

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

Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>10/01/2015</u> and ending <u>09/30/2016</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 HOURLY PAID EMPLOYEES OF THE LATROBE OPERATIONS OF HYDRO CARBIDE, INC.</u>	1b Three-digit plan number (PN) ▶ <u>060</u> 1c Effective date of plan <u>11/03/2003</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>HYDRO CARBIDE, INC.</u> <u>DAVID E. MILLER, PLAN ADMINISTRATOR</u> <u>HBD INDUSTRIES, INC.</u> <u>5200 UPPER METRO PL STE 110</u> <u>DUBLIN, OH 43017-5378</u>	2b Employer Identification Number (EIN) <u>05-0588160</u> 2c Plan Sponsor's telephone number <u>614-526-7000</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	<u>Filed with authorized/valid electronic signature.</u>	<u>07/13/2017</u>	<u>DAVID MILLER</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>07/13/2017</u>	<u>DAVID MILLER</u>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

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

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3a Plan administrator's name and address ☐ Same as Plan Sponsor HBD INDUSTRIES, INC. DAVID E. MILLER, PLAN ADMINISTRATOR 5200 UPPER METRO PL STE 110 DUBLIN, OH 43017-5378	3b Administrator's EIN 25-1555749
	3c Administrator's telephone number 614-526-7000
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	5 105
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) 25
a(2) Total number of active participants at the end of the plan year	6a(2) 24
b Retired or separated participants receiving benefits.....	6b 30
c Other retired or separated participants entitled to future benefits.....	6c 41
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 95
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 10
f Total. Add lines 6d and 6e	6f 105
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B 1I 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 10/01/2015 and ending 09/30/2016

▶ **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 <u>PENSION PLAN FOR HOURLY PAID EMPLOYEES OF THE LATROBE OPERATIONS OF HYDRO CARBIDE, INC.</u>	B Three-digit plan number (PN) ▶ <u>060</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>HYDRO CARBIDE, INC.</u>	D Employer Identification Number (EIN) <u>05-0588160</u>
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>10</u> Day <u>01</u> Year <u>2015</u>	
2 Assets:	
a Market value	2a <u>4114752</u>
b Actuarial value	2b <u>4400205</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants <u>38</u> (2) Vested Funding Target <u>2171072</u> (3) Total Funding Target <u>2171072</u>
b For terminated vested participants	<u>42</u> <u>514472</u> <u>514472</u>
c For active participants	<u>25</u> <u>1278386</u> <u>1278386</u>
d Total	<u>105</u> <u>3963930</u> <u>3963930</u>
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 <u>6.27%</u>
6 Target normal cost	6 <u>45000</u>

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>05/03/2017</u>
	Signature of actuary	Date
<u>MARTIN E. MOLLOY</u>	Type or print name of actuary	<u>17-06227</u>
<u>AON CONSULTING, INC.</u>	Firm name	Most recent enrollment number
<u>445 HUTCHINSON AVE STE 900</u> <u>COLUMBUS, OH 43235-8619</u>	Address of the firm	<u>614-436-8100</u>
		Telephone number (including area code)

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)		650325
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		39927
9	Amount remaining (line 7 minus line 8)	0	610398
10	Interest on line 9 using prior year's actual return of <u>-4.34</u> %		-26491
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		65395
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>6.49</u> %		1653
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		-1733
c	Total available at beginning of current plan year to add to prefunding balance		65315
d	Portion of (c) to be added to prefunding balance		65315
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	649222

Part III Funding Percentages			
14	Funding target attainment percentage	14	94.62 %
15	Adjusted funding target attainment percentage	15	111.00 %
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	97.78 %
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
	0	0			
			Totals ►	18(b)	0
				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 0
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
0	0
(3) 3rd	(4) 4th
0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	45000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
b Waiver amortization installment	212947	37075	
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	82075	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....		82075	82075
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	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

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

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

For calendar plan year 2015 or fiscal plan year beginning 10/01/2015 and ending 09/30/2016		
A Name of plan PENSION PLAN FOR HOURLY PAID EMPLOYEES OF THE LATROBE OPERATIONS OF HYDRO CARBIDE, INC.	B Three-digit plan number (PN) ▶	060
C Plan sponsor's name as shown on line 2a of Form 5500 HYDRO CARBIDE, INC.	D Employer Identification Number (EIN) 05-0588160	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

AON CONSULTING, INC.

445 HUTCHINSON AVE STE 900
COLUMBUS, OH 43235

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17	PLAN ACTUARY & CONSULTANT	262	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

PNC BANK

2 PNC PLAZA 7TH FL
620 LIBERTY AVE
PITTSBURGH, PA 15222

25-1211909

(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?
13 21	CONTRACT ADMINISTRATOR	3728	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

REA & ASSOCIATES, INC.

5775 PERIMETER DR STE 200
DUBLIN, OH 43017

34-1310124

(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	PLAN AUDITOR	0	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan 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.
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For calendar plan year 2015 or fiscal plan year beginning 10/01/2015 and ending 09/30/2016

A Name of plan <u>PENSION PLAN FOR HOURLY PAID EMPLOYEES OF THE LATROBE OPERATIONS OF HYDRO CARBIDE, INC.</u>	B Three-digit plan number (PN) ► <u>060</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HYDRO CARBIDE, INC.</u>	D Employer Identification Number (EIN) <u>05-0588160</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: HBD INDUSTRIES MASTER PENSION TRUST

b Name of sponsor of entity listed in (a): HBD INDUSTRIES, INC.

c EIN-PN <u>90-0180869-000</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4122107</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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>10/01/2015</u> and ending <u>09/30/2016</u>		
A Name of plan <u>PENSION PLAN FOR HOURLY PAID EMPLOYEES OF THE LATROBE OPERATIONS OF HYDRO CARBIDE, INC.</u>		B Three-digit plan number (PN) ► <u>060</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HYDRO CARBIDE, INC.</u>		D Employer Identification Number (EIN) <u>05-0588160</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	23594	26382
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	70000	0
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts.....	1c(9)		
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)	4021170	4122107
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	4114764	4148489

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4114764	4148489
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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)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(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)		291487
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		291487

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	228563	
(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)		228563
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)	262	
(2) Contract administrator fees	2i(2)	3728	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	25209	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		29199
j Total expenses. Add all expense amounts in column (b) and enter total	2j		257762

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		33725
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: REA & ASSOCIATES, INC.

(2) EIN: 34-1310124

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.				
o Did the plan trust incur unrelated business taxable income?		X		
p Were in-service distributions made during the plan year?		X		

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

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

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

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

Part V Trust Information

6a Name of trust HBD INDUSTRIES, INC. MASTER PENSION TRUST	6b Trust's EIN 900180869
6c Name of trustee or custodian PNC BANK	6d Trustee's or custodian's telephone number 417-762-9962

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 10/01/2015 and ending 09/30/2016

A Name of plan <u>PENSION PLAN FOR HOURLY PAID EMPLOYEES OF THE LATROBE OPERATIONS OF HYDRO CARBIDE, INC.</u>	B Three-digit plan number (PN) ▶ <u>060</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HYDRO CARBIDE, INC.</u>	D Employer Identification Number (EIN) <u>05-0588160</u>

Part I	Distributions
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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>25-1211909</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes ☒ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method ☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes ☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test ☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes ☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes ☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).	
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.	
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter <u>11</u> / <u>17</u> / <u>2015</u> .	
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 Hourly Paid
Employees of the
Latrobe Operations
of Hydro Carbide, Inc.
Audited Financial Statements

As of and for the Years Ended
September 30, 2016 and 2015



Rea & associates

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July 11, 2017

The Plan Administrator and participants of
Pension Plan for Hourly Paid Employees
of the Latrobe Operations of Hydro Carbide, Inc.
Dublin, Ohio

Independent Auditor's Report

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Pension Plan for Hourly Paid Employees of the Latrobe Operations of Hydro Carbide, Inc. ("the Plan"), which comprise the statements of net assets available for benefits as of September 30, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits as of September 30, 2015, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by PNC Bank, the trustee of the Plan and the Master Trust in which the Plan has a beneficial interest, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee as of and for the years ended September 30, 2016 and 2015, 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 Form and Content in Compliance with DOL Rules and Regulations

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

Hea & Associates, Inc.

PENSION PLAN FOR HOURLY PAID EMPLOYEES OF THE
LATROBE OPERATIONS OF HYDRO CARBIDE, INC.

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
AS OF SEPTEMBER 30, 2016 AND 2015

	<u>2016</u>	<u>2015</u>
ASSETS:		
Noninterest-bearing cash	\$ 26,382	\$ 23,594
Investments, at fair value:		
Plan interest in Master Trust	4,122,107	4,021,170
Employer contribution receivable	<u>0</u>	<u>70,000</u>
Net assets available for benefits	<u>\$ 4,148,489</u>	<u>\$ 4,114,764</u>

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

PENSION PLAN FOR HOURLY PAID EMPLOYEES OF THE
LATROBE OPERATIONS OF HYDRO CARBIDE, INC.

STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR PLAN BENEFITS
FOR THE YEARS ENDED SEPTEMBER 30, 2016 AND 2015

	<u>2016</u>	<u>2015</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Net gain (loss) on investment in the Master Trust	\$ 291,487	\$ (183,736)
Employer contribution	<u>0</u>	<u>70,000</u>
	291,487	(113,736)
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	228,563	269,865
Administrative expense	<u>29,199</u>	<u>28,353</u>
	<u>257,762</u>	<u>298,218</u>
Net increase (decrease) in net assets available for benefits	33,725	(411,954)
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	<u>4,114,764</u>	<u>4,526,718</u>
NET ASSETS AVAILABLE FOR BENEFITS, end of year	<u><u>\$ 4,148,489</u></u>	<u><u>\$ 4,114,764</u></u>

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

PENSION PLAN FOR HOURLY PAID EMPLOYEES OF THE
LATROBE OPERATIONS OF HYDRO CARBIDE, INC.

STATEMENT OF ACCUMULATED PLAN BENEFITS
AS OF SEPTEMBER 30, 2015

	<u>2015</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:	
Vested benefits:	
Participants currently receiving payments	\$ 2,039,117
Other participants	<u>1,542,177</u>
Total vested benefits	3,581,294
Nonvested benefits	<u>0</u>
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	<u><u>\$ 3,581,294</u></u>

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

PENSION PLAN FOR HOURLY PAID EMPLOYEES OF THE
LATROBE OPERATIONS OF HYDRO CARBIDE, INC.

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
FOR THE YEAR ENDED SEPTEMBER 30, 2015

	<u>2015</u>
ACTUARIAL PRESENT VALUE OF	
ACCUMULATED PLAN BENEFITS, beginning of year	\$ 3,406,557
Benefits paid	(267,366)
Benefits accumulated	52,570
Interest accumulated	262,036
Assumption changes	<u>127,497</u>
TOTAL ACTUARIAL PRESENT VALUE OF	
ACCUMULATED PLAN BENEFITS, end of year	<u><u>\$ 3,581,294</u></u>

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

PENSION PLAN FOR HOURLY PAID EMPLOYEES OF THE
LATROBE OPERATIONS OF HYDRO CARBIDE, INC.

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1: DESCRIPTION OF PLAN

The following brief description of the Pension Plan for Hourly Paid Employees of the Latrobe Operations of Hydro Carbide, Inc. ("the Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions. Information about the plan agreement, the vesting and benefit provisions, and the Pension Benefit Guaranty Corporation's benefit guarantee is contained in the Summary Plan Document.

General

The Plan is a non-contributory defined benefit pension plan covering substantially all Latrobe Hydro Carbide hourly employees of HBD Industries, Inc. ("the Company"). On May 14, 2012, the Company amended the Plan to close the plan to new entrants as of that date. Existing participants remain in the Plan with no change to the benefits provided. On May 9, 2014, the Company amended the plan to cease all future benefits accruals under the plan effective September 30, 2014.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is administered by the Company's Benefits Committee ("Committee"), which is a committee of the board of directors of the Company. The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Board of Trustees.

Pension Benefits

The Plan provides for benefit payments at a monthly rate per year of credit service ranging from \$12.00 to \$28.15 based on the period of credited service. The maximum years of service for the Plan is limited only by the total years of credited service of any given employee at the normal retirement date. The minimum years of credited service for the Plan is five, at which a participant will become 100% vested. Less than five years of service results in 0% vested interest.

The normal retirement age under the Plan is 65. Specific terms of the Plan provide other retirement options with combination of factors of age and years of credited service.

Death and Disability Benefits

Normal payments are for life with no death benefits. Employees may elect reduced monthly payments with provisions for five or ten year guarantees or a continuance option after death. Pre-retirement survivor annuity coverage is provided in the event of the death of an employee while eligible for early retirement.

The Plan offers disability retirement benefits after five years of credited service. Normal retirement benefits with guaranteed minimums through normal retirement age are provided.

Master Trust

The Plan has entered into a trust agreement permitting the commingling of the Plan's assets with those of other HBD Industries, Inc. sponsored employee benefit plans in the HBD Master Pension Trust ("the Master Trust"). At September 30, 2016 and 2015, the Plan's investment assets are held by PNC Bank ("the trustee").

PENSION PLAN FOR HOURLY PAID EMPLOYEES OF THE
LATROBE OPERATIONS OF HYDRO CARBIDE, INC.

NOTES TO THE FINANCIAL STATEMENTS

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements are presented on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures, and actual results may differ from those estimates. It is reasonably possible that a significant change may occur in the near term for the estimates of investment valuation and actuarial present value of accumulated plan benefits.

Valuation of Master Trust Investments

Investments in the Master Trust are stated at fair value as reported by the trustee using published quotations and other data. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements. Master Trust investment transactions are allocated by the trustee based on each plan's relative participation interest in the Master Trust. Master Trust investment transactions allocated to the Plan include dividend and interest income, gains and losses on sales of investments, unrealized appreciation or depreciation of investments, and administrative expenses.

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

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Administrative expenses for the trustee and other fees are paid directly by the Master Trust. Investment management fees are netted against plan earnings.

Recent Accounting Pronouncements

In May 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2015-07, Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent). The amendments in this update remove the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. However, sufficient information must be provided to permit reconciliation of the fair value of assets categorized within the fair value hierarchy to the amounts presented in the statement of financial position. The amendments also remove the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the net asset value per share practical expedient.

PENSION PLAN FOR HOURLY PAID EMPLOYEES OF THE
LATROBE OPERATIONS OF HYDRO CARBIDE, INC.

NOTES TO THE FINANCIAL STATEMENTS

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

The amendments in this update are effective for public business entities for fiscal years beginning after December 15, 2015. For all other entities, the amendments in this update are effective for fiscal years beginning after December 15, 2016. Early adoption is permitted. Upon adoption, the amendments shall be applied retrospectively to all periods presented. Plan management is currently evaluating the impact this update will have on the Plan's financial statements.

In July 2015, the FASB issued ASU 2015-12, Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosure, (Part III) Measurement Date Practical Expedient. Part I eliminates the requirements to measure the fair value of benefit-responsive investment contracts and provide certain disclosures. Contract value is the only required measure for fully benefit-responsive investment contracts. Part II eliminates the requirements to disclose individual investments that represent 5 percent or more of the net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Part III provides a practical expedient to permit plans to measure investments and investment-related accounts as of a month-end that is closest to the plan's fiscal year-end, when the fiscal period does not coincide with a month-end. The ASU is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Parts I and II are to be applied retrospectively, with Part III to be applied prospectively. Parts I and III are not applicable to the Plan. Management is still evaluating the impact Part II will have to the Plan.

Subsequent Events

Subsequent events have been evaluated through July 11, 2017, which is the date the financial statements were available to be issued. On October 11, 2016, the Plan Sponsor sold the Latrobe operations of its business. The Plan Sponsor will continue sponsorship of this Plan; therefore, there is currently no anticipated effect on this Plan as a result of this transaction.

NOTE 3: INFORMATION CERTIFIED AND PROVIDED BY PNC BANK

The following is a summary of the Plan's assets information as of September 30, 2016 and 2015, and for the years ended September 30, 2016 and 2015, included throughout the Plan's financial statements, that was prepared by or derived from information provided by the trustee and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that information provided to the Plan Administrator by the trustee related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements related to the following assets:

PENSION PLAN FOR HOURLY PAID EMPLOYEES OF THE
LATROBE OPERATIONS OF HYDRO CARBIDE, INC.

NOTES TO THE FINANCIAL STATEMENTS

NOTE 3: INFORMATION CERTIFIED AND PROVIDED BY PNC BANK (CONTINUED)

	<u>2016</u>	<u>2015</u>
Investments at estimated fair value		
Interest in the Master Trust	\$ 4,122,107	\$ 4,021,170

PNC Bank also certified to the completeness and accuracy of \$291,487 and \$(183,736) of gain/ (loss) in fair value of investments for the years ended September 30, 2016 and 2015, respectively.

NOTE 4: MASTER TRUST INFORMATION - UNAUDITED

The Plan's trust agreement permits the commingling of the Plan's assets with those of other HBD Industries, Inc. sponsored employee benefit plans in the Master Trust. Each participating retirement plan has an undivided interest in the Master Trust. The trustee determines the Plan's proportionate share of trust assets and related changes in trust assets and such amounts are reflected in the Plan's statements of net assets available for benefits and changes in net assets available for benefits.

During 2004, the Connors Warren Master Trust and the HBD/PW Pension Master Trust were merged to create the HBD Master Pension Trust (Master Trust). All of the defined benefit plans sponsored by the Company now participate in the Master Trust. During 2008, the Connors Warren Master Trust was re-activated. The assets of the Connors Warren Pension Plan were moved from the HBD Master Pension Trust to the Connors Warren Master Trust. All other defined benefit plans sponsored by the Company, including this Plan, remain in the HBD Master Pension Trust.

On January 1, 2012, the HBD Master Trust and the Connors Warren Pension Trust were placed under a single master trust agreement with PNC Bank for investment and reporting purposes. Each plan and each trust within the agreement maintains its own separate legal identity.

At September 30, 2016 and 2015, the assets of the Master Trust were held by PNC Bank. The Plan's interest in the net assets of the Master Trust was approximately four percent at September 30, 2016 and 2015, respectively.

PENSION PLAN FOR HOURLY PAID EMPLOYEES OF THE
LATROBE OPERATIONS OF HYDRO CARBIDE, INC.

NOTES TO THE FINANCIAL STATEMENTS

NOTE 4: MASTER TRUST INFORMATION - UNAUDITED (Continued)

The following presents the net assets held by the Master Trust at September 30, 2016 and 2015, as certified by PNC Bank:

	2016	2015
Investments, at fair value:		
Mutual funds - fixed income	\$ 15,698,504	\$ 8,532,621
Mutual funds - equities	33,149,306	42,055,716
Stocks	5,405,500	4,881,000
Limited partnerships	21,913,367	20,821,004
Other assets	10,019,183	9,206,436
Total investments held by the Master Trust	86,185,860	85,496,777
Interest-bearing cash equivalents	8,060,411	8,825,164
Accrued income	0	9,632
Total net assets held by the Master Trust	<u>\$ 94,246,271</u>	<u>\$ 94,331,573</u>

The following presents total investment income for the Master Trust for the years ended September 30, 2016 and 2015, as certified by PNC Bank:

	2016	2015
Net appreciation in fair value of investments:		
Mutual funds – fixed income	\$ (212,675)	\$ (1,049,010)
Mutual funds – equities	3,196,800	(6,468,009)
Limited Partnerships	1,092,363	(151,226)
Registered Investment Companies	0	(300,890)
Other assets	685,566	(396,103)
Total net appreciation (depreciation)	4,762,054	(8,365,238)
Administrative expense	(612,131)	(606,134)
Interest and dividends	2,163,579	2,536,645
Total investment income (loss)	<u>\$ 6,313,502</u>	<u>\$ (6,434,727)</u>

Administrative expenses, other than PBGC premiums, are paid by the Master Trust. The expenses are allocated to participating plans as a reduction to investment income.

The closing prices reported in the active markets in which the securities are traded are used to value the investments in the Master Trust. The table in Note 5 sets forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of September 30, 2016 and 2015.

PENSION PLAN FOR HOURLY PAID EMPLOYEES OF THE
LATROBE OPERATIONS OF HYDRO CARBIDE, INC.

NOTES TO THE FINANCIAL STATEMENTS

NOTE 5: FAIR VALUE MEASUREMENTS

Generally accepted accounting principles include a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

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

Level 2 Inputs to the valuation methodology include:

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

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

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2016 and 2015.

Interest-bearing cash accounts: Valued at the net asset value ("NAV") of shares held by the plan at year end.

Mutual funds: Valued at the net asset value (NAV) of shares held by the plan at year end. NAV is based on the value of underlying assets owned by the fund, minus its liabilities and then divided by the number of shares outstanding. NAV is a quoted price in an active market.

PENSION PLAN FOR HOURLY PAID EMPLOYEES OF THE
LATROBE OPERATIONS OF HYDRO CARBIDE, INC.

NOTES TO THE FINANCIAL STATEMENTS

NOTE 5: FAIR VALUE MEASUREMENTS (Continued)

Limited Partnerships and other assets: Valued based on the net asset value per share, without further adjustment. Net asset value is based upon the fair value of the underlying investments. These investments are not sold on an open market; however, investments may generally be redeemed with the partnerships at net asset value.

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

The following table sets forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of September 30, 2016 and 2015:

Assets at Fair Value as of September 30, 2016

	Level 1	Level 2	Level 3	Total
Interest-bearing cash equivalents	\$ 8,060,411	\$ -	\$ -	\$ 8,060,411
Stocks	5,405,500	-	-	5,405,500
Mutual funds and other- Fixed income	15,698,504	-	-	15,698,504
Mutual funds - Equity-value	33,149,306	-	-	33,149,306
Limited partnerships and other			31,932,550	31,932,550
Total assets at fair value	<u>\$ 62,313,721</u>	<u>\$ -</u>	<u>\$ 31,932,550</u>	<u>\$ 94,246,271</u>

Assets at Fair Value as of September 30, 2015

	Level 1	Level 2	Level 3	Total
Interest-bearing cash equivalents	\$ 8,825,164	\$ -	\$ -	\$ 8,825,164
Stocks	4,881,000	-	-	4,881,000
Mutual funds - Fixed income	8,532,621	-	-	8,532,621
Mutual funds - Equity-value	42,055,716	-	-	42,055,716
Limited partnerships and other			30,027,440	30,027,440
Total assets at fair value	<u>\$ 64,294,501</u>	<u>\$ -</u>	<u>\$ 30,027,440</u>	<u>\$ 94,321,941</u>

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. In such instances, the transfer is reported at the end of the reporting period.

We evaluate the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2016, there were no transfers in or out of Level 3.

PENSION PLAN FOR HOURLY PAID EMPLOYEES OF THE
LATROBE OPERATIONS OF HYDRO CARBIDE, INC.

NOTES TO THE FINANCIAL STATEMENTS

NOTE 5: FAIR VALUE MEASUREMENTS (Continued)

The table below sets forth a summary of changes in the fair value of the Master Trust's Level 3 assets for the year ended September 30, 2016 and 2015:

	Level 3 Assets Year Ended September 30, 2016	
	Limited Partnerships	Other Assets
Balance, beginning of year	\$ 20,821,004	\$ 9,206,436
Realized gains	-	11,933
Unrealized (losses) gains relating to instruments still held at the reporting date	1,092,363	673,633
Purchases	-	209,431
Sales	-	(82,250)
Balance, end of year	<u>\$ 21,913,367</u>	<u>\$ 10,019,183</u>

	Level 3 Assets Year Ended September 30, 2015	
	Limited Partnerships	Other Assets
Balance, beginning of year	\$ 23,335,252	\$ 9,458,418
Realized gains	804,377	(2,471)
Unrealized gains relating to instruments still held at the reporting date	(955,603)	(393,631)
Purchases	-	210,415
Sales	(2,363,022)	(66,295)
Balance, end of year	<u>\$ 20,821,004</u>	<u>\$ 9,206,436</u>

PENSION PLAN FOR HOURLY PAID EMPLOYEES OF THE
LATROBE OPERATIONS OF HYDRO CARBIDE, INC.

NOTES TO THE FINANCIAL STATEMENTS

NOTE 5: FAIR VALUE MEASUREMENTS (Continued)

The following table summarizes investments measured at fair value based on net asset value (NAVs) per share as of September 30, 2016 and 2015, respectively:

September 30, 2016	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Limited Partnerships (a)	\$6,731,627	none	Quarterly	90 days
(b)	\$9,059,870	none	Quarterly	60 days
(c)	\$6,121,870	none	Quarterly	45 days
Collective Investment Fund (d)	\$10,019,183	none	Monthly	30 days

September 30, 2015	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Limited Partnerships (a)	\$6,669,144	none	Quarterly	90 days
(b)	\$8,449,030	none	Quarterly	60 days
(c)	\$5,702,830	none	Quarterly	45 days
Collective Investment Fund (d)	\$9,206,436	none	Monthly	30 days

(a) Designed to achieve long term growth of capital with significantly lower volatility than the general markets. Capital is allocated across a number of strategies that are anticipated to be uncorrelated to each other and whose returns should complement each other. The Fund will attempt to reduce its individual manager risk by allocating its capital to several managers in each strategy. The Fund seeks to allocate approximately 60% of its assets to Directional Long/Short Equity managers that vary in style and market exposure. The Fund seeks to allocate the remaining 40% of assets to Non Directional Absolute Return managers whose investments are structured with the objective to perform independently of the direction of the market and reduce the Fund's volatility. Investments are subject to a one year hard lock up.

(b) Activities encompass a broad range of strategies including, without limitation, distressed securities, performing debt, equity oriented positions, hedge/arbitrage positions (including event driven situations, convertible arbitrage, commodities trading, fixed income arbitrage and related securities arbitrage), basis trading, portfolio volatility protection and real estate related positions. The use of limited leverage and a focus on risk control are critical elements of the partnership's approach.

PENSION PLAN FOR HOURLY PAID EMPLOYEES OF THE
LATROBE OPERATIONS OF HYDRO CARBIDE, INC.

NOTES TO THE FINANCIAL STATEMENTS

NOTE 5: FAIR VALUE MEASUREMENTS (Continued)

(c) A long/short equity hedge fund seeking to generate significant net returns over a market cycle. The fund is long term, value based, long/short equity investors with a net long or net short bias determined by the overall level of the market. It strives to achieve high absolute returns in all markets, measuring itself on the ability to make profitable investments on both sides of the market, long and short. The fund's investment plan involves aligning (i) as many as possible of the critical company fundamentals in the fund's favor: management, market position, financial strength, etc., (ii) a significant valuation opportunity, (iii) the timing or catalyst that will cause the fund's view of the fundamentals to play out, (iv) the industry sector direction in the fund's favor plus (v) a sound overall long/short positioning and (vi) a sustainable portfolio (as to position sizes, sector diversification, etc.). When the fund is conflicted between long term and short term, it favors the long term.

(d) The Collective Investment Fund is an investment allocation portfolio that has an unconstrained, non-benchmark oriented investment approach. The Portfolio may take both long and short positions in all permissible investments, with the exception of short positions in equity securities of individual companies. The portfolio may invest in listed and unlisted equity and equity related securities, fixed-income securities, commingled pool vehicles and cash and cash equivalents. Derivatives may be used to obtain long or short exposure to a particular security, asset class, region, industry, currency, commodity or index, or to other securities, groups of securities or events. The fund may be subject to certain lock up periods on withdrawal based on the terms of underlying investment vehicles.

NOTE 6: PLAN TERMINATION

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

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

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

PENSION PLAN FOR HOURLY PAID EMPLOYEES OF THE
LATROBE OPERATIONS OF HYDRO CARBIDE, INC.

NOTES TO THE FINANCIAL STATEMENTS

NOTE 7: TAX STATUS

The Internal Revenue Service has determined and informed the company by a letter dated November 17, 2015, that the plan is qualified and the trust established under the plan is tax-exempt under the appropriate sections of the code. The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require management of an organization to evaluate tax positions taken by the organization and recognize a tax liability if the organization has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service. Plan management has analyzed the tax positions taken by the Plan, and has concluded that as of September 30, 2016, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements.

NOTE 8: RISKS AND UNCERTAINTIES

The Plan invests in a Master Trust which invests in a unitized fund. The investments of the unitized fund are a combination of mutual funds, stocks, money market funds, government securities, limited partnerships and other investment securities. The underlying investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in these financial statements.

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

NOTE 9: ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to services rendered by the employees. Benefits payable under all circumstances (retirement, death, disability, or termination of employment) are included to the extent they are deemed attributable to employee service rendered through the valuation date.

PENSION PLAN FOR HOURLY PAID EMPLOYEES OF THE
LATROBE OPERATIONS OF HYDRO CARBIDE, INC.

NOTES TO THE FINANCIAL STATEMENTS

NOTE 9: ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

The actuarial present value of accumulated plan benefits is determined by an independent actuary using the unit credit method and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions underlying the computations for the Plan as of September 30, 2016 are as follows:

Average rate of return:	7.50%
Mortality basis:	Aggregate 2006 base rates from the RP-2014 mortality study projected generationally from 2006 Scale-MP 2015, with blue collar adjustments
Normal retirement age:	Age 65

The significant actuarial assumptions underlying the computations for the Plan as of September 30, 2015 are as follows:

Average rate of return:	8.00%
Mortality basis:	RP-2014 Mortality Table for Employees and Healthy Annuitants Projected Generationally Using Scale MP-2014 for Healthy Lives, with Blue Collar Adjustments
Normal retirement age:	Age 65

The net increase in the actuarial present value of accumulated plan benefits each year is the result of benefits paid, discounts for interest, changes in participant mix, actuarial experience gains and losses and changes in actuarial assumptions.

The actuarial calculation as of October 1, 2010, reflected an increase in the benefit rate from \$26.90 to \$27.15. The Plan document includes a schedule of increases in benefit rate from \$23.00 to \$27.15 between 2001 and 2010. If an individual's last hour of service was between June 1, 2010 and May 13, 2013, they were credited with a rate of \$27.15 per year of service. However, there was an amendment dated May 8, 2011, stating that any participant retiring from active service under the normal (age 65) or 60/5 early retirement provisions after May 8, 2011, but prior to July 1, 2011, shall receive a pension multiplier of \$28.15 per hour.

As of May 10, 2014, for all participants with an hour of service on or after May 13, 2013 but before May 12, 2014, a pension multiplier of \$27.50 will apply prospectively only for years of credited service on or after October 1, 2012. The multiplier of \$27.15 shall continue to apply for years of credited service prior to October 1, 2012.

PENSION PLAN FOR HOURLY PAID EMPLOYEES OF THE
LATROBE OPERATIONS OF HYDRO CARBIDE, INC.

NOTES TO THE FINANCIAL STATEMENTS

NOTE 9: ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

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

NOTE 10: FUNDING POLICY

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. Pension funding is actuarially determined and includes normal cost and the amortization of past service costs. The Company has made contributions in amounts not less than those necessary to comply with the minimum funding standards of ERISA as set forth in the actuary's report. The actuary's report indicated that Company contributions of \$82,075 and \$40,255, before application of funding balances, are required in 2016 and 2015, respectively, to meet the minimum funding standards of ERISA detailed in the actuary's report.

NOTE 11: RECLASSIFICATIONS

Certain amounts previously reported in the September 30, 2015 financial statements have been reclassified to conform to the reporting presentation of the financial statements at September 30, 2016.

Schedule SB Attachment (Form 5500)—2015 Plan Year
Hydro Carbide Latrobe Hourly Employees' Pension Plan
EIN: 05-0588160 PN: 060

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of June 2015), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.72%
2nd Segment Rate	6.11%
3rd Segment Rate	6.81%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of June 2015), without regard to interest rate stabilization
1st Segment Rate	1.30%
2nd Segment Rate	4.07%
3rd Segment Rate	5.11%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy	2015 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Disabled	Revenue Ruling 96-7 mortality table for disability after December 31, 1994
Withdrawal Rates	See Table 2
Disability Rates	None
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 100% of males and 100% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$210,000.

Schedule SB Attachment (Form 5500)—2015 Plan Year
Hydro Carbide Latrobe Hourly Employees' Pension Plan
EIN: 05-0588160 PN: 060

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2013 Plan Year

8.00%, limited to 6.76%

2014 Plan Year

8.00%, limited to 6.99%

2015 Plan Year

7.50%, limited to 6.81%

Trust Expenses Included in Target Normal Cost

The normal cost for funding purposes includes assumed expenses equal to the actual administrative expenses paid by the trust in the previous plan year plus the current year's PBGC premium. The expected expenses are then rounded up to the nearest one thousand dollars. General administrative expenses include trustee, investment, and actuarial fees.

Actuarial Method

Standard unit credit cost method

Valuation Date

October 1, 2015

Schedule SB Attachment (Form 5500)—2015 Plan Year
Hydro Carbide Latrobe Hourly Employees' Pension Plan
EIN: 05-0588160 PN: 060

Table 1

Retirement Rates

<u>Age</u>	<u>Rate</u>
62	15.00%
63	20.00%
64	50.00%
65+	100.00%

Schedule SB Attachment (Form 5500)—2015 Plan Year
Hydro Carbide Latrobe Hourly Employees' Pension Plan
EIN: 05-0588160 PN: 060

Table 2—Page 1 of 2

Withdrawal Rates

Years of Service			Years of Service		
Age	0-3	4+	Age	0-3	4+
25	20.0000%	9.6742%	50	20.0000%	4.2247%
26	20.0000%	9.6114%	51	20.0000%	3.6823%
27	20.0000%	9.5438%	52	20.0000%	3.1228%
28	20.0000%	9.4704%	53	20.0000%	2.5661%
29	20.0000%	9.3906%	54	20.0000%	2.0347%
30	20.0000%	9.3031%	55	20.0000%	1.5488%
31	20.0000%	9.2065%	56	20.0000%	1.1247%
32	20.0000%	9.1000%	57	20.0000%	0.7718%
33	20.0000%	8.9820%	58	20.0000%	0.4939%
34	20.0000%	8.8511%	59	20.0000%	0.2879%
35	20.0000%	8.7062%	60	20.0000%	0.1465%
36	20.0000%	8.5466%	61	20.0000%	0.0594%
37	20.0000%	8.3717%	62	20.0000%	0.0152%
38	20.0000%	8.1815%	63	20.0000%	0.0000%
39	20.0000%	7.9756%			
40	20.0000%	7.7543%			
41	20.0000%	7.5151%			
42	20.0000%	7.2556%			
43	20.0000%	6.9760%			
44	20.0000%	6.6758%			
45	20.0000%	6.3540%			
46	20.0000%	6.0053%			
47	20.0000%	5.6227%			
48	20.0000%	5.2000%			
49	20.0000%	4.7337%			

Schedule SB Attachment (Form 5500)—2015 Plan Year
Hydro Carbide Latrobe Hourly Employees' Pension Plan
EIN: 05-0588160 PN: 060

Schedule SB, line 24—Change in Actuarial Assumptions

- A change in the expected return on assets from 8.00% for 2014 to 7.50% for 2015.

This change was made to better reflect the anticipated plan experience.

Schedule SB Attachment (Form 5500)—2015 Plan Year
Hydro Carbide Latrobe Hourly Employees' Pension Plan
EIN: 05-0588160 PN: 060

Schedule SB, line 26—Schedule of Active Participant Data as of October 1, 2015

Attained Age	Number of Participants Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44						2	1			
45-49					1					
50-54					2	2	3			
55-59					1		2		2	
60-64					3	2				2
65-69						1				
70+										1

N-25

Schedule SB Attachment (Form 5500)—2015 Plan Year
Hydro Carbide Latrobe Hourly Employees' Pension Plan
EIN: 05-0588160 PN: 060

Schedule SB, Part V—Summary of Plan Provisions

General Information

Original Effective Date	March 21, 1978
Effective Date of Last Amendment	September 30, 2014
Plan Year	October 1 to September 30
Employer Fiscal Year	January 1 to December 31
Employer ID Number	05-0588160
Plan Administrator's ID Number	25-1555749
Plan Number	060

Eligibility

Employees within the group known as the Latrobe Hydro Carbide Hourly Employees become participants at date of hire. Those hired on or after May 14, 2012 will not enter the plan.

Service

A year of service to determine eligibility and vesting is determined using continuous service.

As of September 30, 2014, participants no longer accrue credited service. Prior to September 30, 2014, a year of service as it pertains to credited service was based on the number of hours worked according to the following schedule:

Hours of Service	Credited Service
1,700 or more	1.0 year
1,628	Mid-Point
1,556	0.9 year
1,484	Mid-Point
1,411	0.8 year
1,339	Mid-Point
1,267	0.7 year
1,195	Mid-Point
1,122	0.6 year
1,050	Mid-Point

Schedule SB Attachment (Form 5500)—2015 Plan Year
Hydro Carbide Latrobe Hourly Employees' Pension Plan
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Hours of Service	Credited Service
978	0.5 year
906	Mid-Point
833	0.4 year
761	Mid-Point
689	0.3 year
617	Mid-Point
544	0.2 year
472	Mid-Point
400	0.1 year

Normal Retirement Date

Normal retirement date is the last day of the month of attainment of age 65.

Normal Retirement Benefit

The amount of annual benefit to be paid in monthly installments for life based on service to normal retirement date is the rate indicated in the table below multiplied by years of credited service. Benefit accruals were frozen as of September 30, 2014.

Retirement On or After	Rate
March 23, 1994	\$15.00
March 25, 1995	\$17.00
March 25, 1996	\$18.00
March 25, 1997	\$19.00
March 25, 1998	\$20.00
May 24, 1999	\$21.00
May 24, 2000	\$22.00
May 24, 2001	\$23.00
May 24, 2004	\$24.40
June 1, 2005	\$25.15
June 1, 2006	\$25.65
June 1, 2007	\$26.40
June 1, 2008	\$26.65
June 1, 2009	\$26.90
June 1, 2010	\$27.15

Accrued Benefit

The accrued benefit at any time prior to a participant's normal retirement date shall be based on the years of service earned as of the determination date, multiplied by the benefit rate in effect as of the determination date.

All benefit accruals were frozen as of September 30, 2014.

Schedule SB Attachment (Form 5500)—2015 Plan Year
Hydro Carbide Latrobe Hourly Employees' Pension Plan
EIN: 05-0588160 PN: 060

Early Retirement Benefit

Upon the completion of five years of service and the attainment of age 60, a participant may elect to retire. He may receive an immediate benefit equal to the normal retirement benefit based on service at early retirement and reduced actuarially for early retirement.

Disability Retirement Benefit

A participant who becomes totally and permanently disabled after at least five years of service will receive the greater of his accrued pension or \$100 per month after the disability has existed for one year.

Death Benefit

In the event of an active married participant's death on or before the earliest retirement age, the surviving spouse shall receive a benefit based on the participant's vested accrued benefit as of the date of death, but payable as if the participant had separated from service on the date of death, survived to the earliest retirement age, elected a joint and 55% survivor annuity, and died on the day after the earliest retirement age.

In the event of an active married participant's death after the attainment of age 60 and the completion of five years of service, but prior to normal retirement date, it will be assumed the participant had retired on the day prior to death and elected a joint and 55% survivor benefit. The benefit payable will be reduced by 0.7% for each year (and fraction of a year) of coverage to account for the cost of the survivor option.

Severance Benefit

Upon the termination of employment after five or more years of service a participant shall have a vested interest in his accrued benefit which will be payable at normal retirement date. The percentage vested shall be:

Years of Service	Vested Percent
Fewer than 5	0%
5 or more	100%

In the event that a participant has met the service requirements for early retirement at the date of termination, he may elect to receive his vested interest at age 60. Such benefit will be reduced as described under Early Retirement Benefit.

Normal Form of Payment

The normal form of payment is an annuity paid in monthly installments for life.

Schedule SB Attachment (Form 5500)—2015 Plan Year
Hydro Carbide Latrobe Hourly Employees' Pension Plan
EIN: 05-0588160 PN: 060

Optional Methods of Settlement

All optional methods of settlement are actuarially equivalent to the normal form of payment. If a married participant does not elect the normal form of payment or does not elect one of the optional methods of settlement described below, then the participant's retirement benefit shall automatically be paid under option [1] below. The options are:

- (1) A reduced benefit to be paid during the participant's lifetime with 55% of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (2) A reduced benefit to be paid during the participant's lifetime with 75% of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (3) A reduced benefit to be paid during the participant's lifetime with the same reduced benefit to be continued to his spouse for her lifetime after his death.

All optional methods of settlement are actuarially equivalent to the normal form of payment a table of factors contained in the plan document. Factors for select ages pertaining to the 55% option (option (1) above) are as follows:

Participant Age	Spouse Age		
	60	62	65
60	83%	84%	85%
62	82%	84%	86%
65	81%	85%	85%

Amendment or Termination of Plan

The employer reserves the right to amend or terminate the plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the plan if the employer fails to meet the minimum funding standards or is unable to pay benefits when due.

If the plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure, and the employer shall be liable for any unfunded vested benefits to the extent required by law.

Schedule SB Attachment (Form 5500)—2015 Plan Year
Hydro Carbide Latrobe Hourly Employees' Pension Plan
EIN: 05-0588160 PN: 060

The above description is a summary only; for additional details, reference should be made to the formal plan document.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

**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 10/01/2015 and ending 09/30/2016▶ **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 HYDRO CARBIDE LATROBE HOURLY EMPLOYEES' PENSION PLAN		B Three-digit plan number (PN) ▶	060
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HBD INDUSTRIES, INC / HYDRO CARBIDE INC		D Employer Identification Number (EIN) 05-0588160	
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>10</u> Day <u>01</u> Year <u>2015</u>			
2 Assets:			
a Market value		2a	4,114,752
b Actuarial value		2b	4,400,205
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	38	2,171,072	2,171,072
b For terminated vested participants	42	514,472	514,472
c For active participants	25	1,278,386	1,278,386
d Total	105	3,963,930	3,963,930
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	6.27%	
6 Target normal cost	6	45,000	

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	<u>Martin E. Molloy / mehm</u>	<u>05/03/2017</u>
Signature of actuary		Date
<u>MARTIN E. MOLLOY</u>		<u>1706227</u>
Type or print name of actuary		Most recent enrollment number
<u>AON CONSULTING, INC.</u>		<u>614-436-8100</u>
Firm name		Telephone number (including area code)
<u>445 HUTCHINSON AVENUE</u>		
<u>SUITE 900</u>		
<u>COLUMBUS</u>	<u>OH</u>	<u>43235-8619</u>
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

(b) Prefunding balance

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

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

21 Discount rate:			
a Segment rates:	1st segment: 4.72%	2nd segment: 6.11%	3rd segment: 6.81%
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	45,000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		212,947	37,075
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	82,075
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	82,075	82,075
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	0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
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 Attachment (Form 5500)—2015 Plan Year
Hydro Carbide Latrobe Hourly Employees' Pension Plan
EIN: 05-0588160 PN: 060

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
62	15.00%	1.0000	9.30
63	20.00%	0.8500	10.71
64	50.00%	0.6800	21.76
65	100.00%	0.3400	22.10
Weighted Average			63.87

Schedule SB Attachment (Form 5500)—2015 Plan Year
Hydro Carbide Latrobe Hourly Employees' Pension Plan
EIN: 05-0588160 PN: 060

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of June 2015), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.72%
2nd Segment Rate	6.11%
3rd Segment Rate	6.81%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of June 2015), without regard to interest rate stabilization
1st Segment Rate	1.30%
2nd Segment Rate	4.07%
3rd Segment Rate	5.11%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy	2015 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Disabled	Revenue Ruling 96-7 mortality table for disability after December 31, 1994
Withdrawal Rates	See Table 2
Disability Rates	None
Decrement Timing	Beginning of year decrements
Surviving Spouse Benefit	It is assumed that 100% of males and 100% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$210,000.

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Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2013 Plan Year

8.00%, limited to 6.76%

2014 Plan Year

8.00%, limited to 6.99%

2015 Plan Year

7.50%, limited to 6.81%

Trust Expenses Included in Target Normal Cost

The normal cost for funding purposes includes assumed expenses equal to the actual administrative expenses paid by the trust in the previous plan year plus the current year's PBGC premium. The expected expenses are then rounded up to the nearest one thousand dollars. General administrative expenses include trustee, investment, and actuarial fees.

Actuarial Method

Standard unit credit cost method

Valuation Date

October 1, 2015

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Table 1

Retirement Rates

<u>Age</u>	<u>Rate</u>
62	15.00%
63	20.00%
64	50.00%
65+	100.00%

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Table 2—Page 1 of 2

Withdrawal Rates

Years of Service			Years of Service		
Age	0-3	4+	Age	0-3	4+
25	20.0000%	9.6742%	50	20.0000%	4.2247%
26	20.0000%	9.6114%	51	20.0000%	3.6823%
27	20.0000%	9.5438%	52	20.0000%	3.1228%
28	20.0000%	9.4704%	53	20.0000%	2.5661%
29	20.0000%	9.3906%	54	20.0000%	2.0347%
30	20.0000%	9.3031%	55	20.0000%	1.5488%
31	20.0000%	9.2065%	56	20.0000%	1.1247%
32	20.0000%	9.1000%	57	20.0000%	0.7718%
33	20.0000%	8.9820%	58	20.0000%	0.4939%
34	20.0000%	8.8511%	59	20.0000%	0.2879%
35	20.0000%	8.7062%	60	20.0000%	0.1465%
36	20.0000%	8.5466%	61	20.0000%	0.0594%
37	20.0000%	8.3717%	62	20.0000%	0.0152%
38	20.0000%	8.1815%	63	20.0000%	0.0000%
39	20.0000%	7.9756%			
40	20.0000%	7.7543%			
41	20.0000%	7.5151%			
42	20.0000%	7.2556%			
43	20.0000%	6.9760%			
44	20.0000%	6.6758%			
45	20.0000%	6.3540%			
46	20.0000%	6.0053%			
47	20.0000%	5.6227%			
48	20.0000%	5.2000%			
49	20.0000%	4.7337%			

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Schedule SB, Part V—Summary of Plan Provisions

General Information

Original Effective Date	March 21, 1978
Effective Date of Last Amendment	September 30, 2014
Plan Year	October 1 to September 30
Employer Fiscal Year	January 1 to December 31
Employer ID Number	05-0588160
Plan Administrator's ID Number	25-1555749
Plan Number	060

Eligibility

Employees within the group known as the Latrobe Hydro Carbide Hourly Employees become participants at date of hire. Those hired on or after May 14, 2012 will not enter the plan.

Service

A year of service to determine eligibility and vesting is determined using continuous service.

As of September 30, 2014, participants no longer accrue credited service. Prior to September 30, 2014, a year of service as it pertains to credited service was based on the number of hours worked according to the following schedule:

Hours of Service	Credited Service
1,700 or more	1.0 year
1,628	Mid-Point
1,556	0.9 year
1,484	Mid-Point
1,411	0.8 year
1,339	Mid-Point
1,267	0.7 year
1,195	Mid-Point
1,122	0.6 year
1,050	Mid-Point

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Hours of Service	Credited Service
978	0.5 year
906	Mid-Point
833	0.4 year
761	Mid-Point
689	0.3 year
617	Mid-Point
544	0.2 year
472	Mid-Point
400	0.1 year

Normal Retirement Date

Normal retirement date is the last day of the month of attainment of age 65.

Normal Retirement Benefit

The amount of annual benefit to be paid in monthly installments for life based on service to normal retirement date is the rate indicated in the table below multiplied by years of credited service. Benefit accruals were frozen as of September 30, 2014.

Retirement On or After	Rate
March 23, 1994	\$15.00
March 25, 1995	\$17.00
March 25, 1996	\$18.00
March 25, 1997	\$19.00
March 25, 1998	\$20.00
May 24, 1999	\$21.00
May 24, 2000	\$22.00
May 24, 2001	\$23.00
May 24, 2004	\$24.40
June 1, 2005	\$25.15
June 1, 2006	\$25.65
June 1, 2007	\$26.40
June 1, 2008	\$26.65
June 1, 2009	\$26.90
June 1, 2010	\$27.15

Accrued Benefit

The accrued benefit at any time prior to a participant's normal retirement date shall be based on the years of service earned as of the determination date, multiplied by the benefit rate in effect as of the determination date.

All benefit accruals were frozen as of September 30, 2014.

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Early Retirement Benefit

Upon the completion of five years of service and the attainment of age 60, a participant may elect to retire. He may receive an immediate benefit equal to the normal retirement benefit based on service at early retirement and reduced actuarially for early retirement.

Disability Retirement Benefit

A participant who becomes totally and permanently disabled after at least five years of service will receive the greater of his accrued pension or \$100 per month after the disability has existed for one year.

Death Benefit

In the event of an active married participant's death on or before the earliest retirement age, the surviving spouse shall receive a benefit based on the participant's vested accrued benefit as of the date of death, but payable as if the participant had separated from service on the date of death, survived to the earliest retirement age, elected a joint and 55% survivor annuity, and died on the day after the earliest retirement age.

In the event of an active married participant's death after the attainment of age 60 and the completion of five years of service, but prior to normal retirement date, it will be assumed the participant had retired on the day prior to death and elected a joint and 55% survivor benefit. The benefit payable will be reduced by 0.7% for each year (and fraction of a year) of coverage to account for the cost of the survivor option.

Severance Benefit

Upon the termination of employment after five or more years of service a participant shall have a vested interest in his accrued benefit which will be payable at normal retirement date. The percentage vested shall be:

Years of Service	Vested Percent
Fewer than 5	0%
5 or more	100%

In the event that a participant has met the service requirements for early retirement at the date of termination, he may elect to receive his vested interest at age 60. Such benefit will be reduced as described under Early Retirement Benefit.

Normal Form of Payment

The normal form of payment is an annuity paid in monthly installments for life.

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Optional Methods of Settlement

All optional methods of settlement are actuarially equivalent to the normal form of payment. If a married participant does not elect the normal form of payment or does not elect one of the optional methods of settlement described below, then the participant's retirement benefit shall automatically be paid under option [1] below. The options are:

- (1) A reduced benefit to be paid during the participant's lifetime with 55% of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (2) A reduced benefit to be paid during the participant's lifetime with 75% of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (3) A reduced benefit to be paid during the participant's lifetime with the same reduced benefit to be continued to his spouse for her lifetime after his death.

All optional methods of settlement are actuarially equivalent to the normal form of payment a table of factors contained in the plan document. Factors for select ages pertaining to the 55% option (option (1) above) are as follows:

Participant Age	Spouse Age		
	60	62	65
60	83%	84%	85%
62	82%	84%	86%
65	81%	85%	85%

Amendment or Termination of Plan

The employer reserves the right to amend or terminate the plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the plan if the employer fails to meet the minimum funding standards or is unable to pay benefits when due.

If the plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure, and the employer shall be liable for any unfunded vested benefits to the extent required by law.

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The above description is a summary only; for additional details, reference should be made to the formal plan document.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2015 Plan Year
Hydro Carbide Latrobe Hourly Employees' Pension Plan
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Schedule SB, line 24—Change in Actuarial Assumptions

- A change in the expected return on assets from 8.00% for 2014 to 7.50% for 2015.

This change was made to better reflect the anticipated plan experience.

Schedule SB Attachment (Form 5500)—2015 Plan Year
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Schedule SB, line 26—Schedule of Active Participant Data as of October 1, 2015

Attained Age	Number of Participants Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44						2	1			
45-49					1					
50-54					2	2	3			
55-59					1		2		2	
60-64					3	2				2
65-69						1				
70+										1

N-25

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Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 75,730	October 1, 2014	6	\$ 14,255
Shortfall	\$ 137,217	October 1, 2015	7	\$ 22,820

Schedule SB Attachment (Form 5500)—2015 Plan Year
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Schedule SB, line 32—Schedule of Amortization Bases

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Schedule SB Attachment (Form 5500)—2015 Plan Year
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Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
62	15.00%	1.0000	9.30
63	20.00%	0.8500	10.71
64	50.00%	0.6800	21.76
65	100.00%	0.3400	22.10
Weighted Average			63.87

Detail

Portfolio

Cash and cash equivalents

Uninvested cash

Description	Market value last period	Current market value	% of total portfolio	Total original value at PNC	Unrealized gain/loss	Current yield	Estimated annual income	Accrued income
		Current price per unit		Avg. original value at PNC per unit				
UNINVESTED CASH	Quantity \$26,382.47 26,382.470	\$26,382.47 \$1.0000	0.65 %	\$26,382.47 \$1.00				

Fixed income

Other fixed income assets

Description (Symbol)	Market value last period	Current market value	% of total portfolio	Total original value at PNC	Unrealized gain/loss	Current yield	Estimated annual income	Accrued income
		Current price per unit		Avg. original value at PNC per unit				
HBD INDUSTRIES (I)	Quantity \$4,101,524.08	\$4,122,106.62	100.01 %	\$2,859,126.76	\$1,262,979.86			
UNITIZED INVESTMENT	133,422.945	\$30.8950		\$21.43				

Total portfolio		\$4,148,489.09	100.00 %	\$2,885,509.23	\$1,262,979.86			
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Form 5500, Part II, Line 1a

The correct name of the plan is "Pension Plan for Hourly Paid Employees of the Latrobe Operations of Hydro Carbide, Inc."

Due to a clerical error, the plan name used on prior filings was "Hydro Carbide Latrobe Hourly Employees' Pension Plan."