

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>PENSION PLAN FOR CERTAIN HOURLY RATED EMPLOYEES OF CANTON DROP FORGE</u>	1b Three-digit plan number (PN) ▶	<u>002</u>
		1c Effective date of plan	<u>01/01/1961</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>CANTON DROP FORGE, INC.</u> <u>4575 SOUTHWAY STREET SW</u> <u>PO BOX 6902</u> <u>CANTON, OH 44706-0902</u>		
	2b Employer Identification Number (EIN)	<u>34-0130090</u>	
	2c Plan Sponsor's telephone number	<u>330-477-4511</u>	
	2d Business code (see instructions)	<u>332110</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.	10/17/2016	TODD GRAY
	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 CANTON DROP FORGE BOARD OF ADMINISTRATION 4575 SOUTHWAY STREET SW PO BOX 6902 CANTON, OH 44706-0902	3b Administrator's EIN 34-0130090
	3c Administrator's telephone number 330-477-4511
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	5 219
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 109
a(2) Total number of active participants at the end of the plan year	6a(2) 91
b Retired or separated participants receiving benefits.....	6b 8
c Other retired or separated participants entitled to future benefits.....	6c 27
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 126
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 126
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 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 PENSION PLAN FOR CERTAIN HOURLY RATED EMPLOYEES OF CANTON DROP FORGE	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CANTON DROP FORGE, INC.	D Employer Identification Number (EIN) 34-0130090

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2015			
2 Assets:			
a Market value	2a	21172777	
b Actuarial value	2b	19548391	
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	55	8373348	8373348
b For terminated vested participants	55	1127346	1127346
c For active participants	109	7333095	8234517
d Total	219	16833789	17735211
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	6.26%	
6 Target normal cost	6	331787	

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		09/30/2016
Signature of actuary		Date
MATTHEW R. KLEIN, FSA		14-06865
Type or print name of actuary		Most recent enrollment number
FINDLEY DAVIES, INC.		216-875-1900
Firm name		Telephone number (including area code)
1300 EAST NINTH STREET, SUITE 850 CLEVELAND, OH 44114-1516		
Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	142911
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	142911
10 Interest on line 9 using prior year's actual return of <u>9.68</u> %	0	13834
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		1150723
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>6.42</u> %		73876
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		1224599
d Portion of (c) to be added to prefunding balance		1224599
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1381344

Part III Funding Percentages		
14 Funding target attainment percentage	14	102.43 %
15 Adjusted funding target attainment percentage	15	107.47 %
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	102.70 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/15/2015	25000	0	07/15/2015	33000	0
02/13/2015	25000	0	08/17/2015	33000	0
03/16/2015	25000	0	09/15/2015	33000	0
04/15/2015	33000	0	10/15/2015	33000	0
05/15/2015	33000	0	11/16/2015	33000	0
06/24/2015	33000	0	12/15/2015	33000	0
			Totals ▶	18(b)	669000
				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	633694
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 II	Beginning of Year Carryover and Prefunding Balances	(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)		
10	Interest on line 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of _____%		
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance.....		
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....		

Part III	Funding Percentages		
14	Funding target attainment percentage.....	14	%
15	Adjusted funding target attainment percentage	15	%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV	Contributions and Liquidity Shortfalls				
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/15/2016	33000	0	07/18/2016	33000	0
02/17/2016	33000	0	08/16/2016	33000	0
03/16/2016	33000	0	09/15/2016	33000	0
04/18/2016	33000	0			
05/16/2016	33000	0			
06/16/2016	33000	0			
			Totals ►	18(b)	18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?..... ☐ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 63
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	331787	
b Excess assets, if applicable, but not greater than line 31a	31b	331787	
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	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	633694	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	633694	
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	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

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 PENSION PLAN FOR CERTAIN HOURLY RATED EMPLOYEES OF CANTON DROP FORGE	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 CANTON DROP FORGE, INC.	D Employer Identification Number (EIN) 34-0130090	

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

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

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

FINDLEY DAVIES, INC.

1300 EAST NINTH STREET, SUITE 850
CLEVELAND, OH 44114

34-1213174

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	43850	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HARRIS ASSOCIATES, LP

TWO NORTH LASALLE STREET, SUITE 500
CHICAGO, IL 60602

04-3276558

(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?
20	NONE	27884	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

J.P. MORGAN CHASE BANK, N.A.

1300 EAST NINTH STREET, SUITE 1300
CLEVELAND, OH 44114

13-4994650

(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?
26	NONE	14319	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)

MALONEY & NOVOTNY, LLC

4774 MUNSON STREET NW, SUITE 402
CANTON, OH 44718

34-0677006

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	7705	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>PENSION PLAN FOR CERTAIN HOURLY RATED EMPLOYEES OF CANTON DROP FORGE</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CANTON DROP FORGE, INC.</u>	D Employer Identification Number (EIN) <u>34-0130090</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	0	0
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	0	297000
	(2) Participant contributions	1b(2)	0	0
	(3) Other.....	1b(3)	16508	14009
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	469208	518492
	(2) U.S. Government securities.....	1c(2)	199576	0
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)	0	0
	(B) All other.....	1c(3)(B)	998113	977250
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)	0	0
	(B) Common	1c(4)(B)	6743141	2185022
	(5) Partnership/joint venture interests	1c(5)	0	0
	(6) Real estate (other than employer real property)	1c(6)	0	0
	(7) Loans (other than to participants)	1c(7)	0	0
	(8) Participant loans	1c(8)	0	0
	(9) Value of interest in common/collective trusts.....	1c(9)	0	0
	(10) Value of interest in pooled separate accounts.....	1c(10)	0	0
	(11) Value of interest in master trust investment accounts	1c(11)	0	0
	(12) Value of interest in 103-12 investment entities	1c(12)	0	0
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	12746231	4878779
	(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)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	21172777	8870552

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	31997	47904
k Total liabilities (add all amounts in lines 1g through 1j)	1k	31997	47904

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	21140780	8822648
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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)	669000	
(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)		669000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	47	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	63843	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		63890
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	187567	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	283858	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		471425
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	14782642	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	11281882	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		3500760
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-4996855	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-4996855

		(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)		1242489
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		950709

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	13162600	
(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)		13162600
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)	65874	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	27884	
(4) Other	2i(4)	12483	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		106241
j Total expenses. Add all expense amounts in column (b) and enter total	2j		13268841

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-12318132
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: MALONEY & NOVOTNY, LLC

(2) EIN: 34-0677006

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

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

Part V Trust Information

6a Name of trust

6b Trust's EIN

6c Name of trustee or custodian

6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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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>PENSION PLAN FOR CERTAIN HOURLY RATED EMPLOYEES OF CANTON DROP FORGE</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CANTON DROP FORGE, INC.</u>	D Employer Identification Number (EIN) <u>34-0130090</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>38-3311528</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>33</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
-----------------	-------------------

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

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

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

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

Schedule R (Form 5500) 2015
v. 150123

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

Part VII	IRS Compliance Questions
-----------------	---------------------------------

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

**PENSION PLAN FOR CERTAIN
HOURLY-RATED EMPLOYEES
OF CANTON DROP FORGE, INC.**

FINANCIAL REPORT

DECEMBER 31, 2015 and 2014

PENSION PLAN FOR CERTAIN HOURLY-RATED EMPLOYEES
OF CANTON DROP FORGE, INC.

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Independent Auditors' Report

Plan Administrator
Pension Plan for Certain Hourly-Rated Employees
of Canton Drop Forge, Inc.
Canton, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Pension Plan for Certain Hourly-Rated Employees of Canton Drop Forge, Inc. (the "Plan"), which comprise the statements of net assets available for benefits of as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 4, which was certified by JPMorgan Chase Bank, N.A., the trustee of the Plan, except for comparing such 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 certifications from the trustee as of December 31, 2015 and 2014, and for the years then ended, 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.

Report on Supplementary Information

The supplemental schedule of assets (held at end of year) as of December 31, 2015 and schedule of reportable transactions for the year ended December 31, 2015 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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

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

Emphasis of Matter in the Audit Report

As discussed in Note 2 to the financial statements, in 2015, the Plan adopted new guidance relative to certain investment disclosures which was retrospectively applied to the 2014 financial statements. Our opinion is not modified with respect to this matter.

Meloney + Novotny LLC

Canton, Ohio
October 14, 2016

PENSION PLAN FOR CERTAIN HOURLY-RATED EMPLOYEES
OF CANTON DROP FORGE, INC.

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2015 and 2014

ASSETS	<u>2015</u>	<u>2014</u>
Investments, at fair value:		
Money market funds	\$ 518,492	\$ 271,268
Equities	5,450,665	15,301,398
Fixed income obligations	<u>2,590,386</u>	<u>5,583,603</u>
Total investments	8,559,543	21,156,269
 Employer contribution receivable	 297,000	 -
 Accrued income	 <u>14,009</u>	 <u>16,508</u>
 Total assets	 8,870,552	 21,172,777
 LIABILITIES		
 Accrued expenses	 \$ <u>47,904</u>	 \$ <u>31,997</u>
 Total liabilities	 <u>47,904</u>	 <u>31,997</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 \$ <u><u>8,822,648</u></u>	 \$ <u><u>21,140,780</u></u>

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

PENSION PLAN FOR CERTAIN HOURLY-RATED EMPLOYEES
OF CANTON DROP FORGE, INC.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended December 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
INVESTMENT ACTIVITY AND CONTRIBUTIONS		
Interest and dividends	\$ 535,315	\$ 1,043,805
Net (depreciation) appreciation in fair value of investments	(253,606)	1,462,067
Employer contributions	669,000	1,183,070
Total investment activity and contributions	<u>950,709</u>	<u>3,688,942</u>
 DEDUCTIONS		
Benefits paid to participants	502,783	1,547,120
Administrative expenses	106,241	159,351
Purchase of annuity contracts	11,731,662	6,505,499
Lump-sum distributions	928,155	-
Total deductions	<u>13,268,841</u>	<u>8,211,970</u>
Net (decrease)	(12,318,132)	(4,523,028)
 Net assets available for benefits:		
Beginning of year	<u>21,140,780</u>	<u>25,663,808</u>
 End of year	 \$ <u><u>8,822,648</u></u>	 \$ <u><u>21,140,780</u></u>

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

PENSION PLAN FOR CERTAIN HOURLY-RATED EMPLOYEES
OF CANTON DROP FORGE, INC.

NOTES TO FINANCIAL STATEMENTS

1. Description of the Plan

The following brief description of the Pension Plan for Certain Hourly-Rated Employees of Canton Drop Forge, Inc. is provided for general information purposes only. Participants should refer to the plan agreement for more complete information.

The Pension Plan for Certain Hourly-Rated Employees of Canton Drop Forge, Inc. (Plan) is a defined benefit pension plan established to provide for retirement, death and disability benefits for hourly employees of Canton Drop Forge, Inc. (Company) who were hired before February 27, 2005.

The Company has agreed to voluntarily contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan participants. The Company's present intention is to make contributions in amounts sufficient to annually fund the Plan's current service cost and the prior service costs over a period not to exceed forty years. The Plan has met the Employee Retirement Income Security Act (ERISA) minimum funding requirements. The Company contributed \$669,000 and \$1,183,070 to the Plan for the years ended December 31, 2015 and 2014, respectively. The actuarial funding calculations show contributions of \$669,000 and \$1,183,070 to the Plan for the years ended December 31, 2015 and 2014, respectively.

Should the Plan terminate at some future time, its net assets will generally not be available on a pro-rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC's benefit guarantee while other benefits may not be provided for at all.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Change in Accounting Principle

New Accounting Pronouncements – In July 2015, the FASB issued ASU No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965)*. The Plan elected early adoption of this pronouncement, which changed certain investment

PENSION PLAN FOR CERTAIN HOURLY-RATED EMPLOYEES
OF CANTON DROP FORGE, INC.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

2. Summary of Significant Accounting Policies (continued)

disclosure requirements. As such, the Plan is no longer required to (1) disclose individual investments that represent 5% or more of net assets available for benefits; (2) disclose the net appreciation or depreciation for investments by general type; or (3) disaggregate investments by anything other than general type within the fair value hierarchy. These changes have been applied retrospectively to the financial statements.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 8 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.

Benefit Payments

Benefits are recorded when paid.

Use of Estimates

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

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to present and terminated employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on their years of credited service.

PENSION PLAN FOR CERTAIN HOURLY-RATED EMPLOYEES
OF CANTON DROP FORGE, INC.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

2. Summary of Significant Accounting Policies (continued)

An independent actuary from Findley Davies estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of January 1, 2015 and 2014, are as follows:

- a. Mortality: RP-2000 Blue Collar Mortality Table projected to 2020 for males and females.
- b. Interest rate for present value of vested and accumulated benefits is 7.5% for the January 1, 2015 and January 1, 2014 valuations.
- c. Normal retirement: Attainment of age 65 or age 55 with 30 years of credited service or age 60 with 25 years of credited service.
- d. Early retirement: Attainment of age 60 with 15 years of credited service.

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

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. In addition, certain investment related expenses are included in the net appreciation (depreciation) of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Subsequent Events

The Plan has evaluated subsequent events through October 14, 2016, which is the date the financial statements were available to be issued.

PENSION PLAN FOR CERTAIN HOURLY-RATED EMPLOYEES
OF CANTON DROP FORGE, INC.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

3. Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits for each plan year determined as of January 1 is as follows:

	<u>2015</u>	<u>2014</u>
Vested benefits:		
Participants currently receiving payments	\$ 7,630,500	\$ 12,454,000
Other participants	<u>7,240,900</u>	<u>7,159,600</u>
	14,871,400	19,613,600
Nonvested benefits	<u>826,000</u>	<u>898,700</u>
Total actuarial present value of accumulated plan benefits	\$ <u>15,697,400</u>	\$ <u>20,512,300</u>

The changes in the actuarial present value of accumulated plan benefits during the years ended January 1 are as follows:

	<u>2015</u>	<u>2014</u>
(Decrease) increase in accumulated benefits less benefits paid	\$ (4,814,900)	\$ 862,500
Plan amendment	-	-
Change in actuarial assumptions	-	-
Beginning of year	<u>20,512,300</u>	<u>19,649,800</u>
End of year	\$ <u>15,697,400</u>	\$ <u>20,512,300</u>

4. Unaudited Information

The plan administrator has elected the method of 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 to the completeness and accuracy of all investments reflected on the Statements of Net Assets Available for Benefits as of December 31, 2015 and 2014, the Schedule of Assets (Held at End of Year), the related investment activity reflected in the Statements of Changes in Net Assets Available for Benefits and the Schedule of Reportable Transactions for the years ended December 31, 2015 and 2014 and the investment related information in the accompanying notes to the financial statements. This information is unaudited by independent accountants.

	<u>Year Ended December 31,</u> <u>2015</u>	<u>2014</u>
Changes in net assets available for benefits:		
Interest and dividends	\$ <u>535,315</u>	\$ <u>1,043,805</u>
Net (depreciation) appreciation in fair value of investments	\$ (<u>253,606</u>)	\$ <u>1,462,067</u>

PENSION PLAN FOR CERTAIN HOURLY-RATED EMPLOYEES
OF CANTON DROP FORGE, INC.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

5. Income Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated January 17, 2012 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan Administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC; therefore, no provision for income taxes has been included in the financial statements.

The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2015, there are no uncertain positions taken or expected to be taken that would require such recognition or disclosure in the financial statements. As of December 31, 2015, the Plan's tax years from 2012 and thereafter remain subject to examination by the Internal Revenue Service, as well as various other taxing authorities.

6. Party-in-Interest Transactions

Certain Plan investments held at December 31, 2015 and 2014 are equity shares of JPMorgan Chase Bank, N.A. (JPMorgan) and money market funds and mutual funds offered by JPMorgan, the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the trustee amounted to \$14,319 and \$22,038 for the years ended December 31, 2015 and 2014, respectively.

Plan investments held at December 31, 2015 and 2014 include an investment fund offered by Harris Associates. Harris Associates is an investment manager for the Plan. Fees paid or accrued by the Plan for these management services amounted to \$27,884 and \$72,942 for the years ended December 31, 2015 and 2014, respectively.

7. Plan Risks and Uncertainties

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

PENSION PLAN FOR CERTAIN HOURLY-RATED EMPLOYEES
OF CANTON DROP FORGE, INC.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

7. Plan Risks and Uncertainties (continued)

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

8. Fair Value Measurements

The Plan estimates the fair value of financial instruments using available market information and other generally accepted valuation methodologies. The inputs used to measure fair value are classified into three levels:

- Level 1 – Quoted market prices in active markets for identical assets and liabilities
- Level 2 – Observable market-based inputs or unobservable inputs that are corroborated by market data
- Level 3 – Unobservable inputs in which little or no market data exist

The following is a description of the valuation methodologies used for plan assets measured at fair value:

- Equities and fixed income obligations: Valued at the closing price reported on the active market on which the individual securities are traded. These investments are considered to be Level 1 assets.
- Money market funds: Hold investments which are not publicly-traded. The money market funds are valued at JPMorgan's best estimate of the fair value of the underlying assets and as validated by Plan management through consideration of Level 1 and 2 investments that share some similar characteristics. Accordingly, the Plan does not use separate quantitative information to value their investments in the money market funds. These investments are considered to be Level 3 assets.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. There have been no changes in the methodologies used from 2014 to 2015. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

PENSION PLAN FOR CERTAIN HOURLY-RATED EMPLOYEES
OF CANTON DROP FORGE, INC.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

8. Fair Value Measurements (continued)

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

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market funds	\$ -	\$ -	\$ 518,492	\$ 518,492
Equities	5,450,665	-	-	5,450,665
Fixed income obligations	<u>2,590,386</u>	<u>-</u>	<u>-</u>	<u>2,590,386</u>
Total	\$ <u>8,041,051</u>	\$ <u>-</u>	\$ <u>518,492</u>	\$ <u>8,559,543</u>

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

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market funds	\$ -	\$ -	\$ 271,268	\$ 271,268
Equities	15,301,398	-	-	15,301,398
Fixed income obligations	<u>5,583,603</u>	<u>-</u>	<u>-</u>	<u>5,583,603</u>
Total	\$ <u>20,885,001</u>	\$ <u>-</u>	\$ <u>271,268</u>	\$ <u>21,156,269</u>

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31:

	<u>2015</u>	<u>2014</u>
Balance, beginning of year	\$ 271,268	\$ 790,874
Realized gains/(losses)	-	-
Unrealized gains/(losses) relating to instruments still held at the reporting date	-	-
Sales	(15,274,542)	(10,792,711)
Purchases	<u>15,521,766</u>	<u>10,273,105</u>
Balance, end of year	\$ <u>518,492</u>	\$ <u>271,268</u>

PENSION PLAN FOR CERTAIN HOURLY-RATED EMPLOYEES
OF CANTON DROP FORGE, INC.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

9. Purchase of Annuity Contracts

During 2015, the Plan purchased annuity contracts from American United Life Insurance Company for \$11,731,662. These contracts are to be used to pay monthly benefits of certain retirees. These retirees, who are no longer participants in the Plan effective June 1, 2015, will continue to receive the same monthly benefit under the contract as they were receiving from the Plan.

During October 2014, the Plan purchased an annuity contract from American United Life Insurance Company for \$6,505,499. This contract is to be used to pay monthly benefits of certain retirees beginning in 2015. These retirees, who are no longer participants in the Plan effective January 1, 2015, will continue to receive the same monthly benefit under the contract as they were receiving from the Plan.

10. Voluntary Lump Sum Program

During 2015, deferred vested participants were offered a lump sum payout of the present value of their vested benefits. Benefit payments of \$928,155 related to this program are included on the accompanying Statements of Changes in Net Assets Available for Benefits. The individuals who received the payments are no longer participants in the Plan.

Schedule SB, Line 26 - Schedule of Active Participant Data

January 1, 2015 Valuation
Pension Plan for Certain Hourly-Rated Employees of Canton Drop Forge, Inc.
(EIN: 34-0130090; PN: 002)

Attained Age	Years of Credited Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Under 25	-	-	-	-	-	-	-	-	-	-
25 to 29	-	1 (*)	-	-	-	-	-	-	-	-
30 to 34	-	-	-	3 (*)	-	-	-	-	-	-
35 to 39	-	-	1 (*)	6 (*)	1 (*)	-	-	-	-	-
40 to 44	-	-	2 (*)	7 (*)	1 (*)	-	-	-	-	-
45 to 49	-	-	-	8 (*)	1 (*)	2 (*)	2 (*)	1 (*)	-	-
50 to 54	-	-	-	2 (*)	1 (*)	3 (*)	10 (*)	3 (*)	2 (*)	-
55 to 59	-	-	-	5 (*)	-	2 (*)	4 (*)	3 (*)	14 (*)	1 (*)
60 to 64	-	-	2 (*)	-	1 (*)	2 (*)	3 (*)	3 (*)	3 (*)	4 (*)
65 to 69	-	-	-	-	1 (*)	-	-	1 (*)	-	2 (*)
70 & up	-	-	-	-	-	-	-	-	1 (*)	-

* Average compensation is not shown since there are fewer than 1,000 active participants in this plan

Appendix B

Statement of Actuarial Assumptions and Methods

Interest Rates

Funding: 24-month segment rates averaged through the end of August 2014 and published in September 2014:

	Before HAFTA/ <u>MAP-21</u>	Reflecting HAFTA/ <u>MAP-21</u>
a. First Rate, Years 1-5	1.22%	4.72%
b. Second Rate, Years 5-20	4.11%	6.11%
c. Third Rate, Years 20+	5.20%	6.81%

d. Effective Interest Rate using the above rates 6.26%

e. Interest rate for developing expected value of assets, (before applying statutory cap) 7.50%

ASC 960-20:

Present Value of Vested and Accumulated Benefits 7.50%

ASC 715-30 Expense:

a. Discount Rate (liabilities)	3.75%
b. Long-Term Rate (trust income)	7.50%

Mortality

Funding: Healthy: RP-2000 static, non-generational Mortality Table as described in Regulation 1.430(h)(3) projected by Scale AA, male and female, with different rates for annuitants and nonannuitants.

Disabled: Disabled tables per Revenue Ruling 96-7 (male and female) and distinct for pre- and post- 1995 disablements. These are applied conditionally as specified in 96-7 which means that healthy mortality rates will be used for disableds unless the disabled retiree i) receives Social Security Disability Income and ii) receives extra benefits beyond those they could have elected without being disabled. 100% of retirees entitled to current and future disability benefits are assumed to be entitled to Social Security Disability Income. Employees projected to become disabled beyond age 65 are subject to the "healthy" mortality rates due to not receiving extra benefits due to disablement.



Appendix B (Continued)

Mortality (Continued)

ASC 960-20 and 715-30:

Healthy: RP-2000 Blue Collar Mortality Table projected to 2020 (male and female).

Disabled: RP-2000 Mortality Static Table for Disabled (male and female).

Rates of Retirement

	Less Than 25 Years of	25-30 Years of	More Than 30 Years of
<u>Age(s)</u>	<u>Service</u>	<u>Service</u>	<u>Service</u>
55-57	0%	0%	3%
58-59	0	0	5
60	2	15	15
61	3	15	15
62	10	35	40
63-64	5	15	20
65	75	75	75
66-69	50	50	50
70	100	100	100

Weighted Average Retirement Age is 63. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

Rates of Disability

100% of the 1985 Blake Disability Study (male and female). Sample rates and ages are as follows.

<u>Age</u>	<u>Male</u>	<u>Female</u>
25	0.218%	0.150%
40	0.597	0.547
55	2.118	1.962

Rates of Turnover

Based on age and years of service. Sample rates as follows:

<u>Age</u>	<u>Completed Years of Service</u>			
	<u>0</u>	<u>1</u>	<u>2</u>	<u>3+</u>
25	25.00%	15.00%	10.00%	8.00%
35	25.00	15.00	10.00	5.00
40	25.00	15.00	10.00	3.50
45	25.00	15.00	10.00	2.00
55	25.00	15.00	10.00	0.00



Appendix B (Continued)

***Assumptions Made In
Valuing Spouse's
Benefit***

Sixty percent of the male and forty percent of the female employees included in the valuation are assumed to be married. These percentages are used as the probabilities that survivor benefits will be payable due to preretirement deaths. The wife is assumed to be three years younger than the husband.

***Optional Form
Election***

All employees are assumed to elect the life annuity benefit.

Provision for Expenses

The expected administrative (i.e. non-investment) expenses that will be paid from plan assets, which were assumed to equal actual administrative expenses during the prior year plus PBGC premiums for the current year, were included in the Target Normal Cost for minimum contribution purposes. Expenses were subtracted from the Expected Return on Assets for ASC 715-30 expense purposes.

***ASC 715-30
Measurement Date***

December 31

Fiscal Year

The 12-month period ending each December 31.

Standing Elections

The client has signed an election that provides for the automatic use of the Carryover and/or Prefunding Balance if necessary at the end of the plan year to meet the minimum funding requirement.

Asset Method

Funding: Market Value of Assets plus interest adjusted accrued but unpaid contributions as of the valuation date plus an adjustment to defer full recognition of investment losses and gains over a two-year period. The investment (gain)/loss for every year equals the market value at the beginning of the year projected to the end of the year using the interest rate above, but no greater than the third segment rate for the plan year, minus the end of the year actual market value. The actuarial value of assets will be no less than 90% and no more than 110% of the market value (including interest-adjusted accrued but unpaid contributions). Note that due to the regulatory constraint on the interest rate, a characteristic of this asset valuation method is that, over time, it may be more likely to produce an actuarial value of assets that is less than the market value of assets.

ASC 960-20: Market Value of Assets plus, any contributions for prior plan years that will be made in this plan year.

ASC 715-30: Market Value of Assets.



Appendix B (Continued)

Employees Valued

Only participants as of the valuation date were valued.

Selection of Assumptions

Information used in the analysis of selecting assumptions include: discount rate – Citi Group yield curve; expected return on assets – review of historical and expected returns on various asset categories held by the plan as well as information provided by the plan’s investment advisor.

The segment rates and mortality table used to determine minimum funding and funded ratios were based on methodology mandated by Internal Revenue Code and rates published by the Internal Revenue Service to affect it.

We monitor the gains and losses annually to ensure the assumptions are still reasonable.

Changes in Assumptions and Methods since the Last Actuarial Valuation

The segmented interest rates used for determining the funding target were 4.99%, 6.32% and 6.99%. These rates were updated to the rates required for the current plan year and revised by the law enacted August, 2014.

The mortality table for the funding target was changed as required under PPA '06.

Justification for Changes in Actuarial Assumptions

The only assumption changes were to prescribed actuarial assumptions or as a result of At-Risk status. Therefore, the plan did not need IRS approval to change assumptions and there is no need to disclose any “Change in Actuarial Assumptions.”



PENSION PLAN FOR CERTAIN HOURLY-RATED EMPLOYEES
OF CANTON DROP FORGE, INC.

EIN #34-0130090
PN #002

Schedule H, line 4j -- Schedule of Reportable Transactions

For the Year Ended December 31, 2015

(a) Identity of Party Involved (b) Description of Asset

Category (i) -- Single Transactions in Excess of 5% of the Current Value of Plan Assets

JPMorgan	JPMorgan TR II Core Bond Fund CL R6
	1 sale

Category (iii) -- Series of Transactions in Excess of 5% of the Current Value of Plan Assets

JPMorgan	JPMorgan Liquid Assets Money Market Fund
	131 purchases
	70 sales

Harris Associates	Harris Associates Oakmark International Fund
	2 purchases
	5 sales

JPMorgan	JPMorgan Intrepid American Fund CL R-5
	3 purchases
	5 sales

JPMorgan	JPMorgan Equity Index Fund
	9 purchases
	5 sales

JPMorgan	JPMorgan US Large Cap Core Plus Fund R5
	6 purchases
	4 sales

(A) Commissions, taxes and other expenses incurred with the transaction are capitalized on purchases and charged against proceeds on sales.

PENSION PLAN FOR CERTAIN HOURLY-RATED EMPLOYEES
OF CANTON DROP FORGE, INC.

EIN #34-0130090
PN #002

Schedule H, line 4j -- Schedule of Reportable Transactions

For the Year Ended December 31, 2015

Purchase (c) Price		Selling (d) Price		Lease (e) Rental		(A) Expenses Incurred With (f) Transaction		Cost of (g) Asset		Current Value of Asset on Transaction (h) Date	Net Gain or (i) (Loss)
N/A	\$	2,429,899		N/A		N/A		\$	2,374,810	\$	55,089
\$	15,521,766	N/A		N/A		N/A		\$	15,521,766		N/A
N/A	\$	15,274,542		N/A		N/A		\$	15,274,542	\$	-
26,148		N/A		N/A		N/A			N/A	26,148	N/A
N/A		1,113,354		N/A		N/A			851,155	1,113,354	262,199
71,279		N/A		N/A		N/A			N/A	71,279	N/A
N/A		1,234,098		N/A		N/A			767,515	1,234,098	466,583
195,852		N/A		N/A		N/A			N/A	195,852	N/A
N/A		1,229,566		N/A		N/A			908,690	1,229,566	320,876
118,828		N/A		N/A		N/A			N/A	118,828	N/A
N/A		1,171,027		N/A		N/A			843,624	1,171,027	327,403

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2015**This Form is Open to Public
Inspection**For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan PENSION PLAN FOR CERTAIN HOURLY RATED EMPLOYEES OF CANTON DROP FORGE, INC.		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CANTON DROP FORGE, INC.		D Employer Identification Number (EIN) 34-0130090
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	21,172,777
b Actuarial value.....		2b	19,548,391
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.....	55	8,373,348	8,373,348
b For terminated vested participants.....	55	1,127,346	1,127,346
c For active participants.....	109	7,333,095	8,234,517
d Total.....	219	16,833,789	17,735,211
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	6.26%	
6 Target normal cost.....	6	331,787	

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		<u>9-30-2016</u>
MATTHEW R. KLEIN, FSA		Date 1406865
Type or print name of actuary		Most recent enrollment number 216-875-1900
FINDLEY DAVIES, INC.		Telephone number (including area code)
Firm name		
1300 EAST NINTH STREET, SUITE 850		
CLEVELAND OH 44114-1516		
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	142,911
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	142,911
10 Interest on line 9 using prior year's actual return of <u>9.68%</u>	0	13,834
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		1,150,723
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>6.42%</u>		73,876
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		1,224,599
d Portion of (c) to be added to prefunding balance		1,224,599
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1,381,344

Part III Funding Percentages

14 Funding target attainment percentage	14	102.43%
15 Adjusted funding target attainment percentage	15	107.47%
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	102.70%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/15/2015	25,000	0	03/16/2016	33,000	0
02/13/2015	25,000	0	04/18/2016	33,000	0
03/16/2015	25,000	0	05/16/2016	33,000	0
04/15/2015	33,000	0	06/16/2016	33,000	0
05/15/2015	33,000	0	07/18/2016	33,000	0
06/24/2015	33,000	0	08/16/2016	33,000	0
07/15/2015	33,000	0	09/15/2016	33,000	0
08/17/2015	33,000	0			
09/15/2015	33,000	0			
10/15/2015	33,000	0			
11/16/2015	33,000	0			
12/15/2015	33,000	0			
01/15/2016	33,000	0			
02/17/2016	33,000	0			
Totals ▶			18(b)	669,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	633,694

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 0
22 Weighted average retirement age			22 63
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	331,787
b Excess assets, if applicable, but not greater than line 31a		31b	331,787
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	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)		36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	633,694
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	633,694
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	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

Schedule SB, Line 22 – Description of Weighted Retirement Age
Pension Plan for Certain Hourly-Rated Employees of Canton Drop Forge, Inc.
January 1, 2015 Valuation
EIN/PN: 34-0130090 / 002

Rates of Retirement

<u>Age(s)</u>	Less Than 25 Years of <u>Service</u>	25-30 Years of <u>Service</u>	More Than 30 Years of <u>Service</u>
55-57	0%	0%	3%
58-59	0	0	5
60	2	15	15
61	3	15	15
62	10	35	40
63-64	5	15	20
65	75	75	75
66-69	50	50	50
70	100	100	100

Weighted Average Retirement Age is 63. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

Appendix A

Summary of Principal Plan Provisions

Plan Sponsor	Canton Drop Forge, Inc.
EIN/PN	34-0130090/002
Effective Date	January 1, 1961; last restated effective January 1, 2010.
Plan Year	The 12-month period beginning each January 1.
Participation	All hourly employees of Plant B hired before February 27, 2005 will be Plan participants on their date of hire. Plan participation is frozen as of February 27, 2005.
Continuous Service	A participant's Continuous Service shall be equal to the elapsed time of employment measured from the date of hire to the termination date of an employee.
Accrued Benefit	A monthly life annuity starting at age 65 equal to:

<u>Retirement Date</u>	<u>Pension Benefit</u>		<u>Maximum Service</u>
	<u>Service Up to 20 Years</u>	<u>Service Over 20 Years</u>	
3/06/1996 – 3/01/1997	\$21.50	\$27.50	
3/02/1997 – 3/01/1998	22.25	28.25	
3/02/1998 – 3/01/1999	23.00	29.00	
3/02/1999 – 2/26/2000	24.00	30.00	
2/27/2000 – 2/26/2001	26.00	31.00	42
2/27/2001 – 2/26/2002	27.00	32.00	42
2/27/2002 – 2/26/2003	28.00	34.00	42
2/27/2003 – 2/26/2004	29.00	37.00	43
2/27/2004 – 12/31/2007	31.00	41.00	43
1/01/2008 – 2/28/2014	34.00	44.00	43
3/01/2014 and later	34.50	44.50	43

Those participants who retire from active status during the term of the union contract will receive an increase in their pension as the benefit unit increases.



Appendix A (Continued)

Normal Retirement Benefit

Eligibility:

Attainment of age 65.

Monthly Benefit:

The Accrued Benefit.

Late Retirement

Eligibility:

After age 65 and five years of participation.

Monthly Benefit:

The Accrued Benefit calculated using the service accrued through the actual retirement date and the benefit unit in effect at termination.

55/30 Early Retirement

Eligibility:

Attainment of age 55 and 30 years of Continuous Service.

Monthly Benefit:

The Accrued Benefit.

60/25 Early Retirement

Eligibility:

Attainment of age 60 and 25 years of Continuous Service.

Monthly Benefit:

The Accrued Benefit.

Disability Retirement

Eligibility:

Permanent and total disability at any age with at least 15 years of Continuous Service. This benefit starts once all other company-paid benefits stop.

Monthly Benefit:

The Accrued Benefit at the time of disability is payable on an unreduced basis.



Appendix A (Continued)

60/15 Early Retirement

Eligibility:

Attainment of age 60 and 15 years of Continuous Service.

Monthly Benefit:

The vested benefit commences in full at age 65, or as early as age 60 in a reduced amount equal to the actuarial equivalent of the Accrued Benefit at age 65. Sample rates and ages are as follows:

<u>Age</u>	<u>Rate</u>
60	70.18%
61	75.36
62	81.14
63	87.60
64	94.84
65	100.00

Deferred Retirement

Eligibility:

Termination after five years of Continuous Service.

Monthly Benefit:

The Accrued Benefit commencing at age 65. If the participant has at least 15 years of Continuous Service, they can retire after age 60 under the “60/15 Early Retirement” provisions.

Supplemental Benefit

Participants who retire between March 1, 1997 and February 28, 1999, who are eligible for the “60/25 Early Retirement” and who have yet to attain age 65 are eligible to receive a \$100 per month supplemental benefit.

Participants who retire between February 27, 2005 and February 26, 2008, who are eligible for the “60/25 Early Retirement” or “55/30 Early Retirement” and who have yet to attain age 65 are eligible to receive a \$200 per month supplemental benefit.

These supplemental benefits will be paid until the earlier of the attainment of age 65 or the death of the participant.



Appendix A (Continued)

Surviving Spouse's Benefit

Eligibility:

Death of an active employee after the age of 50 with at least 15 years of Continuous Service

Monthly Benefit:

50% of the benefit as though the employee had elected to retire the day before his death assuming the employee's age at death was 65. This benefit shall be reduced by 1/2% for each year the spouse is under the age of 50. After the spouse's attainment of age 65 the benefit will be 50% of the actuarially reduced benefit assuming the employee had retired at Normal Retirement Age and accepted the 50% Joint and Survivor benefit.

Death Benefit

Eligibility:

100% vested and not eligible for the Surviving Spouse's Benefit.

Monthly Benefit:

50% of the benefit the employee would have received if he would have elected the 50% Joint and Survivor benefit the day before his death. If the employee has not yet attained age 60, the benefit is calculated using service on the date of death and assuming the employee survived to age 60. The benefit is payable at the later of when the employee would have been age 60 or at the employee's death.

Optional Forms of Payment

Life Annuity –monthly payments for the life of the participant.

Joint and 50% Survivor Annuity –monthly payments for the life of the participant with 50% of the benefit continuing to the surviving spouse (if any).

Joint and 75% Survivor Annuity –monthly payments for the life of the participant with 75% of the benefit continuing to the surviving spouse (if any).

The Joint and Survivor factors are based on the age difference between the participant and spouse. For example, a participant retiring at age 65 with a spouse also age 65, the Joint and Survivor 50% option is 85% of the life annuity.



Appendix A (Continued)

***Benefits Available as
Lump Sums***

This plan pays only small benefit amounts (lump sums less than \$3,500, or less than \$5,000 effective January 1, 1998).

***Maximum Benefit
Limit***

The Internal Revenue Code Section 415 Maximum Benefit payable as a life annuity at Social Security Normal Retirement Age.

***Changes in Plan
Provisions***

The automatic changes, if any, in the maximum benefit limit were recognized as amendments for funding purposes.



PENSION PLAN FOR CERTAIN HOURLY-RATED EMPLOYEES
OF CANTON DROP FORGE, INC.

EIN #34-0130090

PN #002

Schedule H, line 4i -- Schedule of Assets (Held at End of Year)

December 31, 2015

Identity of Issue, Borrower, Lessor (a) (b) or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, (c) Par or Maturity Value	(d) Cost	Current (e) Value
	<u>Money market funds</u>		
* JPMorgan	JPMorgan Liquid Assets Money Market Fund	\$ 518,492	\$ 518,492
	<u>Equities</u>		
* Harris Associates	23,585.204 Shares, Harris Assoc. Oakmark International Fund	\$ 453,786	\$ 503,780
	1,300 Shares, Aflac Inc	65,035	77,870
	150 Shares, Alphabet Inc	79,416	116,702
	3,000 Shares, American International Group Inc. New	110,361	185,910
	600 Shares, Anadarko Pete Corp	38,963	29,148
	1,300 Shares, Apple Inc	92,838	136,838
	2,800 Shares, Applied Materials Inc.	34,681	52,276
	100 Shares, Askmenow	1	-
	1,000 Shares, Automatic Data Processing Inc.	38,633	84,720
	11,100 Shares, Bank of America Corp	97,703	186,813
	120 Shares, Fedex Corp	10,379	17,879
	1,000 Shares, Foot Locker Inc	33,041	65,090
	3,800 Shares, General Elec Co	98,357	118,370
	6,100 Shares, General Mtrs Co	196,192	207,461
	3,000 Shares, Intel Corp	69,176	103,350
* JPMorgan	1,200 Shares, JPMorgan Chase & Co.	44,740	79,236
	4,900 Shares, Liberty Interactive Corp Ser A	29,157	133,868
	1,500 Shares, Microsoft Corp	42,093	83,220
	2,500 Shares, Oracle Corp	73,271	91,325
	3,600 Shares, Wells Fargo & Co. New	99,098	195,696
	2,000 Shares, TE Connectivity Ltd.	60,451	129,220
	320 Shares, Diageo PLC	16,152	34,902
	21,000 Shares, Glencore PLC ADR	174,551	55,125
* JPMorgan	2,290.628 Shares, JPMorgan Emerging Markets Equity	52,726	42,903
* JPMorgan	19,415.175 Shares, JPMorgan TR I Intrepid Amer FD CL R6	502,329	681,861
* JPMorgan	10,779.680 Shares, JPMorgan International Equity Fund	158,062	155,227
* JPMorgan	23,809.673 Shares, JPMorgan US Large Cap Core Plus Fund	545,101	640,480
* JPMorgan	19,926.196 Shares, JPMorgan Equity Index Fund	639,030	686,059
* JPMorgan	39,158.856 Shares, JPMorgan Market Expansion Index Fund	413,783	399,029
* JPMorgan	9,930.532 Shares, JPMorgan International Equity Index Fund	175,702	156,307
		\$ 4,444,808	\$ 5,450,665

PENSION PLAN FOR CERTAIN HOURLY-RATED EMPLOYEES
OF CANTON DROP FORGE, INC.

EIN #34-0130090

PN #002

Schedule H, line 4i -- Schedule of Assets (Held at End of Year)

December 31, 2015

Identity of Issue, Borrower, Lessor (a) (b) or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, (c) Par or Maturity Value	(d) Cost	Current (e) Value
	<u>Fixed income obligations</u>		
	\$200,000, GLP Capital LP / GLP Financing II Inc. dtd 05/01/2014 4.875% due 11/01/2020	\$ 207,500	\$ 196,000
	\$200,000, William Carter Co dtd 02/15/2014 5.25% due 08/15/2021	209,500	205,500
	\$200,000, Penn National Gaming Inc. dtd 05/01/2014 5.875% due 11/01/2021	186,750	194,000
* JPMorgan	8,470.59 Shares, JPMorgan I TR Inflation Managed Bond Fund	90,175	85,553
* JPMorgan	132,143.845 Shares, JPMorgan TR II Core Bond Fund CL R6	1,538,411	1,527,583
* JPMorgan	\$375,000, JPMorgan Chase & Co Dep Shs Repstg 1/10th Pfd Ser I dtd 4/23/2008 var due open end	291,012	381,750
		\$ <u>2,523,348</u>	\$ <u>2,590,386</u>

* Indicates party-in-interest to the Plan.