

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 2015 This Form is Open to Public Inspection
Part I Annual Report Identification Information For calendar plan year 2015 or fiscal plan year beginning 07/01/2015 and ending 06/30/2016 A This return/report is for: ☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) ☐ a one-participant plan ☐ a foreign plan B This return/report is ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months) C Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)		
Part II Basic Plan Information—enter all requested information 1a Name of plan HAMILTON CASTER & MFG. CO. PENSION PLAN 1b Three-digit plan number (PN) ▶ 001 1c Effective date of plan 07/01/1967 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) HAMILTON CASTER & MFG. CO. 1637 DIXIE HIGHWAY HAMILTON, OH 45011 2b Employer Identification Number (EIN) 31-0308370 2c Sponsor's telephone number 513-863-3300 2d Business code (see instructions) 332900 3a Plan administrator's name and address ☒ Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4b EIN 4c PN 5a Total number of participants at the beginning of the plan year 5b Total number of participants at the end of the plan year 5c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5d(1) Total number of active participants at the beginning of the plan year 5d(2) Total number of active participants at the end of the plan year 5e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested 95 94 51 50 0 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN HERE Filed with authorized/valid electronic signature. 01/09/2017 STEVEN LIPPERT SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF. Form 5500-SF (2015) v. 150123		

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets.....	7a	6475303	6123873
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	6475303	6123873
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	200000	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	-193332	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		6668
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	301345	
e Certain deemed and/or corrective distributions (see instructions)....	8e		
f Administrative service providers (salaries, fees, commissions).....	8f	56753	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h		358098
i Net income (loss) (subtract line 8h from line 8c)	8i		-351430
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

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

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

Part V Compliance Questions

10 During the plan year:		Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X		
c Was the plan covered by a fidelity bond?.....	10c	X			1200000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X		
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).....	10e		X		
f Has the plan failed to provide any benefit when due under the plan?	10f		X		
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h				
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....	10i				
j Did the plan trust incur unrelated business taxable income?	10j		X		

Part VI Pension Funding Compliance

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

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

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

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

- a** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year

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

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

Part VII Plan Terminations and Transfers of Assets

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

Part VIII Trust Information

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

Part IX IRS Compliance Questions

- 15a** Is the plan a 401(k) plan? ☐ Yes ☐ No
- 15b** If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? ☐ Design-based safe harbor method ☐ ADP/ACP test
- 15c** If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))? ☐ Yes ☐ No
- 16a** Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): ☐ Ratio percentage test ☐ Average benefit test
- 16b** Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No
- 17a** Has the plan been timely amended for all required tax law changes? ☐ Yes ☐ No ☐ N/A
- 17b** Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code ____ (See instructions for tax law changes and codes).
- 17c** If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number ____.
- 17d** If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.
- 18** Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? ☐ Yes ☐ No
- 19** Were in-service distributions made during the plan year? ☐ Yes ☐ No
- If "Yes," enter amount **19**
- 20** Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)? ☐ Yes ☐ No ☐ N/A

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 07/01/2015 and ending 06/30/2016

▶ 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 HAMILTON CASTER & MFG. CO. PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HAMILTON CASTER & MFG. CO.	D Employer Identification Number (EIN) 31-0308370

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 07 Day 01 Year 2015			
2 Assets:			
a Market value	2a	6475303	
b Actuarial value	2b	6545910	
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	36	2306584	2306584
b For terminated vested participants	8	247453	247453
c For active participants	51	3542306	3628817
d Total	95	6096343	6182854
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	35000	

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

SIGN HERE		
Signature of actuary	01/05/2017	Date
RANDALL N. SMITH	14-06649	Most recent enrollment number
Type or print name of actuary	513-891-0270	Telephone number (including area code)
CUNI, RUST & STRENK INC		
Firm name		
4555 LAKE FOREST DRIVE - SUITE 620 CINCINNATI, OH 45242-3760		
Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	166444	350380
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)	166444	350380
10	Interest on line 9 using prior year's actual return of <u>0.56</u> %	932	1962
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		73311
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>6.48</u> %		4751
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.....		78062
d	Portion of (c) to be added to prefunding balance		78062
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).....	167376	430404

Part III Funding Percentages			
14	Funding target attainment percentage.....	14	96.20 %
15	Adjusted funding target attainment percentage	15	105.87 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	100.51 %
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
07/24/2015	100000	0			
06/15/2016	100000	0			
			Totals ►	18(b)	200000 18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	193978
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?..... ☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th
		0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	35000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
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	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	35000	
	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	35000	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	193978	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	158978	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

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

Schedule SB, line 24 – Change in Actuarial Assumptions

Plan Name: Hamilton Caster & Mfg. Co. Pension Plan

EIN: 31-0308370

PN: 001

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

- The expense load was changed from \$25,000 to \$35,000 per year.



(signed)

Randall Smith

Enrollment # 14-06649

Schedule SB, Part V – Summary of Plan Provisions.

Plan Name: Hamilton Caster & Mfg. Co. Pension Plan

EIN: 31-0308370

PN: 001

1. Effective Date: Most recently restated effective June 27, 2008.
2. Plan Year: July 1st through June 30th.
3. Covered Employees: All salaried and hourly employees of Hamilton Caster & Manufacturing Company.
4. Eligibility: January 1st or July 1st following the completion of 1 Year of Service. No new entrants will be allowed into the Plan on and after July 1, 2011.
5. Year of Service: Anniversary years of continuous service calculated to the nearest 1/12th.
6. Average Monthly Earnings: Monthly average of the highest earnings in 5 consecutive Plan Years while a salaried employee.
7. Social Security Primary Benefit: The benefit the participant would receive under the Social Security Act at age 65 assuming level future earnings if severance date is before age 65.
8. Maximum Annual Benefit: \$210,000 for participants retiring at age 62 during the 2015 plan year.

Schedule SB, Part V – Summary of Plan Provisions.

Plan Name: Hamilton Caster & Mfg. Co. Pension Plan

EIN: 31-0308370

PN: 001

9. Normal Retirement:

a. Eligibility Age 65 and 5th anniversary of Plan participation.

b. Monthly Benefit

i. Salaried

Greater of:

a. 50% of Average Monthly Earnings, less 50% of the member's Social Security Primary Benefit, reduced 1/30th for each Year of Service less than 30.

b. \$28.00 times Years of Service (maximum 47 years).

ii. Hourly

Benefit multiplier times Years of Service (maximum 47 years).

<u>Effective Date</u>	<u>Benefit Multiplier</u>
March 11, 2002	\$24.00
March 11, 2004	\$25.00
March 5, 2007	\$26.00
March 3, 2008	\$27.00
March 1, 2010	\$28.00

Benefit accruals were frozen effective July 1, 2011.

10. Vested Retirement:

a. Eligibility 5 Years of Service.

b. Monthly Benefit

Calculated as for Normal Retirement. Participants may elect to receive monthly benefit calculated as for Early Retirement.

Schedule SB, Part V – Summary of Plan Provisions.

Plan Name: Hamilton Caster & Mfg. Co. Pension Plan

EIN: 31-0308370

PN: 001

11. Disability Retirement:

- a. Eligibility 15 Years of Service, disabled while employed, and disabled prior to July 1, 2011 (Salaried only).
- b. Monthly Benefit
 - i. Salaried Remain a salaried employee on paid LOA with continued Years of Service and level future earnings until June 30, 2011 freeze date.
 - ii. Hourly Eligible for an unreduced accrued benefit payable immediately based on Years of Service and Unit Benefit in effect on the date of disability.

12. Early Retirement:

- a. Eligibility Age 55 and 15 Years of Service.
- b. Monthly Benefit
 - i. Salaried Calculated as for Normal Retirement with monthly benefit reduced $\frac{5}{9}$ of 1% for each of the first 60 months and $\frac{5}{18}$ of 1% for each of the next 60 months that Early Retirement precedes Normal Retirement.
 - ii. Hourly Calculated as for Normal Retirement with monthly benefit reduced $\frac{1}{2}$ of 1% for each month that Early Retirement precedes Normal Retirement.

Schedule SB, Part V – Summary of Plan Provisions.

Plan Name: Hamilton Caster & Mfg. Co. Pension Plan

EIN: 31-0308370

PN: 001

13. Pre-Retirement Death:

- | | |
|--------------------|--|
| a. Eligibility | Married and 5 Years of Service. |
| b. Monthly Benefit | Calculated as for Early Retirement reflecting a 50% Joint & Survivor Annuity payment form with death immediately after Early Retirement.

If a married Employee is still actively employed past Normal Retirement Date, the death benefit will equal the 100% survivor portion of the 100% Joint & Survivor Annuity. |

14. Payment Forms:

- | | |
|-------------|---|
| a. Normal | Life Annuity for single participants and an Actuarially Equivalent 50% Joint & Survivor Annuity (QJSA) for married participants. |
| b. Optional | Actuarially Equivalent 100%, 75% or 50% Joint & Survivor Annuity (QOSA), a 10 or 15-Year Certain & Life Annuity, 5 equal annual installments, or a lump sum payment of \$9,000 or less. |

15. Actuarial Equivalency:

- | | |
|-------------------------|--|
| a. Other Than Lump Sums | The current IRS Applicable Mortality Table and 7.00% interest. |
| b. Lump Sums | 2015 IRS Applicable Mortality Table and the 417(e) segment interest rates for the June prior to the Plan Year. |

16. Changes Since Last Year: None.

Schedule SB, line 19 – Discounted Employer Contributions.

Plan Name: Hamilton Caster & Mfg. Co. Pension Plan

EIN: 31-0308370

PN: 001

Effective Interest Rate: 6.26%

<u>Date</u>	Contribution	<u># Days to</u> <u>7/1/2015</u>	Discounted
	<u>Amount</u>		Contributions @ <u>6.26%</u>
7/24/2015	\$100,000	23	\$99,619
6/15/2016	<u>\$100,000</u>	350	<u>\$94,359</u>
.	\$200,000		\$193,978

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

Plan Name: Hamilton Caster & Mfg. Co. Pension Plan

EIN: 31-0308370

PN: 001

Salaried Employees

(A)	(B)	(C)	(D)	(E)
Early Retirement Age	Retirement Rates	Fraction Remaining	Probability Distribution	Sum Weighted Average Age
55	1.00%	0.99000	1.00%	0.55000
56	1.00%	0.98010	0.99%	0.55440
57	1.00%	0.97030	0.98%	0.55866
58	1.00%	0.96060	0.97%	0.56277
59	1.00%	0.95099	0.96%	0.56675
60	1.00%	0.94148	0.95%	0.57059
61	1.00%	0.93207	0.94%	0.57430
62	8.00%	0.85750	7.46%	4.62304
63	5.00%	0.81463	4.29%	2.70113
64	5.00%	0.77389	4.07%	2.60680
65	100.00%	0.00000	77.39%	50.30310

Salaried Weighted Average Retirement Age **64.2****Hourly Employees**

(A)	(B)	(C)	(D)	(E)
Early Retirement Age	Retirement Rates	Fraction Remaining	Probability Distribution	Sum Weighted Average Age
55	0.00%	1.00000	0.00%	0.00000
56	0.00%	1.00000	0.00%	0.00000
57	0.00%	1.00000	0.00%	0.00000
58	0.00%	1.00000	0.00%	0.00000
59	0.00%	1.00000	0.00%	0.00000
60	0.00%	1.00000	0.00%	0.00000
61	0.00%	1.00000	0.00%	0.00000
62	0.00%	1.00000	0.00%	0.00000
63	0.00%	1.00000	0.00%	0.00000
64	0.00%	1.00000	0.00%	0.00000
65	100.00%	0.00000	100.00%	65.00000

Hourly Weighted Average Retirement Age **65.0****Salaried Employee Percentage = 24/51 = 47.06%****Hourly Employee Percentage = 27/51 = 52.94%****Plan Weighted Average Retirement Age = 64.2 x 0.4706 + 65.0 x 0.5294 = 64.62**

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

SCHEDULE SB (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 07/01/2015 and ending 06/30/2016

► 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 Hamilton Caster & Mfg. Co. Pension Plan	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">B Three-digit plan number (PN) ►</td> <td style="width:30%; text-align: center;">001</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>	B Three-digit plan number (PN) ►	001		
B Three-digit plan number (PN) ►	001				
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Hamilton Caster & Mfg. Co.	D Employer Identification Number (EIN) 31-0308370				

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500
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Part I	Basic Information
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1 Enter the valuation date:	Month <u>07</u>	Day <u>01</u>	Year <u>2015</u>	
2 Assets:				
a Market value	2a	6,475,303		
b Actuarial value	2b	6,545,910		
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	36	2,306,584	2,306,584	
b For terminated vested participants	8	247,453	247,453	
c For active participants	51	3,542,306	3,628,817	
d Total	95	6,096,343	6,182,854	
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	35,000		

Statement by Enrolled Actuary

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

SIGN HERE	 Signature of actuary Randall N. Smith Type or print name of actuary Cuni, Rust & Strenk Inc Firm name 4555 Lake Forest Drive - Suite 620 US Cincinnati OH 45242-3760 Address of the firm	01/05/2017 Date 14-06649 Most recent enrollment number (513) 891-0270 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2015
v. 150123

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	166,444	350,380
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)	166,444	350,380
10 Interest on line 9 using prior year's actual return of <u>0.56</u> %	932	1,962
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		73,311
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>6.48</u> %.....		4,751
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 .		78,062
d Portion of (c) to be added to prefunding balance		78,062
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)	167,376	430,404

Part III Funding Percentages

14 Funding target attainment percentage	14	96.20 %
15 Adjusted funding target attainment percentage	15	105.87 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.51 %
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
07/24/2015	100,000				
06/15/2016	100,000				
Totals ▶			18(b)	200,000	18(c)

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..	19c	193,978

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year

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

Part V Assumptions Used To Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.72 %2nd segment:
6.11 %3rd segment:
6.81 %☐ N/A, full yield curve used**b** Applicable month (enter code) **21b** 0**22** Weighted average retirement age **22** 65**23** Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute**Part VI Miscellaneous items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment **27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) **31a** 35,000**b** Excess assets, if applicable, but not greater than line 31a **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 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** 0**34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) **34** 35,000

	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** 35,000**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 193,978**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 158,978**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011**42** Amount of acceleration adjustment **42****43** Excess installment acceleration amount to be carried over to future plan years **43**

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

Plan Name: Hamilton Caster & Mfg. Co. Pension Plan

EIN: 31-0308370

PN: 001

1. Funding Interest Rates:

- a. July 1, 2015 Valuation
- 1.31%; 4.07%; 5.10% segment rates for July 2015 for maximum deductible contribution.
- 4.72%; 6.11%; 6.81% HATFA relief segment rates for July 2015 for other purposes.
- b. July 1, 2014 Valuation
- 1.14%; 4.04%; 5.11% segment rates for July 2014 for maximum deductible contribution.
- 4.99%; 6.32%; 6.99% HATFA relief segment rates for July 2014 for other purposes.

2. Mortality Rates:

2015 Combined Static Mortality Table with Small Plan Adjustment.

3. Retirement Age:

<u>Age</u>	<u>Salaried</u>	<u>Hourly</u>
55-61	0.01	0.00
62	0.08	0.00
63-64	0.05	0.00
65	1.00	1.00

4. Termination Rates:

T-1 (Salaried) and T-3 (Hourly) Table from the Actuary's Pension Handbook.

<u>Age</u>	<u>Salaried</u>	<u>Hourly</u>
25	0.049	0.053
30	0.037	0.048
40	0.011	0.038
50	0.000	0.015
60+	0.000	0.000

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

Plan Name: Hamilton Caster & Mfg. Co. Pension Plan

EIN: 31-0308370

PN: 001

5. Disability Rates:

<u>Age</u>	<u>Hourly</u>
40	0.0040
45	0.0042
50	0.0073
55	0.0140
60	0.0248

6. Percent Married/Spousal Age:

80% with wives 3 years younger than their husbands.

7. Expense Load:

\$35,000 per year.

8. Actuarial Cost Method:

Unit Credit.

9. Actuarial Value of Assets:

Asset smoothing over 24 months as allowed under PPA.

10. Rationale For Selection of Assumptions:

Many actuarial assumptions used in this report are prescribed by the IRS. The selection of non-prescribed assumptions is based on the actuary's best estimate of future expectations based on the examination of recent actual results compared to expectations, periodic experience studies, Society of Actuaries mortality studies, and any reasonably certain information about future expected plan changes.

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

Plan Name: Hamilton Caster & Mfg. Co. Pension Plan

EIN: 31-0308370

PN: 001

11. Changes Since Last Year:

The expense load was changed to the current assumption based on Plan experience and the mortality and interest rates used to calculate the Funding Target liability were changed as mandated by the IRS.

PN: 001

[illegible]