shares	\$ 4,210	\$ 4,282
Verizon Communications		93 shares	4,570	4,298
Viacom Inc.		103 shares	4,457	4,239
VISA Inc.		334 shares	15,552	25,902
Vodafone Group		220 shares	9,252	7,097
VWR Corp.		96 shares	2,464	2,718
W R Berkley Corp		90 shares	4,581	4,928
Waddell & Reed Financial, Inc.		63 shares	2,351	1,806
Wal Mart Stores Inc.		253 shares	19,267	15,509
Walt Disney Company		217 shares	16,757	22,802
Wells Fargo & Co.		297 shares	12,652	16,145
Westar Energy Inc.		95 shares	3,218	4,029
WPP Plc		43 shares	3,031	4,934
Western Digital Corp.		88 shares	6,430	5,284
WestRock Co.		64 shares	2,734	2,920
Wynn Macau LTD SHS		105 shares	3,671	1,232
Xylem Inc.		68 shares	2,381	2,482
Zoetis Inc.		288 shares	14,298	13,801
Zurich Insurance Group		126 shares	3,124	3,231
			<u>\$ 1,729,157</u>	<u>\$ 1,912,521</u>
			<u>\$ 4,036,266</u>	<u>\$ 4,201,134</u>

* Represents a party-in-interest.

The above information has been certified as complete and accurate by Bank of America, the trustee of the Plan.

Name of Plan: Hartzell Companies Retirement Plan
EIN / PN: 31-0674874 / 003
Plan Year: January 1, 2015 to December 31, 2015

Schedule SB, Line 32 - Schedule of Amortization Bases

Type of Base	Present Value of Any Remaining Installments	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ (110,398)	01/01/2009	1	\$ (110,398)
Shortfall	352,125	01/01/2010	2	180,122
Shortfall	62,233	01/01/2011	3	21,708
Shortfall	(450,740)	01/01/2012	4	(120,596)
Shortfall	(1,558)	01/01/2013	5	(341)
Shortfall	179,696	01/01/2014	6	33,825
Shortfall	395,830	01/01/2015	7	65,828

Name of Plan: Hartzell Companies Retirement Plan
EIN / PN: 31-0674874 / 003
Plan Year: January 1, 2015 to December 31, 2015

Schedule SB, Line 24 - Change in Actuarial Assumptions

The expected plan expenses included in Target Normal Cost were changed from \$50,000 to \$125,000 based on actual plan experience.