

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>AMANDA BENT BOLT COMPANY HOURLY RATED EMPLOYEES' PENSION PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>002</u>
		1c	Effective date of plan <u>12/31/1962</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>AMANDA BENT BOLT COMPANY</u> <u>P.O. BOX 1027</u> <u>1120 CIC DRIVE</u> <u>LOGAN, OH 43138-4027</u>	2b	Employer Identification Number (EIN) <u>31-0928132</u>
		2c	Plan Sponsor's telephone number <u>740-385-6893</u>
		2d	Business code (see instructions) <u>332700</u>

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

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

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

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 127
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) 95 6a(2) 87 6b 3 6c 29 6d 119 6e 1 6f 120 6g 6h 2
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 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 AMANDA BENT BOLT COMPANY HOURLY RATED EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AMANDA BENT BOLT COMPANY	D Employer Identification Number (EIN) 31-0928132
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1	Enter the valuation date: Month 01 Day 01 Year 2015
2	Assets:
a	Market value 3267932
b	Actuarial value 3290944
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 4 127496 127496
b	For terminated vested participants 28 582431 582431
c	For active participants 95 2477807 2537440
d	Total 127 3187734 3247367
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 6.04%
6	Target normal cost 6 149202

Statement by Enrolled Actuary

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

SIGN HERE		08/16/2016
	Signature of actuary	Date
ANDREW BEHNKE, MSPA, MAAA		14-07643
	Type or print name of actuary	Most recent enrollment number
MIDWEST PENSION ACTUARIES, INC.		248-539-5000
	Firm name	Telephone number (including area code)
30680 TWELVE MILE ROAD FARMINGTON HILLS, MI 48334-3808		
	Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>3.00</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)		300138
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> %		18969
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.....		319107
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III Funding Percentages		
14 Funding target attainment percentage.....	14	101.34 %
15 Adjusted funding target attainment percentage	15	101.34 %
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	100.16 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/21/2015	123361	0			
07/15/2015	123361	0			
10/19/2015	123361	0			
01/12/2016	123361	0			
			Totals ►	18(b)	493444
				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	474612
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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	149202	
b Excess assets, if applicable, but not greater than line 31a	31b	43577	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	105625	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35)	36	105625	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	474612	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	368987	
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 AMANDA BENT BOLT COMPANY HOURLY RATED EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 AMANDA BENT BOLT COMPANY	D Employer Identification Number (EIN) 31-0928132	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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-----	--

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

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

MERRILL LYNCH, PIERCE, FENNER & SM

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?
18 51 52 71 60	NONE	0	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>		
A Name of plan <u>AMANDA BENT BOLT COMPANY HOURLY RATED EMPLOYEES' PENSION PLAN</u>		B Three-digit plan number (PN) ► <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AMANDA BENT BOLT COMPANY</u>		D Employer Identification Number (EIN) <u>31-0928132</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	121361	123361
	(2) Participant contributions	1b(2)		
	(3) Other	1b(3)	2711	89289
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	491021	189205
	(2) U.S. Government securities	1c(2)	70323	235637
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)	0	176607
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)	112430	87820
	(B) Common	1c(4)(B)	807394	1094805
	(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)	1681929	1513683
	(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	3287169	3510407

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities.....	1j	19236	3910
k Total liabilities (add all amounts in lines 1g through 1j)	1k	19236	3910

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3267933	3506497
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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)	493444	
(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)		493444
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	9	
(B) U.S. Government securities	2b(1)(B)	7196	
(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)	2000	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		9205
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	22184	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	48843	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		71027
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-69391	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-69391

		(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)		-29796
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		474489

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	197712	
(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)		197712
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)	332	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	37881	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		38213
j Total expenses. Add all expense amounts in column (b) and enter total	2j		235925

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		238564
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: SKILLMAN GROUP, PLC

(2) EIN: 38-3269666

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.				
o Did the plan trust incur unrelated business taxable income?		X		
p Were in-service distributions made during the plan year?		X		

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

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

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

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

Part V Trust Information

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

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

A Name of plan <u>AMANDA BENT BOLT COMPANY HOURLY RATED EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AMANDA BENT BOLT COMPANY</u>	D Employer Identification Number (EIN) <u>31-0928132</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>5</u>

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

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2015
v. 150123

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

**Amanda Bent Bolt Company
Hourly Rated Employees'
Pension Plan**

**Annual Report
Years Ended December 31, 2015 and 2014**



**Amanda Bent Bolt Company Hourly Rated Employees'
Pension Plan**

**Annual Report
Years Ended December 31, 2015 and 2014**



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

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Independent Auditor's Report

To the Plan Administrator of
the Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan, which comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Reliance Trust, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification 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.

Other Matter

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

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

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


Certified Public Accountants

October 12, 2016



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Statements of Net Assets Available for Benefits

<i>December 31,</i>	2015	2014
Assets		
Investments - at fair value		
Mutual funds	\$ 1,513,683	\$ 1,681,929
Corporate stock	1,182,625	919,824
U.S. government securities	235,637	70,323
Corporate bonds	151,591	-
Foreign bonds, notes and debentures	25,016	-
Total Investments	3,108,552	2,672,076
Receivables		
Employer receivable	123,361	121,361
Due from broker	89,289	2,711
Total Receivables	212,650	124,072
Cash and Cash Equivalents	189,205	491,021
Total Assets	3,510,407	3,287,169
Liabilities		
Accrued expenses	3,910	19,236
Net Assets Available for Benefits	\$ 3,506,497	\$ 3,267,933

See accompanying independent auditor's report and notes to financial statements.



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Statements of Changes in Net Assets Available for Benefits

<i>Year Ended December 31,</i>	2015	2014
Additions to Net Assets		
Investment Income		
Net depreciation in fair value of investments	\$ (99,187)	\$ (24,587)
Dividend income	71,027	108,698
Interest	7,205	4,309
Other	2,000	-
Total Investment (Loss) Income	(18,955)	88,420
Contributions		
Employer	493,444	485,441
Total Additions to Net Assets	474,489	573,861
Deductions from Net Assets		
Benefits paid to participants and beneficiaries	197,712	167,836
Fees	38,213	31,693
Total Deductions from Net Assets	235,925	199,529
Net Increase in Net Assets Available for Benefits	238,564	374,332
Net Assets Available for Benefits		
Beginning of year	3,267,933	2,893,601
End of year	\$ 3,506,497	\$ 3,267,933

See accompanying independent auditor's report and notes to financial statements.



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Statements of Accumulated Plan Benefits

<i>December 31,</i>	2015	2014
Actuarial Present Value of Accumulated Plan Benefits		
Vested Benefits		
Active participants	\$ 3,217,047	\$ 2,927,593
Benefits in pay status	415,604	370,050
Deferred vested benefits	470,114	469,709
Total Vested Benefits	4,102,765	3,767,352
Nonvested Benefits	-	79,069
Total Actuarial Present Value of Accumulated Plan Benefits at End of Year	\$ 4,102,765	\$ 3,846,421

See accompanying independent auditor's report and notes to financial statements.



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Statements of Changes in Accumulated Plan Benefits

<i>Year Ended December 31,</i>	2015	2014
Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year	\$ 3,846,421	\$ 3,217,624
Increase (decrease) during the year attributable to:		
Increase due to passage of time	172,704	162,812
Additional benefits accrued and experience loss/(gain)	197,218	246,483
Increase due to change in actuarial assumptions	84,135	387,338
Benefit payments	(197,713)	(167,836)
Actuarial Present Value of Accumulated Plan Benefits at End of Year	\$ 4,102,765	\$ 3,846,421

See accompanying independent auditor's report and notes to financial statements.



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Notes to Financial Statements

1. Description of the Plan

The following brief description of the Amanda Bent Bolt Company (the "Company") Hourly Rated Employees' Pension Plan ("the Plan") is provided for general purposes only. The provisions of this Plan shall apply only to an employee who terminates employment on or after the Effective Date, January 1, 2003. The rights and benefits, if any, of a former employee shall be determined in accordance with the prior provisions of the Plan in effect on the date employment terminated. Participants should refer to the Plan agreement for more complete information.

General

The Plan is a defined benefit pension plan whose purpose is to provide retirement benefits for all eligible union employees of the Company. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participation

Employees who are hired prior to March 10, 2011 are eligible to participate on the first day of the next Plan year after their hire date (January 1st).

Pension Benefits

Employees with five or more years of service are entitled to annual pension benefits beginning at normal retirement age (65). The plan allows for early retirement at ages 55 - 65 for a participant, or a vested participant who has completed at least five years of service with such benefits reduced as defined in the plan's provisions. If an employee terminates before rendering five years of service, they forfeit the right to receive any benefits.

Each participant shall have a nonforfeitable right to receive a normal pension plan commencing on the first day of the calendar month first following his/her normal retirement date and payable thereafter for his/her lifetime in an amount equal to the sum of (A) below for participants retiring after the effective date in (B) below multiplied by the number of years and fractional parts of years of credited service.



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Notes to Financial Statements

1. Description of the Plan (continued)

Pension Benefits - continued

(A) Dollar Amount	(B) Effective Date
\$33.00	March 10, 2009
\$34.00	March 10, 2010
\$34.00	March 10, 2011
\$34.25	March 10, 2012
\$34.50	March 10, 2013
\$35.00	March 10, 2014
\$35.50	March 10, 2015

Death and Disability Benefits

In an event of the death of a participant who has a nonforfeitable accrued benefit, a death benefit equal to the actuarial equivalent of such accrued benefit as of the date of the participant's death shall be payable in accordance with the Plan's document. A participant who has completed at least five years of service may retire or be retired on the first day of any calendar month prior to his normal retirement date provided he has become totally and permanently disabled as defined in the Plan's document. The amount of retirement benefit shall be an immediate benefit equal to the participant's accrued benefit computed as of the effective date of the disability. If the participant is denied disability insurance benefits under Title II of the Federal Social Security Act, the amount of his disability retirement benefit payments as calculated above shall be increased by 100% until they attain age 62.

Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The Company made contributions of \$493,444 and \$485,441 during 2015 and 2014, respectively. The Company's contributions for 2015 and 2014 exceeded the minimum funding requirements of ERISA.



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Notes to Financial Statements

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for a discussion of fair value measurements.

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits.



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Notes to Financial Statements

3. Actuary Information

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on the employees projected monthly retirement income at normal retirement date, based on monthly plan compensation and credited service at the date of computation. 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 is determined by an actuary from Midwest Pension Actuaries, Inc. and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The effect of plan amendments on accumulated plan benefits is recognized during the year in which such amendments are adopted.

The significant actuarial assumptions used in determining accumulated plan benefits as of December 31, 2015, are as follows:

Funding Interest Rate:

Segment Rates with a 3-Month Lookback

Segment	Rate
1	1.15%
2	4.06%
3	5.15%



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Notes to Financial Statements

3. Actuary Information (continued)

Mortality: IRS 2015 Static Mortality Table

Assumed Retirement Age:

Retirement Rates are as follows:

Age	Retirement Rate
55-59	2%
60	10%
61	15%
62	25%
63	15%
64	20%
65	100%

Funding Rate - continued

Participants eligible for unreduced retirement benefits are assumed to retire at the rate of 50% per year before the age of 65, and 100% per year at age 65 and later.

Form of Payment

All active employee benefits are assumed to be paid in the form of a lump sum payment, calculated using an assumed PBGC immediate interest rate of 1.29% / 3.81% / 4.88% and the IRS 2015 Applicable Mortality Table.



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Notes to Financial Statements

4. Investments

The following table represents investments that represent five percent or more of the Plan's net assets.

<i>December 31,</i>	2015	2014
Description		
IShares Msci USA Minimum Volatility	\$ 267,732	\$ -
Loomis Sayles Bond Instl	-	231,556
Vanguard Large-Cap (EFT)	-	187,081

During 2015 and 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by (\$99,187) and (\$24,587), respectively as follows:

<i>December 31,</i>	2015	2014
Description		
Mutual Funds	\$ (76,459)	\$ (68,969)
Corporate Stock	(26,330)	38,229
U.S. Government Securities	6,924	6,153
Corporate Bonds	(2,906)	-
Foreign Bonds, Notes & Debentures	(416)	-
	\$ (99,187)	\$ (24,587)

5. Fair Value Measurements

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. 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 FASB ASC 820 are described as follows:



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Notes to Financial Statements

5. Fair Value Measurements (continued)

Level 1 Fair Value Measurements

Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date.

Common Stocks, Preferred Stocks, U.S. Government Securities, Corporate Bonds and Foreign Bonds, Notes and Debentures

Valued at the composite closing price as reported on the active market on which the individual securities are traded.

Mutual Funds

Valued using the Net Asset Value (NAV) of shares held by the plan at year-end. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is quoted in an active market.

Level 2 Fair Value Measurements

Inputs to the valuation methodology are other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value can be determined through the use of models or other valuation methodologies.

Level 3 Fair Value Measurements

Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

The tables below segregates all financial assets as of December 31, 2015 and 2014 that are measured at fair value on a recurring basis (at least annually) into the most appropriate level within the fair value hierarchy based on inputs used to determine the fair value at the measurement date.



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Notes to Financial Statements

5. Fair Value Measurements (continued)

Description	12/31/2015	Fair Value Measurements Using		
		Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual Funds				
Equity Funds	\$ 969,418	\$ 969,418	\$ -	\$ -
Fixed Income Funds	544,265	544,265	-	-
Total Mutual Funds	1,513,683	1,513,683	-	-
Corporate Stock				
Foreign	221,253	221,253	-	-
Technology	191,482	191,482	-	-
Services	172,171	172,171	-	-
Financial Services	137,492	137,492	-	-
Healthcare	121,384	121,384	-	-
Consumer Goods	93,099	93,099	-	-
Preferred	87,820	87,820	-	-
Industrial Goods	62,583	62,583	-	-
Basic Materials	39,392	39,392	-	-
Conglomerates	31,804	31,804	-	-
Utilities	24,145	24,145	-	-
Total Corporate Stock	1,182,625	1,182,625	-	-
U.S. Government Securities	235,637	235,637	-	-
Corporate Bonds	151,591	151,591	-	-
Foreign Bonds, Note and Debentures	25,016	25,016	-	-
Total	\$ 3,108,552	\$ 3,108,552	\$ -	\$ -



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Notes to Financial Statements

5. Fair Value Measurements (continued)

Description	12/31/2014	Fair Value Measurements Using		
		Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual Funds				
Equity Funds	\$ 1,068,125	\$ 1,068,125	\$ -	\$ -
Fixed Income Funds	613,804	613,804	-	-
Total Mutual Funds	1,681,929	1,681,929	-	-
Corporate Stock				
Services	171,944	171,944	-	-
Financial Services	145,698	145,698	-	-
Foreign	137,019	137,019	-	-
Technology	136,349	136,349	-	-
Preferred	112,430	112,430	-	-
Healthcare	68,701	68,701	-	-
Basic Materials	48,824	48,824	-	-
Consumer Goods	39,848	39,848	-	-
Industrial Goods	30,817	30,817	-	-
Utilities	20,394	20,394	-	-
Conglomerates	7,800	7,800	-	-
Total Corporate Stock	919,824	919,824	-	-
U.S. Government Securities	70,323	70,323	-	-
Total	\$ 2,672,076	\$ 2,672,076	\$ -	\$ -

There have been no changes in the methodologies used at December 31, 2015 and 2014.



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Notes to Financial Statements

6. Information Certified by the Plan's Custodians

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee has certified that the following data included in the accompanying financial statements and supplemental material is complete and accurate.

<i>December 31,</i>	2015	2014
Description		
Mutual Funds, at fair value	\$ 1,513,683	\$ 1,681,929
Corporate Stock, at fair value	1,182,625	919,824
U.S. Government Securities, at fair value	235,637	70,323
Corporate Bonds, at fair value	151,591	-
Foreign Bonds, Notes and Debentures, at fair value	25,016	-
Net Depreciation in Fair Value of Investments	(99,187)	(24,587)
Dividends	71,027	108,698
Interest	7,205	4,309

7. 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 participants' account balances and 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 to these estimates and assumptions in the near term would be material to the financial statements.



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Notes to Financial Statements

8. Union Agreement Amendment

In March 2011, Amanda Bent Bolt Company and the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America, Local 1549, signed a new agreement. Under this agreement, a 401k plan replaced the defined pension plan for all employees hired after March 10, 2011. Future pension plan benefits under this new agreement is as follows;

Dollar Amount	Effective Date
\$34.00	March 10, 2011
\$34.25	March 10, 2012
\$34.50	March 10, 2013
\$35.00	March 10, 2014
\$35.50	March 10, 2015

9. Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated June 28, 2012, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC).

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan years 2006, 2007, 2008, and 2009 were under Department of Labor audit and on September 26, 2011 the Plan received notice from the Department of Labor that as a result of the corrective actions taken by the plan, no further action will be taken by the Department of Labor. As a result, the plan administrator believes it is no longer subject to income tax examinations for the years prior to 2009.

10. Party In Interest Transactions

As described in Note 1, the Plan paid certain expenses related to plan operations totaling \$38,213 and \$31,693 for the years ended December 31, 2015 and 2014, respectively. These transactions are party in interest transactions under ERISA.



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Notes to Financial Statements

11. Plan Termination

Although it has not expressed any intent to do so, the Plan may be terminated by action of the Board of Directors of the Employer or by the Pension Benefit Guaranty Corporation in accordance with the provisions of ERISA. In either event, all accrued benefits as of the date of termination shall become fully vested and nonforfeitable. If the Plan is fully funded, the Trustees shall first deduct its reasonable expenses and compensation for the administration of the Plan, and other remaining expenses to other parties. The remainder of the assets of the Plan shall be liquidated and allocated among active participants, pensioners and former participants and their beneficiaries and spouses, as described in the Plan document. If the plan terminated under distressed termination, the assets would be distributed under the guidelines established by the Pension Benefit Guaranty Corporation (PBGC).

Certain benefits under the plan are insured by the PBGC if the plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the plan, and the amount of benefit protection is subject to certain limitations.

12. ERISA Bond Requirement

The Employee Retirement Income Security Act of 1974 (ERISA) requires that every person who handles funds or other property of the Plan be bonded. The bond coverage is to be determined by the balance of the total plan assets, and is required to be at least equal to the lesser of 10% of the Plan's assets at the beginning of the plan year or \$500,000. At December 31, 2015 and 2014, the Plan's sponsor maintained bond coverage in the amount of \$1,000,000.

13. Date of Management's Review

The Company has evaluated all events subsequent to the balance sheet date of December 31, 2015 through October 12, 2016, the date the accompany financial statements and supplemental schedules were available to be issued, and determined there were no subsequent events requiring additional disclosure.



Supplemental Schedules

Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2015

EIN: 31-0928132

Plan Number: 002

Form: 5500

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Mutual Funds				
Fixed Income Funds				
*	Blackrock Bond Allic TGT Shares Ser M	4,912 shares	\$ 49,120	\$ 48,138
*	Blackrock Total Return Instl	3,826 shares	44,109	44,032
*	Blackrock Strategic Income Opp Instl	14,480 shares	147,553	141,473
*	Blackrock Multi-Asset Income Instl	16,529 shares	184,444	173,720
*	Lord Abbett Short Duration Income	10,698 shares	47,158	46,108
*	Pimco Real Return P	1,752 shares	19,074	18,409
*	Pimco Income P	3,839 shares	47,425	45,032
*	TCW Total Return Bond I	2,700 shares	27,739	27,353
Total Fixed Income Funds			\$ 566,622	\$ 544,265
Equity Funds				
*	AMG Chicago Equity Partners Bal Svc	2,382 shares	\$ 36,682	\$ 35,853
*	American Funds American Balanced F2	1,536 shares	36,757	36,588
*	Blackrock Global Allocation Instl	2,052 shares	38,676	36,789
*	ISHares Core S&P Mid-Cap (Mkt)	782 shares	117,792	108,948
*	ISHares High Dividend (Mkt)	1,270 shares	97,930	93,231
*	ISHares Msci Eafe Minimum Volatility	496 shares	32,006	32,176
*	ISHares Msci USA Minimum Volatility	6,402 shares	266,278	267,732
*	ISHares Core Msci Eafe (Mkt)	1,660 shares	96,811	90,271
*	ISHares Core Msci Emerging Market	909 shares	47,092	35,805
*	ISHares Currency Hedged Msci Eafe	1,087 shares	27,610	27,610
Lord Asset Management Tr Thomas				
*	White International Inv	1 shares	13	12
*	Oppenheimer International Growth	865 shares	31,598	31,061
*	Oppenheimer Global Opportunities Y	774 shares	34,920	34,982
Select Sector Spdr Tr Materials Select				
*	Sector Spdr	64 shares	3,213	2,779



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2015

EIN: 31-0928132
Plan Number: 002
Form: 5500

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Equity Funds - continued				
	Select Sector Spdr Tr Health Care			
*	Select Sector Spdr	212 shares	\$ 15,275	\$ 15,270
	Select Sector Spdr Tr Consumer Staples			
*	Select Sector Spdr	328 shares	16,008	16,561
	Select Sector Spdr Tr Consumer Discret			
*	Select Sector Spdr	195 shares	14,797	15,241
	Select Sector Spdr Tr Energy Select			
*	Sector Spdr	230 shares	18,191	13,874
	Select Sector Spdr Tr Industrial			
*	Select Sector Spdr	339 shares	18,965	17,970
	Select Sector Spdr Tr Utilities Select			
*	Sector Spdr	191 shares	8,350	8,266
*	Vanguard Financials Eft (Mkt)	514 shares	25,418	24,903
*	Vanguard Information Technology ETF	179 shares	19,332	19,384
*	Vanguard Telecommunications Services	49 shares	4,264	4,112

Total Equity Funds	\$ 1,007,978	\$ 969,418
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Total Mutual Funds	\$ 1,574,600	\$ 1,513,683
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Corporate Stock

Common Stock

*	Abbott Laboratories	16 shares	\$ 642	\$ 719
*	Abbvie Inc.	60 shares	3,887	3,554
*	Activision Blizzard Inc.	114 shares	3,843	4,413
*	Adobe Systems Inc.	80 shares	6,158	7,515
*	Aetna Inc.	73 shares	7,848	7,893
*	Alexion Oharmaceuticals Inc	39 shares	7,187	7,439
*	Alphabet Inc Capital Stock Class C	9 shares	5,773	6,830

See Independent Auditor's Report



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2015

EIN: 31-0928132
Plan Number: 002
Form: 5500

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Common Stock - continued				
*	Alphabet Inc Capital Stock Class A	22 shares	\$ 14,777	\$ 17,116
*	Altria Group Inc.	260 shares	13,160	15,135
*	Amazon.com Inc.	14 shares	7,019	9,462
*	American Express Co.	6 shares	465	417
*	American International Group Inc.	150 shares	8,749	9,295
*	American Tower Corp.	57 shares	5,408	5,526
*	American Water Works Co. Inc.	92 shares	4,753	5,497
*	Amgen Inc.	42 shares	6,706	6,818
*	Anthem Inc.	13 shares	1,977	1,813
*	Apple Inc.	159 shares	14,560	16,736
*	Automated Data Processing Inc.	87 shares	7,516	7,371
*	Blackrock Inc.	17 shares	5,699	5,789
*	H&R Block Inc.	152 shares	5,005	5,063
*	Bristol-Meyers Squibb Co.	24 shares	815	1,651
*	Brocade Communications Systems Inc.	362 shares	4,154	3,323
*	CDW Corp.	85 shares	3,495	3,573
*	Cigna Corp.	54 shares	6,987	7,902
*	CME Group Inc.	13 shares	921	1,178
*	CMS Energy Corp.	31 shares	1,050	1,118
*	CVS Health Corp.	170 shares	15,975	16,621
*	Cardinal Health Inc.	62 shares	5,027	5,535
*	Celgene Corp.	32 shares	3,642	3,832
*	Centene Corp.	49 shares	3,740	3,225
*	Chevron Corp.	28 shares	2,876	2,519
*	Cisco Systems Inc.	398 shares	9,764	10,808
*	Citigroup Inc.	376 shares	18,834	19,458
*	Citizens Financial Group Inc.	309 shares	8,245	8,093
*	Coca-Cola Co.	173 shares	7,043	7,432
*	Cognizant Technology Solutions Corp.	85 shares	5,142	5,102



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2015

EIN: 31-0928132

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Form: 5500

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Common Stock - continued				
*	Comcast Corp.	320 shares	\$ 17,476	\$ 18,058
*	ConocoPhillips	18 shares	1,207	840
*	Costco Wholesale Corp.	93 shares	13,467	15,019
*	Danaher Corp.	60 shares	5,511	5,573
*	Devon Energy Corp.	173 shares	7,701	5,536
*	Walt Disney Company	120 shares	13,608	12,610
*	Dollar General Corp.	38 shares	2,790	2,731
*	Dominion Resources Inc.	110 shares	7,658	7,440
*	Dow Chemical Co.	120 shares	6,164	6,178
*	Dr Pepper Snapple Group Inc.	47 shares	3,535	4,380
*	DuPont EI De Nemours & Co.	38 shares	2,818	2,531
*	Ecolab Inc.	32 shares	3,534	3,660
*	Equinix Inc.	19 shares	5,411	5,746
*	Eversource Energy	17 shares	823	868
*	Exelon Corp.	33 shares	1,016	916
*	Exxon Mobil Corp.	82 shares	7,372	6,392
*	Facebook Inc.	130 shares	10,104	13,606
*	Fedex Corp	67 shares	11,769	9,982
*	Ford Motor Co.	391 shares	6,093	5,509
*	GAP Inc.	40 shares	1,400	988
*	General Electric Inc.	264 shares	7,121	8,224
*	Genuine Parts Co.	51 shares	4,581	4,380
*	Gilead Sciences Inc.	51 shares	5,315	5,161
*	Goldman Sachs Group Inc.	37 shares	5,864	6,669
*	Hess Corp.	149 shares	8,705	7,224
*	Home Depot Inc.	160 shares	16,131	21,160
*	Honeywell International Inc.	144 shares	14,956	14,914
*	Humana Inc.	22 shares	4,087	3,927
*	Intel Corp.	193 shares	4,836	6,649



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2015

EIN: 31-0928132

Plan Number: 002

Form: 5500

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Common Stock - continued				
*	International Business Machines Corp	4 shares	\$ 690	\$ 550
*	International Paper Co.	56 shares	3,018	2,111
*	JPMorgan Chase & Co.	370 shares	20,146	24,431
*	Johnson & Johnson	82 shares	7,446	8,423
*	Kroger Co.	48 shares	1,702	2,008
*	Laboratory Corp of America Holdings	35 shares	4,187	4,327
*	Lear Corporation	39 shares	4,461	4,790
*	Lennar Corp	70 shares	3,550	3,424
*	Linear Technology Corp.	94 shares	3,954	3,992
*	Lockheed Martin Corp.	58 shares	11,874	12,595
*	Lowes Cos Inc.	122 shares	8,481	9,277
*	M&T Bank Corp.	24 shares	2,864	2,908
*	Marathon Oil Corp.	27 shares	829	340
*	Marathon Pete Corp.	33 shares	1,672	1,711
*	Mastercard Inc.	79 shares	7,161	7,691
*	Mattel Inc.	218 shares	5,800	5,923
*	McDonald's Corp.	54 shares	5,265	6,380
*	McKesson Corp.	32 shares	7,202	6,311
*	Merck & Co Inc.	52 shares	3,124	2,747
*	Metlife Inc.	32 shares	1,600	1,543
*	Microsoft Corp.	378 shares	16,334	20,971
*	Micron Technology Inc.	240 shares	6,770	3,398
*	Molson Coors Brewing Co.	54 shares	3,959	5,072
*	Mondelez Intl Inc.	188 shares	8,332	8,430
*	Morgan Stanley	69 shares	2,585	2,195
*	Motorola Inc.	15 shares	903	1,027
*	Nextera Energy Inc.	20 shares	1,810	2,078
*	Nike Inc.	59 shares	3,389	3,687
*	Northrop Grumman Corp.	12 shares	1,864	2,266



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2015

EIN: 31-0928132

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Form: 5500

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Common Stock - continued				
*	Occidental Petroleum Corp.	113 shares	\$ 8,471	\$ 7,640
*	Oracle Corp.	328 shares	13,295	11,982
*	PNC Financial Services Group Inc.	59 shares	5,538	5,623
*	Packaging Corp of America	47 shares	3,290	2,963
*	Palo Alto Networks Inc.	22 shares	3,786	3,875
*	Pepsico Inc.	86 shares	8,015	8,593
*	Pfizer Inc.	229 shares	6,711	7,392
*	Philip Morris International Inc.	67 shares	5,584	5,890
*	Praxair Inc.	6 shares	736	614
*	Priceline Group Inc.	4 shares	5,008	5,100
*	Procter & Gamble Co.	33 shares	2,448	2,621
*	Prudential Financial Inc.	25 shares	2,024	2,035
*	Public Service Enterprise Group Inc.	126 shares	5,152	4,875
*	Qualcomm Inc.	34 shares	2,315	1,699
*	Quest Diagnostics Inc.	19 shares	1,344	1,352
*	Raytheon Co.	119 shares	12,303	14,819
*	Reynolds American Inc.	70 shares	2,652	3,231
*	Ross Stores	82 shares	4,125	4,412
*	Skyworks Solutions Inc.	91 shares	8,562	6,992
*	Southwest Airlines Co.	136 shares	4,776	5,856
*	Starbucks Corp.	93 shares	4,627	5,583
*	Suntrust Banks Inc.	173 shares	7,172	7,411
*	Telus Corp.	164 shares	5,558	4,535
*	Thermo Fisher Scientific Inc.	106 shares	14,210	15,036
*	3M Co.	77 shares	11,628	11,599
*	Travelers Cos Inc.	62 shares	6,317	6,997
*	US Bancorp	303 shares	12,985	12,929
*	Union Pacific Corp.	81 shares	7,723	6,334
*	United Continental Holdings Inc.	86 shares	3,217	4,928

See Independent Auditor's Report



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2015

EIN: 31-0928132

Plan Number: 002

Form: 5500

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Common Stock - continued				
*	United Parcel Service	42 shares	\$ 4,507	\$ 4,042
*	United Technologies Corp.	88 shares	10,119	8,454
*	Unitedhealth Group Inc.	65 shares	4,395	7,647
*	Universal Health Services Inc.	44 shares	5,240	5,258
*	Valero Energy Corp	93 shares	5,522	6,576
*	Verizon Communications Inc.	269 shares	12,986	12,433
*	Viacom Inc.	35 shares	1,796	1,441
*	Visa Inc.	71 shares	5,418	5,506
*	Vulcan Materials Co.	57 shares	5,511	5,413
*	Wells Fargo & Co.	236 shares	11,592	12,829
*	Western Digital Corp.	53 shares	5,264	3,183
*	Weyerhaeuser Co.	31 shares	967	929
*	Whirlpool Corp.	25 shares	4,648	3,672
*	Marriot International Inc.	17,391 shares	-	5
Total Common Stock			\$ 838,404	\$ 873,552

Foreign Stock

*	Anheuser Busch Inbev NV	26 shares	\$ 3,126	\$ 3,250
*	Ansell LTD	22 shares	1,386	1,372
*	Astrazeneca PLC	214 shares	7,251	7,265
*	Atlas Copco	68 shares	2,122	1,681
*	BP PLC	160 shares	6,267	5,002
*	BHP Billiton LTD	17 shares	881	438
*	British American Tobacco PLC	50 shares	5,556	5,523
*	Carnival Corp.	122 shares	4,942	6,647
*	DBS Group Holdings LTD	54 shares	2,748	2,541
*	Deutsche Post AG	125 shares	4,159	3,524



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2015

EIN: 31-0928132

Plan Number: 002

Form: 5500

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Foreign Stock - continued				
*	Diageo PLC	53 shares	\$ 5,842	\$ 5,781
*	Givaudan	75 shares	2,835	2,732
*	GlaxoSmithKline PLC	47 shares	2,157	1,897
*	HSBC Holdings PLC	52 shares	2,554	2,053
*	Hennes & Mauritz AB (H&M)	221 shares	1,759	1,584
*	Imperial Tobacco Group PLC	53 shares	5,191	5,603
*	Lloyds Banking Group PLC	570 shares	3,078	2,485
*	National Bank of Canada	38 shares	1,536	1,106
*	Nestle	53 shares	4,131	3,947
*	Netease Com Inc.	31 shares	4,493	5,618
*	Novartis	54 shares	5,538	4,646
*	Novo Nordisk A/S	34 shares	1,928	1,975
*	Roche Holding AG	79 shares	2,841	2,727
*	Rogers Communications Inc. Class B	128 shares	4,552	4,411
*	Royal Bank CDA Preferred	3,000 shares	30,000	31,392
*	Royal Bank CDA Preferred	3,000 shares	30,000	31,977
*	Royal Dutch Shell PLC	36 shares	2,297	1,657
*	Sands China LTD	33 shares	1,351	1,131
*	Sanofi	98 shares	4,996	4,180
*	Schlumberger LTD	184 shares	16,153	12,834
*	SGS	74 shares	1,474	1,413
*	Singapore Telecommunications LTD	54 shares	1,801	1,397
*	Sonic Healthcare LTD	97 shares	1,357	1,261
*	Suncor Energy Inc.	167 shares	5,398	4,309
*	Svenska Handelsbanken	196 shares	1,507	1,312
*	Syngenta	51 shares	3,552	4,015
*	Teva Pharmaceutical Industries LTD	122 shares	6,544	8,008
*	Total	39 shares	2,107	1,753
*	Unilever NV New York	66 shares	2,871	2,859



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2015

EIN: 31-0928132
Plan Number: 002
Form: 5500

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Foreign Stock - continued				
*	Eutelsat Communications	79 shares	\$ 2,771	\$ 2,338
*	Medtronic PLC	96 shares	7,468	7,384
*	Tyco International PLC	24 shares	951	765
*	Ace Limited	47 shares	5,100	5,492
*	Japan Tobacco Inc.	107 shares	3,943	3,929
*	Kone OYJ	56 shares	2,425	2,378
*	Avago Technologies LTD	39 shares	5,175	5,661
Total Foreign Stock			\$ 226,114	\$ 221,253
Preferred Stock				
*	Bank America Corp Mkt LKD PFD	5,000 shares	\$ 50,000	\$ 45,100
*	Bank America Corp Pref	4,000 shares	40,000	42,720
Total Preferred Stock			\$ 90,000	\$ 87,820
Total Corporate Stock			\$ 1,154,518	\$ 1,182,625
U.S. Government Securities				
U.S. Government Obligations				
*	Federal National Mortgage Assn DTD 2/15/13; .5%; 3/30/16	10,000 units	\$ 10,018	\$ 10,001
*	Federal Home Loan Mortgage Corp DTD 5/14/12; 1%; 6/29/17	12,000 units	12,071	11,999
*	U.S. Treasury Note DTD 2/15/14; 2.75%; 2/15/2024	7,000 units	7,412	7,291
*	U.S. Treasury Note DTD 11/15/14; 2.25%; 11/15/2024	14,000 units	14,125	13,993



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2015

EIN: 31-0928132
Plan Number: 002
Form: 5500

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
U.S. Government Obligations - continued				
	U.S. Treasury Note			
*	DTD 3/31/15; 1.375%; 3/31/2020	13,000 units	\$ 12,941	\$ 12,840
	U.S. Treasury Note			
*	DTD 8/15/15; 2%; 8/15/2025	8,000 units	7,837	7,800
	U.S. Treasury Note			
*	DTD 11/30/15; .875%; 11/30/2017	9,000 units	8,986	8,974
	U.S. Treasury Note			
*	DTD 11/30/15; 2%; 11/30/2022	12,000 units	11,981	11,934
	U.S. Treasury Note			
*	DTD 10/31/11; 1%; 10/31/2016	25,000 units	25,157	25,049
	U.S. Treasury Note			
*	DTD 3/31/12; 1%; 3/31/2017	18,000 units	18,144	18,028
	U.S. Treasury Note			
*	DTD 5/31/13; 1%; 5/31/2018	20,000 units	20,004	19,898
	U.S. Treasury Note			
*	DTD 9/15/13; .875%; 9/15/2016	12,000 units	12,051	12,015
	U.S. Treasury Note			
*	DTD 10/31/13; 1.25%; 10/31/2018	19,000 units	19,075	18,973
Total U.S. Government Obligations			\$ 179,802	\$ 178,795
Mortgaged Backed Securities				
	Federal Home Loan Mortgage Corp			
	Pool #G07925			
*	DTD 1/1/15; 4%; 2/1/2045	5,554 units	\$ 6,009	\$ 5,926
	Federal Home Loan Mortgage Corp			
	Pool #G0-8623			
*	DTD 1/1/15; 3.5%; 1/1/2045	27,201 units	28,297	28,024



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2015

EIN: 31-0928132
Plan Number: 002
Form: 5500

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Mortgaged Backed Securities - continued				
	Federal National Mortgage Assn Pool #AH3431			
*	DTD 1/1/11; 3.5%; 1/1/2026	3,204 units	\$ 3,425	\$ 3,361
	Federal National Mortgage Assn Pool #AE0949			
*	DTD 2/1/11; 4%; 2/1/2041	13,886 units	14,953	14,739
Total Mortgage Backed Securities			\$ 52,684	\$ 52,050
Collateralized Mortgage Obligations				
	U.S Treasury Note (TIPS)			
*	DTD 1/15/15; .25%; 1/15/2025	5,000 units	\$ 4,958	\$ 4,792
Total U.S. Government Securities			\$ 237,444	\$ 235,637
Corporate Bonds				
Municipal Obligations				
	Toyota Motor Credit Corp			
*	DTD 1/10/13; 1.375%; 1/10/2018	7,000 units	\$ 7,032	\$ 7,014
Corporate Bonds				
	American Express Credit Corp			
*	DTD 9/9/11; 2.8%; 9/19/2016	5,000 units	\$ 5,134	\$ 5,064
	American International Group			
*	DTD 8/9/13; 3.375%; 8/15/2020	6,000 units	6,291	6,169
	Apple Inc.			
*	DTD 5/3/13; 1%; 5/3/2018	5,000 units	4,975	4,959
	Bristol-Myers Squibb Co.			
*	DTD 7/31/12; .875%; 8/1/2017	5,000 units	4,983	4,972



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2015

EIN: 31-0928132
Plan Number: 002
Form: 5500

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds - continued				
	CVS Health Corp.			
*	DTD 7/20/15; 3.5%; 7/20/2022	5,000 units	\$ 5,030	\$ 5,088
	Capital One Financial Corp.			
*	DTD 2/5/15; 3.2%; 2/5/2025	6,000 units	5,875	5,800
	Citigroup Inc.			
*	DTD 6/15/11; 3.953%; 6/15/2016	8,000 units	8,258	8,111
	Comcast Corp.			
*	DTD 2/26/14; 3.6%; 3/1/2024	6,000 units	6,345	6,202
	Costco Wholesale Corp.			
*	DTD 5/3/12; 1.7%; 12/15/2019	5,000 units	4,997	4,958
	Enterprise Prods Oper LLC			
*	DTD 10/14/14; 3.75%; 2/15/2025	5,000 units	5,071	4,574
	Goldman Sachs Group Inc.			
*	DTD 4/1/08; 6.15%; 4/1/2018	4,000 units	4,480	4,344
	Goldman Sachs Group Inc.			
*	DTD 7/27/11; 5.25%; 7/27/2021	7,000 units	7,913	7,739
	HCP Inc.			
*	DTD 11/19/12; 2.625%; 2/1/2020	9,000 units	9,040	8,861
	JPMorgan Chase & Co.			
*	DTD 10/21/10; 4.25%; 10/15/2020	6,000 units	6,508	6,365
	Kinder Morgan Energy Partners LP			
*	DTD 3/14/12; 3.95%; 9/1/2022	5,000 units	5,042	4,353
	Medtronic Inc.			
*	DTD 3/15/15; 1.5%; 3/15/2018	5,000 units	5,002	4,997
	Metlife Inc.			
*	DTD 4/10/14; 3.6%; 4/10/2024	5,000 units	5,202	5,130
	Morgan Stanley			
*	DTD 4/25/13; 2.125%; 4/25/2018	6,000 units	6,059	6,008



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2015

EIN: 31-0928132
Plan Number: 002
Form: 5500

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds - continued				
	Oracle Corp.			
*	DTD 7/8/14; 2.8%; 7/8/2021	7,000 units	\$ 7,181	\$ 7,090
	Reynolds American Inc.			
*	DTD 6/12/15; 2.3%; 6/12/2018	5,000 units	5,043	5,031
	Toronto Dominion Bank			
*	DTD 7/23/15; 1.75%; 7/23/2018	5,000 units	4,998	4,992
	Unitedhealth Group Inc.			
*	DTD 7/23/15; 3.35%; 7/15/2022	6,000 units	6,103	6,137
	Verizon Communications Inc.			
*	DTD 3/28/11; 4.6%; 4/1/2021	9,000 units	9,916	9,674
	Wells Fargo & Company			
*	DTD 9/9/14; 3.3%; 9/9/2024	8,000 units	8,074	7,959
Total Corporate Bonds			\$ 147,520	\$ 144,577
Total Corporate Bonds			\$ 154,552	\$ 151,591
Foreign Bonds, Notes & Debentures				
	BP Capital Markets PLC Global Note			
*	DTD 11/4/14; 2.521%; 1/15/2020	7,000 units	\$ 7,146	\$ 6,977
	BNP Paribas Mid-term Note			
*	DTD 11/4/14; 2.521%; 1/15/2020	6,000 units	6,065	5,992
	Total Capital Global Bond			
*	DTD 11/4/14; 2.521%; 1/15/2020	6,000 units	6,094	6,011



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2015

EIN: 31-0928132

Plan Number: 002

Form: 5500

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Foreign Bonds, Notes & Debentures - continued				
	United Mexican States Term Note			
*	DTD 1/6/12; 3.625%; 3/15/2022	6,000 units	\$ 6,127	\$ 6,036
Total Foreign Bonds, Notes & Debentures			\$ 25,432	\$ 25,016
Total Investments			\$ 3,146,546	\$ 3,108,552

* Represents a party in interest



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4j - Schedule of Reportable Transactions For the Year Ended December, 31, 2015

EIN: 31-0928132
Plan Number: 002
Form: 5500

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date		(i) Net Gain / (Loss)
Short Term Investment	BIF Money Fund	\$ 4,555,390	\$ 4,555,390	- \$	- \$	\$ 4,555,390	- \$	- \$	-
Mutual Funds / Equity	IShares International Select	\$ 196,239	\$ 185,933	- \$	- \$	\$ 196,239	- \$	- \$	(10,306)
	IShares Msci USA Minimum	\$ 266,278	\$ 266,278	- \$	- \$	\$ 266,278	- \$	- \$	-
	Vanguard Large Cap EFT	\$ 104,626	\$ 190,807	- \$	- \$	\$ 104,626	- \$	- \$	86,181
Mutual Funds / Fixed Income	Blackrock Strategic Income Opps	\$ 210,302	\$ 209,325	- \$	- \$	\$ 210,302	- \$	- \$	(977)
	Blackrock Multi-Asset Income	\$ 184,444	\$ 184,444	- \$	- \$	\$ 184,444	- \$	- \$	-
	Loomis Sayles Bond	\$ 263,069	\$ 275,229	- \$	- \$	\$ 263,069	- \$	- \$	12,160

(a) Represents a transaction or a series of transactions in securities of the same issue in excess of 5 percent of the plan market value as of December 31, 2015.

See Independent Auditors' Report

Schedule SB, line 26 - Schedule of Active Participant Data

YEARS OF CREDITED SERVICE

Attained Age	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	
	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp
Under 25	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	2	0	18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	1	0	11	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	1	0	3	0	1	0	2	0	0	0	0	0	0	0	0	0	0	0
40 to 44	1	0	1	0	4	0	0	0	3	0	1	0	0	0	0	0	0	0	0	0
45 to 49	0	0	3	0	6	0	2	0	1	0	0	0	1	0	0	0	0	0	0	0
50 to 54	1	0	4	0	3	0	0	0	1	0	2	0	3	0	1	0	0	0	0	0
55 to 59	1	0	1	0	3	0	0	0	0	0	3	0	2	0	1	0	2	0	3	0
60 to 64	1	0	1	0	0	0	0	0	2	0	0	0	1	0	2	0	0	0	0	0
65 to 69	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
70 & Up	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Name of plan: Amanda Bent Bolt Company Hourly Rated Ees' Pension Plan
Plan sponsor's name: Amanda Bent Bolt Company

Plan number: 002
EIN: 31-0928132

Schedule SB, Part V - Statement of Actuarial Assumptions

Target Assumptions:

Male Nonannuitant: 2015 Nonannuitant Male
Female Nonannuitant: 2015 Nonannuitant Female
Male Annuitant: 2015 Annuitant Male
Female Annuitant: 2015 Annuitant Female

Applicable months from valuation month: 4
Probability of lump sum: 100.00%
Use pre-retirement mortality: Yes

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Segment rates:	1.15	4.06	5.15
High Quality Bond rates:	N/A	N/A	N/A
Final rates:	4.72	6.11	6.81
Override:	0.00	0.00	0.00

Salary Scale

Male: 0.00%
Female: 0.00%

Withdrawal

Male: N/A
Female: N/A

Withdrawal-Select

Male: N/A
Female: N/A

Early Retirement Rates

Male: ER Amanda
Female: ER Amanda

Subsidized Early Retirement Rates

Male: 50% - 62, 63, 64
Female: 50% - 62, 63, 64

Options:

Use optional combined mortality table for small plans: Yes
Use discount rate transition: No
Lump sums use proposed regulations: Yes

Actuarial Equivalent Floor

Stability period: plan year
Lookback months: 3
Nonannuitant: 2015 Applicable
Annuitant: 2015 Applicable

	<u>1st</u>	<u>2nd</u>	<u>3rd</u>
Current:	1.29	3.81	4.88
Override:	0.00	0.00	0.00

Late Retirement Rates

Male: N/A
Female: N/A

Marriage Probability

Male: 0.00%
Female: 0.00%
Expense loading: 0.00%

Setback

0

Disability Rates

Male: N/A
Female: N/A

Mortality

Male: N/A
Female: N/A

Setback

0
0

Name of Plan: Amanda Bent Bolt Company Hourly F
Plan Sponsor's EIN: 31-0928132
Plan Number: 002

Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4j - Schedule of Reportable Transactions For the Year Ended December, 31, 2015

EIN: 31-0928132
Plan Number: 002
Form: 5500

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date		(i) Net Gain / (Loss)
Short Term Investment	BIF Money Fund	\$ 4,555,390	\$ 4,555,390	- \$	- \$	\$ 4,555,390	- \$	- \$	-
Mutual Funds / Equity	IShares International Select	\$ 196,239	\$ 185,933	- \$	- \$	\$ 196,239	- \$	- \$	(10,306)
	IShares Msci USA Minimum	\$ 266,278	\$ 266,278	- \$	- \$	\$ 266,278	- \$	- \$	-
	Vanguard Large Cap EFT	\$ 104,626	\$ 190,807	- \$	- \$	\$ 104,626	- \$	- \$	86,181
Mutual Funds / Fixed Income	Blackrock Strategic Income Opps	\$ 210,302	\$ 209,325	- \$	- \$	\$ 210,302	- \$	- \$	(977)
	Blackrock Multi-Asset Income	\$ 184,444	\$ 184,444	- \$	- \$	\$ 184,444	- \$	- \$	-
	Loomis Sayles Bond	\$ 263,069	\$ 275,229	- \$	- \$	\$ 263,069	- \$	- \$	12,160

(a) Represents a transaction or a series of transactions in securities of the same issue in excess of 5 percent of the plan market value as of December 31, 2015.

See Independent Auditors' Report

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 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 Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Amanda Bent Bolt Company	D Employer Identification Number (EIN) 31-0928132	
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	3,267,932		
b Actuarial value	2b	3,290,944		
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	4	127,496	127,496	
b For terminated vested participants	28	582,431	582,431	
c For active participants	95	2,477,807	2,537,440	
d Total	127	3,187,734	3,247,367	
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	6.04%		
6 Target normal cost	6	149,202		

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	<u>8-10-16</u> Date
	Andrew Behnke, MSPA, MAAA Type or print name of actuary	1407643 Most recent enrollment number
	Midwest Pension Actuaries, Inc. Firm name	248-539-5000 Telephone number (including area code)
	30680 Twelve Mile Road Farmington Hills MI 48334-3808 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)		
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>3.00</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)		300,138
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> %		18,969
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		319,107
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	101.34 %
15 Adjusted funding target attainment percentage	15	101.34 %
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	100.16 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/21/2015	123,361	0			
07/15/2015	123,361	0			
10/19/2015	123,361	0			
01/12/2016	123,361	0			
Totals ▶			18(b)	493,444	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	474,612

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.72%2nd segment:
6.11%3rd segment:
6.81%☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

65

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) **31a** 149,202**b** Excess assets, if applicable, but not greater than line 31a **31b** 43,577**32** Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment 0 0**b** Waiver amortization installment 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ... **34** 105,625

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement 0**36** Additional cash requirement (line 34 minus line 35) **36** 105,625**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 474,612**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 368,987**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011**42** Amount of acceleration adjustment **42****43** Excess installment acceleration amount to be carried over to future plan years **43**

Schedule SB, line 19 - Discounted Employer Contributions

Interest Rates for Contribution Year End Date: 12/31/2015

Effective: 6.04%

Late Quarterly: 11.04%

<u>Effective Date</u>	<u>Amount</u>	<u>Effective Interest</u>	<u>Quarterly Interest</u>	<u>Discounted</u>
04/21/2015	\$123,361	-2,161	0	\$121,200
07/15/2015	\$123,361	-3,805	0	\$119,556
10/19/2015	\$123,361	-5,635	0	\$117,726
01/12/2016	\$123,361	-7,231	0	\$116,130
	\$493,444			\$474,612

Name of Plan: Amanda Bent Bolt Company Hourly F
Plan Sponsor's EIN: 31-0928132
Plan Number: 002
Plan Sponsor's Name: Amanda Bent Bolt Company

Schedule SB, Part V - Summary of Plan Provisions

Eligibility Requirements

Age (yrs) : 0
 Age (months) : 0
 Wait (months) : 0
 Two year eligibility : No

Service/Participation Requirements

Definition of years: Hours worked
 Continuing hours: 1,000
 Excluded classes: Other

Earnings

Total compensation excluding : 403(b)
 Cafeteria
 Other
 Prior to participation
 415 prior to participation

<u>Retirement</u>	<u>Normal</u>	<u>Early</u>	<u>Subsidized Early</u>	<u>Disability</u>	<u>Death</u>
Age:	65	55	62	0	0
Service:	0	5	30	5	5
Participation:	0	0	0	0	0
Defined:	1st of month following	1st of month following	1st of month following	1st of month following	1st of month during

Benefit Reduction / Mortality table & setback

Male:	Early Retirement Reduction	Fully subsidized	N/A	0
Female:	Early Retirement Reduction	Fully subsidized	N/A	0

Rates - Male:	ER Amanda	50% - 62, 63, 64	N/A
Rates - Female:	ER Amanda	50% - 62, 63, 64	N/A

Use Social Security Retirement Age:	No	REACT Benefits Percentage:	50.00%
Vesting Schedule:	5 Year Cliff	Pre-retirement death benefit	
Vesting Definition:	Hours Worked	Percentage of accrued benefit:	50.00%
		Death Benefit Payment method:	PVAB

	<u>Annuity</u>	<u>Percent</u>	<u>Years</u>
Normal:	Life only	0.00%	0
QJSA:	Joint and contingent	50.00%	0

Significant Changes in Plan Provisions Since Last Valuation

Name of Plan: Amanda Bent Bolt Company Hourly Rated Ees' Pension Plan
 Plan Sponsor's EIN: 31-0928132
 Plan Number: 002
 Plan Sponsor's Name: Amanda Bent Bolt Company

Schedule SB, Part V - Summary of Plan Provisions

Benefits

Pension Formula:	Benefit formula		
Type of Formula:	Unit benefit non-integrated		
Effective Date:	01/01/2010		
 Unit type:	 Dollar		
Unit based on:	Accrual		
Maximum total percent:			
Tiers based on:	None		
First tier:	\$34.50	for 1st	None
Second tier:	None	for next	None
Third tier:	None	for remaining yrs	
 Maximum credit:			
Past years:	99		
Future years:	99		
Total years:	99		

Averaging

Projection method:	Current Compensation	Apply exclusion to accrued benefit:	No
Based on:	Final Average	Annualize short compensation years:	No
Highest:	0	Annualize short plan years:	No
In the last:	0	Include compensations based	
Excluding:	0	on years of:	Accrual

Accrual

Frozen:	No					Fractions based on:	N/A
Definition of years:	Pro rata						
 Accrual credit:	<u>Continuing</u>	<u>Died</u>	<u>Disabled</u>	<u>Retired</u>	<u>Terminated</u>	Precision:	1
	1800	1800	1800	1800	1800	Limit current credit	
						to:	1.000000
 Years based on:	Service					Cap/floor years:	0
Maximum past accrual years:	0.0000					Cap or floor:	Floor
Method:	Unit accrual					Accrual % per year:	0.00%
						Apply 415 before accrual:	No

Name of Plan:	Amanda Bent Bolt Company Hourly Rated Ees' Pension Plan
Plan Sponsor's EIN:	31-0928132
Plan Number:	002
Plan Sponsor's Name:	Amanda Bent Bolt Company

Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2015

EIN: 31-0928132

Plan Number: 002

Form: 5500

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Mutual Funds				
Fixed Income Funds				
*	Blackrock Bond Allic TGT Shares Ser M	4,912 shares	\$ 49,120	\$ 48,138
*	Blackrock Total Return Instl	3,826 shares	44,109	44,032
*	Blackrock Strategic Income Opp Instl	14,480 shares	147,553	141,473
*	Blackrock Multi-Asset Income Instl	16,529 shares	184,444	173,720
*	Lord Abbett Short Duration Income	10,698 shares	47,158	46,108
*	Pimco Real Return P	1,752 shares	19,074	18,409
*	Pimco Income P	3,839 shares	47,425	45,032
*	TCW Total Return Bond I	2,700 shares	27,739	27,353
Total Fixed Income Funds			\$ 566,622	\$ 544,265
Equity Funds				
*	AMG Chicago Equity Partners Bal Svc	2,382 shares	\$ 36,682	\$ 35,853
*	American Funds American Balanced F2	1,536 shares	36,757	36,588
*	Blackrock Global Allocation Instl	2,052 shares	38,676	36,789
*	ISHares Core S&P Mid-Cap (Mkt)	782 shares	117,792	108,948
*	ISHares High Dividend (Mkt)	1,270 shares	97,930	93,231
*	ISHares Msci Eafe Minimum Volatility	496 shares	32,006	32,176
*	ISHares Msci USA Minimum Volatility	6,402 shares	266,278	267,732
*	ISHares Core Msci Eafe (Mkt)	1,660 shares	96,811	90,271
*	ISHares Core Msci Emerging Market	909 shares	47,092	35,805
*	ISHares Currency Hedged Msci Eafe	1,087 shares	27,610	27,610
Lord Asset Management Tr Thomas				
*	White International Inv	1 shares	13	12
*	Oppenheimer International Growth	865 shares	31,598	31,061
*	Oppenheimer Global Opportunities Y	774 shares	34,920	34,982
Select Sector Spdr Tr Materials Select				
*	Sector Spdr	64 shares	3,213	2,779



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2015

EIN: 31-0928132
Plan Number: 002
Form: 5500

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Equity Funds - continued				
	Select Sector Spdr Tr Health Care			
*	Select Sector Spdr	212 shares	\$ 15,275	\$ 15,270
	Select Sector Spdr Tr Consumer Staples			
*	Select Sector Spdr	328 shares	16,008	16,561
	Select Sector Spdr Tr Consumer Discret			
*	Select Sector Spdr	195 shares	14,797	15,241
	Select Sector Spdr Tr Energy Select			
*	Sector Spdr	230 shares	18,191	13,874
	Select Sector Spdr Tr Industrial			
*	Select Sector Spdr	339 shares	18,965	17,970
	Select Sector Spdr Tr Utilities Select			
*	Sector Spdr	191 shares	8,350	8,266
*	Vanguard Financials Eft (Mkt)	514 shares	25,418	24,903
*	Vanguard Information Technology ETF	179 shares	19,332	19,384
*	Vanguard Telecommunications Services	49 shares	4,264	4,112

Total Equity Funds	\$ 1,007,978	\$ 969,418
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Total Mutual Funds	\$ 1,574,600	\$ 1,513,683
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Corporate Stock

Common Stock

*	Abbott Laboratories	16 shares	\$ 642	\$ 719
*	Abbvie Inc.	60 shares	3,887	3,554
*	Activision Blizzard Inc.	114 shares	3,843	4,413
*	Adobe Systems Inc.	80 shares	6,158	7,515
*	Aetna Inc.	73 shares	7,848	7,893
*	Alexion Oharmaceuticals Inc	39 shares	7,187	7,439
*	Alphabet Inc Capital Stock Class C	9 shares	5,773	6,830

See Independent Auditor's Report



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2015

EIN: 31-0928132
Plan Number: 002
Form: 5500

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Common Stock - continued				
*	Alphabet Inc Capital Stock Class A	22 shares	\$ 14,777	\$ 17,116
*	Altria Group Inc.	260 shares	13,160	15,135
*	Amazon.com Inc.	14 shares	7,019	9,462
*	American Express Co.	6 shares	465	417
*	American International Group Inc.	150 shares	8,749	9,295
*	American Tower Corp.	57 shares	5,408	5,526
*	American Water Works Co. Inc.	92 shares	4,753	5,497
*	Amgen Inc.	42 shares	6,706	6,818
*	Anthem Inc.	13 shares	1,977	1,813
*	Apple Inc.	159 shares	14,560	16,736
*	Automated Data Processing Inc.	87 shares	7,516	7,371
*	Blackrock Inc.	17 shares	5,699	5,789
*	H&R Block Inc.	152 shares	5,005	5,063
*	Bristol-Meyers Squibb Co.	24 shares	815	1,651
*	Brocade Communications Systems Inc.	362 shares	4,154	3,323
*	CDW Corp.	85 shares	3,495	3,573
*	Cigna Corp.	54 shares	6,987	7,902
*	CME Group Inc.	13 shares	921	1,178
*	CMS Energy Corp.	31 shares	1,050	1,118
*	CVS Health Corp.	170 shares	15,975	16,621
*	Cardinal Health Inc.	62 shares	5,027	5,535
*	Celgene Corp.	32 shares	3,642	3,832
*	Centene Corp.	49 shares	3,740	3,225
*	Chevron Corp.	28 shares	2,876	2,519
*	Cisco Systems Inc.	398 shares	9,764	10,808
*	Citigroup Inc.	376 shares	18,834	19,458
*	Citizens Financial Group Inc.	309 shares	8,245	8,093
*	Coca-Cola Co.	173 shares	7,043	7,432
*	Cognizant Technology Solutions Corp.	85 shares	5,142	5,102



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2015

EIN: 31-0928132

Plan Number: 002

Form: 5500

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Common Stock - continued				
*	Comcast Corp.	320 shares	\$ 17,476	\$ 18,058
*	ConocoPhillips	18 shares	1,207	840
*	Costco Wholesale Corp.	93 shares	13,467	15,019
*	Danaher Corp.	60 shares	5,511	5,573
*	Devon Energy Corp.	173 shares	7,701	5,536
*	Walt Disney Company	120 shares	13,608	12,610
*	Dollar General Corp.	38 shares	2,790	2,731
*	Dominion Resources Inc.	110 shares	7,658	7,440
*	Dow Chemical Co.	120 shares	6,164	6,178
*	Dr Pepper Snapple Group Inc.	47 shares	3,535	4,380
*	DuPont EI De Nemours & Co.	38 shares	2,818	2,531
*	Ecolab Inc.	32 shares	3,534	3,660
*	Equinix Inc.	19 shares	5,411	5,746
*	Eversource Energy	17 shares	823	868
*	Exelon Corp.	33 shares	1,016	916
*	Exxon Mobil Corp.	82 shares	7,372	6,392
*	Facebook Inc.	130 shares	10,104	13,606
*	Fedex Corp	67 shares	11,769	9,982
*	Ford Motor Co.	391 shares	6,093	5,509
*	GAP Inc.	40 shares	1,400	988
*	General Electric Inc.	264 shares	7,121	8,224
*	Genuine Parts Co.	51 shares	4,581	4,380
*	Gilead Sciences Inc.	51 shares	5,315	5,161
*	Goldman Sachs Group Inc.	37 shares	5,864	6,669
*	Hess Corp.	149 shares	8,705	7,224
*	Home Depot Inc.	160 shares	16,131	21,160
*	Honeywell International Inc.	144 shares	14,956	14,914
*	Humana Inc.	22 shares	4,087	3,927
*	Intel Corp.	193 shares	4,836	6,649



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2015

EIN: 31-0928132

Plan Number: 002

Form: 5500

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Common Stock - continued				
*	International Business Machines Corp	4 shares	\$ 690	\$ 550
*	International Paper Co.	56 shares	3,018	2,111
*	JPMorgan Chase & Co.	370 shares	20,146	24,431
*	Johnson & Johnson	82 shares	7,446	8,423
*	Kroger Co.	48 shares	1,702	2,008
*	Laboratory Corp of America Holdings	35 shares	4,187	4,327
*	Lear Corporation	39 shares	4,461	4,790
*	Lennar Corp	70 shares	3,550	3,424
*	Linear Technology Corp.	94 shares	3,954	3,992
*	Lockheed Martin Corp.	58 shares	11,874	12,595
*	Lowes Cos Inc.	122 shares	8,481	9,277
*	M&T Bank Corp.	24 shares	2,864	2,908
*	Marathon Oil Corp.	27 shares	829	340
*	Marathon Pete Corp.	33 shares	1,672	1,711
*	Mastercard Inc.	79 shares	7,161	7,691
*	Mattel Inc.	218 shares	5,800	5,923
*	McDonald's Corp.	54 shares	5,265	6,380
*	McKesson Corp.	32 shares	7,202	6,311
*	Merck & Co Inc.	52 shares	3,124	2,747
*	Metlife Inc.	32 shares	1,600	1,543
*	Microsoft Corp.	378 shares	16,334	20,971
*	Micron Technology Inc.	240 shares	6,770	3,398
*	Molson Coors Brewing Co.	54 shares	3,959	5,072
*	Mondelez Intl Inc.	188 shares	8,332	8,430
*	Morgan Stanley	69 shares	2,585	2,195
*	Motorola Inc.	15 shares	903	1,027
*	Nextera Energy Inc.	20 shares	1,810	2,078
*	Nike Inc.	59 shares	3,389	3,687
*	Northrop Grumman Corp.	12 shares	1,864	2,266



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2015

EIN: 31-0928132

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Form: 5500

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Common Stock - continued				
*	Occidental Petroleum Corp.	113 shares	\$ 8,471	\$ 7,640
*	Oracle Corp.	328 shares	13,295	11,982
*	PNC Financial Services Group Inc.	59 shares	5,538	5,623
*	Packaging Corp of America	47 shares	3,290	2,963
*	Palo Alto Networks Inc.	22 shares	3,786	3,875
*	Pepsico Inc.	86 shares	8,015	8,593
*	Pfizer Inc.	229 shares	6,711	7,392
*	Philip Morris International Inc.	67 shares	5,584	5,890
*	Praxair Inc.	6 shares	736	614
*	Priceline Group Inc.	4 shares	5,008	5,100
*	Procter & Gamble Co.	33 shares	2,448	2,621
*	Prudential Financial Inc.	25 shares	2,024	2,035
*	Public Service Enterprise Group Inc.	126 shares	5,152	4,875
*	Qualcomm Inc.	34 shares	2,315	1,699
*	Quest Diagnostics Inc.	19 shares	1,344	1,352
*	Raytheon Co.	119 shares	12,303	14,819
*	Reynolds American Inc.	70 shares	2,652	3,231
*	Ross Stores	82 shares	4,125	4,412
*	Skyworks Solutions Inc.	91 shares	8,562	6,992
*	Southwest Airlines Co.	136 shares	4,776	5,856
*	Starbucks Corp.	93 shares	4,627	5,583
*	Suntrust Banks Inc.	173 shares	7,172	7,411
*	Telus Corp.	164 shares	5,558	4,535
*	Thermo Fisher Scientific Inc.	106 shares	14,210	15,036
*	3M Co.	77 shares	11,628	11,599
*	Travelers Cos Inc.	62 shares	6,317	6,997
*	US Bancorp	303 shares	12,985	12,929
*	Union Pacific Corp.	81 shares	7,723	6,334
*	United Continental Holdings Inc.	86 shares	3,217	4,928

See Independent Auditor's Report



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2015

EIN: 31-0928132

Plan Number: 002

Form: 5500

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Common Stock - continued				
*	United Parcel Service	42 shares	\$ 4,507	\$ 4,042
*	United Technologies Corp.	88 shares	10,119	8,454
*	Unitedhealth Group Inc.	65 shares	4,395	7,647
*	Universal Health Services Inc.	44 shares	5,240	5,258
*	Valero Energy Corp	93 shares	5,522	6,576
*	Verizon Communications Inc.	269 shares	12,986	12,433
*	Viacom Inc.	35 shares	1,796	1,441
*	Visa Inc.	71 shares	5,418	5,506
*	Vulcan Materials Co.	57 shares	5,511	5,413
*	Wells Fargo & Co.	236 shares	11,592	12,829
*	Western Digital Corp.	53 shares	5,264	3,183
*	Weyerhaeuser Co.	31 shares	967	929
*	Whirlpool Corp.	25 shares	4,648	3,672
*	Marriot International Inc.	17,391 shares	-	5
Total Common Stock			\$ 838,404	\$ 873,552

Foreign Stock

*	Anheuser Busch Inbev NV	26 shares	\$ 3,126	\$ 3,250
*	Ansell LTD	22 shares	1,386	1,372
*	Astrazeneca PLC	214 shares	7,251	7,265
*	Atlas Copco	68 shares	2,122	1,681
*	BP PLC	160 shares	6,267	5,002
*	BHP Billiton LTD	17 shares	881	438
*	British American Tobacco PLC	50 shares	5,556	5,523
*	Carnival Corp.	122 shares	4,942	6,647
*	DBS Group Holdings LTD	54 shares	2,748	2,541
*	Deutsche Post AG	125 shares	4,159	3,524



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2015

EIN: 31-0928132

Plan Number: 002

Form: 5500

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Foreign Stock - continued				
*	Diageo PLC	53 shares	\$ 5,842	\$ 5,781
*	Givaudan	75 shares	2,835	2,732
*	GlaxoSmithKline PLC	47 shares	2,157	1,897
*	HSBC Holdings PLC	52 shares	2,554	2,053
*	Hennes & Mauritz AB (H&M)	221 shares	1,759	1,584
*	Imperial Tobacco Group PLC	53 shares	5,191	5,603
*	Lloyds Banking Group PLC	570 shares	3,078	2,485
*	National Bank of Canada	38 shares	1,536	1,106
*	Nestle	53 shares	4,131	3,947
*	Netease Com Inc.	31 shares	4,493	5,618
*	Novartis	54 shares	5,538	4,646
*	Novo Nordisk A/S	34 shares	1,928	1,975
*	Roche Holding AG	79 shares	2,841	2,727
*	Rogers Communications Inc. Class B	128 shares	4,552	4,411
*	Royal Bank CDA Preferred	3,000 shares	30,000	31,392
*	Royal Bank CDA Preferred	3,000 shares	30,000	31,977
*	Royal Dutch Shell PLC	36 shares	2,297	1,657
*	Sands China LTD	33 shares	1,351	1,131
*	Sanofi	98 shares	4,996	4,180
*	Schlumberger LTD	184 shares	16,153	12,834
*	SGS	74 shares	1,474	1,413
*	Singapore Telecommunications LTD	54 shares	1,801	1,397
*	Sonic Healthcare LTD	97 shares	1,357	1,261
*	Suncor Energy Inc.	167 shares	5,398	4,309
*	Svenska Handelsbanken	196 shares	1,507	1,312
*	Syngenta	51 shares	3,552	4,015
*	Teva Pharmaceutical Industries LTD	122 shares	6,544	8,008
*	Total	39 shares	2,107	1,753
*	Unilever NV New York	66 shares	2,871	2,859



Amanda Bent Bolt Company Hourly Rated Employees' Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2015

EIN: 31-0928132
Plan Number: 002
Form: 5500

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Foreign Stock - continued				
*	Eutelsat Communications	79 shares	\$ 2,771	\$ 2,338
*	Medtronic PLC	96 shares	7,468	7,384
*	Tyco International PLC	24 shares	951	765
*	Ace Limited	47 shares	5,100	5,492
*	Japan Tobacco Inc.	107 shares	3,943	3,929
*	Kone OYJ	56 shares	2,425	2,378
*	Avago Technologies LTD	39 shares	5,175	5,661
Total Foreign Stock			\$ 226,114	\$ 221,253
Preferred Stock				
*	Bank America Corp Mkt LKD PFD	5,000 shares	\$ 50,000	\$ 45,100
*	Bank America Corp Pref	4,000 shares	40,000	42,720
Total Preferred Stock			\$ 90,000	\$ 87,820
Total Corporate Stock			\$ 1,154,518	\$ 1,182,625
U.S. Government Securities				
U.S. Government Obligations				
*	Federal National Mortgage Assn DTD 2/15/13; .5%; 3/30/16	10,000 units	\$ 10,018	\$ 10,001
*	Federal Home Loan Mortgage Corp DTD 5/14/12; 1%; 6/29/17	12,000 units	12,071	11,999
*	U.S. Treasury Note DTD 2/15/14; 2.75%; 2/15/2024	7,000 units	7,412	7,291
*	U.S. Treasury Note DTD 11/15/14; 2.25%; 11/15/2024	14,000 units	14,125	13,993



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(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
U.S. Government Obligations - continued				
	U.S. Treasury Note			
*	DTD 3/31/15; 1.375%; 3/31/2020	13,000 units	\$ 12,941	\$ 12,840
	U.S. Treasury Note			
*	DTD 8/15/15; 2%; 8/15/2025	8,000 units	7,837	7,800
	U.S. Treasury Note			
*	DTD 11/30/15; .875%; 11/30/2017	9,000 units	8,986	8,974
	U.S. Treasury Note			
*	DTD 11/30/15; 2%; 11/30/2022	12,000 units	11,981	11,934
	U.S. Treasury Note			
*	DTD 10/31/11; 1%; 10/31/2016	25,000 units	25,157	25,049
	U.S. Treasury Note			
*	DTD 3/31/12; 1%; 3/31/2017	18,000 units	18,144	18,028
	U.S. Treasury Note			
*	DTD 5/31/13; 1%; 5/31/2018	20,000 units	20,004	19,898
	U.S. Treasury Note			
*	DTD 9/15/13; .875%; 9/15/2016	12,000 units	12,051	12,015
	U.S. Treasury Note			
*	DTD 10/31/13; 1.25%; 10/31/2018	19,000 units	19,075	18,973
Total U.S. Government Obligations			\$ 179,802	\$ 178,795
Mortgaged Backed Securities				
	Federal Home Loan Mortgage Corp			
	Pool #G07925			
*	DTD 1/1/15; 4%; 2/1/2045	5,554 units	\$ 6,009	\$ 5,926
	Federal Home Loan Mortgage Corp			
	Pool #G0-8623			
*	DTD 1/1/15; 3.5%; 1/1/2045	27,201 units	28,297	28,024



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(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Mortgaged Backed Securities - continued				
	Federal National Mortgage Assn Pool #AH3431			
*	DTD 1/1/11; 3.5%; 1/1/2026	3,204 units	\$ 3,425	\$ 3,361
	Federal National Mortgage Assn Pool #AE0949			
*	DTD 2/1/11; 4%; 2/1/2041	13,886 units	14,953	14,739
Total Mortgage Backed Securities			\$ 52,684	\$ 52,050
Collateralized Mortgage Obligations				
	U.S Treasury Note (TIPS)			
*	DTD 1/15/15; .25%; 1/15/2025	5,000 units	\$ 4,958	\$ 4,792
Total U.S. Government Securities			\$ 237,444	\$ 235,637
Corporate Bonds				
Municipal Obligations				
	Toyota Motor Credit Corp			
*	DTD 1/10/13; 1.375%; 1/10/2018	7,000 units	\$ 7,032	\$ 7,014
Corporate Bonds				
	American Express Credit Corp			
*	DTD 9/9/11; 2.8%; 9/19/2016	5,000 units	\$ 5,134	\$ 5,064
	American International Group			
*	DTD 8/9/13; 3.375%; 8/15/2020	6,000 units	6,291	6,169
	Apple Inc.			
*	DTD 5/3/13; 1%; 5/3/2018	5,000 units	4,975	4,959
	Bristol-Myers Squibb Co.			
*	DTD 7/31/12; .875%; 8/1/2017	5,000 units	4,983	4,972



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(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds - continued				
	CVS Health Corp.			
*	DTD 7/20/15; 3.5%; 7/20/2022	5,000 units	\$ 5,030	\$ 5,088
	Capital One Financial Corp.			
*	DTD 2/5/15; 3.2%; 2/5/2025	6,000 units	5,875	5,800
	Citigroup Inc.			
*	DTD 6/15/11; 3.953%; 6/15/2016	8,000 units	8,258	8,111
	Comcast Corp.			
*	DTD 2/26/14; 3.6%; 3/1/2024	6,000 units	6,345	6,202
	Costco Wholesale Corp.			
*	DTD 5/3/12; 1.7%; 12/15/2019	5,000 units	4,997	4,958
	Enterprise Prods Oper LLC			
*	DTD 10/14/14; 3.75%; 2/15/2025	5,000 units	5,071	4,574
	Goldman Sachs Group Inc.			
*	DTD 4/1/08; 6.15%; 4/1/2018	4,000 units	4,480	4,344
	Goldman Sachs Group Inc.			
*	DTD 7/27/11; 5.25%; 7/27/2021	7,000 units	7,913	7,739
	HCP Inc.			
*	DTD 11/19/12; 2.625%; 2/1/2020	9,000 units	9,040	8,861
	JPMorgan Chase & Co.			
*	DTD 10/21/10; 4.25%; 10/15/2020	6,000 units	6,508	6,365
	Kinder Morgan Energy Partners LP			
*	DTD 3/14/12; 3.95%; 9/1/2022	5,000 units	5,042	4,353
	Medtronic Inc.			
*	DTD 3/15/15; 1.5%; 3/15/2018	5,000 units	5,002	4,997
	Metlife Inc.			
*	DTD 4/10/14; 3.6%; 4/10/2024	5,000 units	5,202	5,130
	Morgan Stanley			
*	DTD 4/25/13; 2.125%; 4/25/2018	6,000 units	6,059	6,008



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(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Corporate Bonds - continued				
	Oracle Corp.			
*	DTD 7/8/14; 2.8%; 7/8/2021	7,000 units	\$ 7,181	\$ 7,090
	Reynolds American Inc.			
*	DTD 6/12/15; 2.3%; 6/12/2018	5,000 units	5,043	5,031
	Toronto Dominion Bank			
*	DTD 7/23/15; 1.75%; 7/23/2018	5,000 units	4,998	4,992
	Unitedhealth Group Inc.			
*	DTD 7/23/15; 3.35%; 7/15/2022	6,000 units	6,103	6,137
	Verizon Communications Inc.			
*	DTD 3/28/11; 4.6%; 4/1/2021	9,000 units	9,916	9,674
	Wells Fargo & Company			
*	DTD 9/9/14; 3.3%; 9/9/2024	8,000 units	8,074	7,959
Total Corporate Bonds			\$ 147,520	\$ 144,577
Total Corporate Bonds			\$ 154,552	\$ 151,591
Foreign Bonds, Notes & Debentures				
	BP Capital Markets PLC Global Note			
*	DTD 11/4/14; 2.521%; 1/15/2020	7,000 units	\$ 7,146	\$ 6,977
	BNP Paribas Mid-term Note			
*	DTD 11/4/14; 2.521%; 1/15/2020	6,000 units	6,065	5,992
	Total Capital Global Bond			
*	DTD 11/4/14; 2.521%; 1/15/2020	6,000 units	6,094	6,011



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(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
Foreign Bonds, Notes & Debentures - continued				
	United Mexican States Term Note			
*	DTD 1/6/12; 3.625%; 3/15/2022	6,000 units	\$ 6,127	\$ 6,036
Total Foreign Bonds, Notes & Debentures			\$ 25,432	\$ 25,016
Total Investments			\$ 3,146,546	\$ 3,108,552

* Represents a party in interest

