

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>THE HOMER LAUGHLIN CHINA COMPANY SALARIED EMPLOYEES PENSION PLAN</u>	1b Three-digit plan number (PN) ▶ <u>002</u> 1c Effective date of plan <u>10/01/1969</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>THE HOMER LAUGHLIN CHINA COMPANY</u> <u>672 FIESTA DRIVE</u> <u>NEWELL, WV 26050-1077</u>	2b Employer Identification Number (EIN) <u>55-0215070</u> 2c Plan Sponsor's telephone number <u>304-387-1300</u> 2d Business code (see instructions) <u>327100</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>WILLIAM F. DANLEY</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

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

Form 5500 (2015)
v. 150123

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 282
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) 174
a(2) Total number of active participants at the end of the plan year	6a(2) 161
b Retired or separated participants receiving benefits.....	6b 71
c Other retired or separated participants entitled to future benefits.....	6c 25
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 257
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 16
f Total. Add lines 6d and 6e	6f 273
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 5
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: 1A	
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)
-----------------	---

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 _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection</div>
--	---	--

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 THE HOMER LAUGHLIN CHINA COMPANY SALARIED EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE HOMER LAUGHLIN CHINA COMPANY	D Employer Identification Number (EIN) 55-0215070

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 10 Day 01 Year 2015			
2 Assets:			
a Market value	2a	12921185	
b Actuarial value	2b	13437711	
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	87	3086865	3086865
b For terminated vested participants	21	340580	340580
c For active participants	174	8043204	8211950
d Total	282	11470649	11639395
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	6.24%	
6 Target normal cost	6	319716	

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

SIGN HERE		
Signature of actuary	06/28/2017	Date
JOHN S. MINCIN	17-06658	Most recent enrollment number
DUNBAR, BENDER & ZAPF, INC.	412-263-0102	Telephone number (including area code)
437 GRANT STREET SUITE 1100 PITTSBURGH, PA 15219-6114		
Address of the firm		

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

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

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

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

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6)	31a	319716										
b Excess assets, if applicable, but not greater than line 31a	31b	319716										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment</td> <td>0</td> <td>0</td> </tr> <tr> <td>b Waiver amortization installment</td> <td></td> <td></td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment	0	0	b Waiver amortization installment		
	Outstanding Balance	Installment										
a Net shortfall amortization installment	0	0										
b Waiver amortization installment												
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	0										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement.....	0	0	0									
36 Additional cash requirement (line 34 minus line 35)	36	0										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	685940										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	685940										
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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 10/01/2015 and ending 09/30/2016		
A Name of plan THE HOMER LAUGHLIN CHINA COMPANY SALARIED EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 THE HOMER LAUGHLIN CHINA COMPANY	D Employer Identification Number (EIN) 55-0215070	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a	0	0
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	750000	750000
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)	15060	14190
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	633759	744804
	(2) U.S. Government securities.....	1c(2)	27150	20022
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)	661193	671789
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)	3054335	3831981
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts.....	1c(9)		
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	7476278	8045433
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)	325687	322973

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	12943462	14401192

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	12943462	14401192
---	-----------	----------	----------

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)	750000	
(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)		750000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1124	
(B) U.S. Government securities	2b(1)(B)	882	
(C) Corporate debt instruments	2b(1)(C)	18050	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	13000	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		33056
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	76326	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	417458	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		493784
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	485868	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	491498	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-5630
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	332393	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		332393

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		290300
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1893903

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	436173	
(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)		436173
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)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total	2j		436173

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1457730
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: SISTERTON & CO., LLP

(2) EIN: 25-1467156

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

Part V Trust Information

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

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

For calendar plan year 2015 or fiscal plan year beginning 10/01/2015 and ending 09/30/2016

A Name of plan <u>THE HOMER LAUGHLIN CHINA COMPANY SALARIED EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE HOMER LAUGHLIN CHINA COMPANY</u>	D Employer Identification Number (EIN) <u>55-0215070</u>

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

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

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

Schedule R (Form 5500) 2015
v. 150123

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

THE HOMER LAUGHLIN CHINA COMPANY
SALARIED EMPLOYEES PENSION PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES

Years ended September 30, 2016 and 2015

THE HOMER LAUGHLIN CHINA COMPANY
SALARIED EMPLOYEES PENSION PLAN

INDEX

	<u>Page number</u>
Independent Auditor's Report.....	1-2
Financial Statements as of and for the Years Ended September 30, 2016 and 2015	
Statements of Assets Available for Benefits.....	3
Statements of Changes in Assets Available for Benefits.....	4
Statements of Accumulated Plan Benefits.....	5
Statements of Changes in Accumulated Plan Benefits	6
Notes to Financial Statements.....	7-15
Supplemental Schedules as of and for the Year Ended September 30, 2016	
Schedule of Assets (Held at End of Year)	17-20
Schedule of Reportable Transactions.....	21

INDEPENDENT AUDITOR'S REPORT

To the Retirement Plan Committee of
The Homer Laughlin China Company
Salaried Employees Pension Plan
Newell, West Virginia

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Homer Laughlin China Company Salaried Employees Pension Plan ("Plan"), which comprise the statements of assets available for benefits and of accumulated plan benefits as of September 30, 2016 and 2015, and the related statements of changes in assets available for benefits and of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the 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 ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Huntington National Bank, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended September 30, 2016 and 2015, that the information provided to the Plan administrator by the trustee is complete and accurate.

INDEPENDENT AUDITOR'S REPORT

(continued)

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions as of and for the year ended September 30, 2016, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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

A handwritten signature in dark ink, reading "Sistrup & Co. LLP". The signature is written in a cursive, flowing style.

July 11, 2017

THE HOMER LAUGHLIN CHINA COMPANY
SALARIED EMPLOYEES PENSION PLAN

STATEMENTS OF ASSETS AVAILABLE FOR BENEFITS

	September 30,	
	<u>2016</u>	<u>2015</u>
Investments, at fair value (Notes 2, 4 and 6)		
Mutual funds	\$ 8,593,946	\$ 8,013,863
Corporate bonds	671,789	661,193
Mortgage backed security obligations	20,022	27,150
Municipal obligations	322,973	325,687
Common stocks	3,831,981	3,054,335
Exchange traded funds	<u>196,291</u>	<u>96,174</u>
Total investments	13,637,002	12,178,402
Employer contribution receivable	750,000	750,000
Accrued interest and dividends receivable	<u>14,190</u>	<u>15,060</u>
Assets available for benefits	<u>\$ 14,401,192</u>	<u>\$ 12,943,462</u>

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

THE HOMER LAUGHLIN CHINA COMPANY
SALARIED EMPLOYEES PENSION PLAN

STATEMENTS OF CHANGES IN ASSETS AVAILABLE FOR BENEFITS

	Year Ended September 30,	
	<u>2016</u>	<u>2015</u>
Additions to assets available for benefits attributed to		
Investment income		
Dividend income	\$ 493,784	\$ 650,860
Interest income	33,056	33,214
Net realized and unrealized appreciation (depreciation)		
in fair value of investments (Note 4)	617,063	(790,016)
Contributions		
Employer contributions	<u>750,000</u>	<u>750,000</u>
	1,893,903	644,058
Deductions from assets available for benefits attributed to		
Benefits paid directly to participants	<u>436,173</u>	<u>410,171</u>
Net additions to assets available for benefits	1,457,730	233,887
Assets available for benefits, beginning of year	<u>12,943,462</u>	<u>12,709,575</u>
Assets available for benefits, end of year	<u>\$ 14,401,192</u>	<u>\$ 12,943,462</u>

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

THE HOMER LAUGHLIN CHINA COMPANY
SALARIED EMPLOYEES PENSION PLAN

STATEMENTS OF ACCUMULATED PLAN BENEFITS

	September 30,	
	<u>2016</u>	<u>2015</u>
Actuarial present value of accumulated plan benefits (Note 2)		
Vested benefits		
Participants currently receiving payments	\$ 3,397,483	\$ 3,214,990
Other participants	<u>9,605,082</u>	<u>9,040,178</u>
Total vested benefits	13,002,565	12,255,168
Nonvested benefits	<u>197,157</u>	<u>194,193</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 13,199,722</u>	<u>\$ 12,449,361</u>

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

THE HOMER LAUGHLIN CHINA COMPANY
SALARIED EMPLOYEES PENSION PLAN

STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS

	Year Ended September 30, 2016	2015
	<u>2016</u>	<u>2015</u>
Actuarial present value of accumulated plan benefits, beginning of year	\$ <u>12,449,361</u>	\$ <u>11,192,583</u>
Increase (decrease) during the year attributable to		
Benefits accumulated	465,269	480,913
Interest due to the decrease in the discount period	733,876	659,231
Changes in actuarial assumptions (Note 2)	(12,611)	526,805
Pension benefits paid	<u>(436,173)</u>	<u>(410,171)</u>
Net increase	<u>750,361</u>	<u>1,256,778</u>
Actuarial present value of accumulated plan benefits, end of year	\$ <u><u>13,199,722</u></u>	\$ <u><u>12,449,361</u></u>

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

THE HOMER LAUGHLIN CHINA COMPANY
SALARIED EMPLOYEES PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - PLAN DESCRIPTION

The following brief description of The Homer Laughlin China Company ("Company") Salaried Employees Pension Plan ("Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General

The Plan is a qualified, noncontributory, trustee defined benefit pension plan covering all salaried employees of the Company and those hourly employees who are not covered by the collective bargaining agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan is administered by the Retirement Plan Committee appointed by the Board of Directors of the Company.

Eligibility

Employees become eligible to join the Plan upon attaining the age of 21 and completing one year of service, provided they work at least 1,000 hours per year. Employees who are covered by the collective bargaining agreement are excluded.

Contributions

Benefits under the Plan are funded by the Company. Contributions are at least equal to the minimum funding requirements of ERISA as determined by an actuary that performs annual valuations of the Plan. The funds are held, invested, and disbursed by Huntington National Bank ("Trustee"). For the plan years ended September 30, 2016 and 2015, the Company made contributions to the Plan in the amount of \$750,000 each year as required under the minimum funding requirements.

Retirement and retirement benefits

Normal retirement benefits are earned at the later of age 65 or upon five years of service, but, in accordance with federal law, no employee can be forced to retire. The benefit formula for participants retiring on or after October 1, 1999, is based on 0.68% of the participant's average monthly compensation for the last 60 months multiplied by their number of years of credited service. The monthly benefit for employees and the beneficiaries of employees who retired prior to October 1, 1999, were calculated at lesser rates then in effect. Service prior to October 1, 1949, is not included in the calculation of the benefit.

THE HOMER LAUGHLIN CHINA COMPANY
SALARIED EMPLOYEES PENSION PLAN

NOTES TO FINANCIAL STATEMENTS
(continued)

NOTE 1 - PLAN DESCRIPTION (continued)

Retirement and retirement benefits (continued)

Early retirement is permitted after age 60 and completion of five years of service. The employee may then elect to begin receiving benefits upon attaining normal retirement age or receive an actuarially reduced benefit upon taking early retirement. Disability retirement is available after age 50 and completion of 15 years of service or age 62 and completion of 10 years of service.

Vesting

An employee is fully vested in the Plan upon completion of five years of service with the Company under a five-year cliff vesting provision.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting. Amounts currently payable to participants are not reflected as a liability in the statements of assets available for benefits but are included as a component of accumulated plan benefits.

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 the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities, the actuarial present value of accumulated plan benefits as of the date of the financial statements, and the reported amounts of changes in assets and accumulated plan benefits during the reporting period. Actual results could differ from those estimates.

Investments

Investments are stated at fair value as determined by the Trustee. Purchases and sales of investment securities are recorded on a trade-date basis. Interest and dividend income are recorded as earned.

THE HOMER LAUGHLIN CHINA COMPANY
SALARIED EMPLOYEES PENSION PLAN

NOTES TO FINANCIAL STATEMENTS
(continued)

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investments (continued)

The Plan's investments are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with investments and the level of uncertainty related to changes in the fair value of investments, it is at least reasonably possible that significant changes in risks in the near term may materially affect the amounts reported in the accompanying financial statements.

Administrative expenses

Fees and other administrative expenses are generally paid directly by the Company and, accordingly, are not reflected in the Plan's financial statements.

Actuarial present value of accumulated plan benefits

The actuarial present value of accumulated plan benefits is the present value of future benefit payments that are attributable, under the Plan's provisions, to employees' service rendered prior to the benefit valuation date. These payments are comprised of benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of deceased employees, and present employees or their beneficiaries. Benefits payable under all circumstances are included to the extent they are deemed attributable to employees' service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary 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, withdrawal or retirement) between the valuation date and the expected date of payment.

THE HOMER LAUGHLIN CHINA COMPANY
SALARIED EMPLOYEES PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

(continued)

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Actuarial present value of accumulated plan benefits (continued)

The following actuarial assumptions were used in arriving at this value:

	<u>2016</u>	<u>2015</u>
Mortality basis	RP-2014 Adj. to 2006 Mortality Table	RP-2000 Combined Mortality Table
Retirement age	Later of age 65 or five years of service, active participants beyond age 65 are assumed to be retiring immediately	Later of age 65 or five years of service, active participants beyond age 65 are assumed to be retiring immediately
Actuarial basis	Projected unit credit	Projected unit credit
Assumed discount rate	6.0%	6.0%
Salary increases	3.00% per year	3.00% per year

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term may materially affect the amounts reported in the accompanying financial statements. In addition, the forgoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan is terminated, different actuarial assumptions and other factors may be applicable in determining the actuarial present value of accumulated plan benefits.

Subsequent events

The Plan evaluates events and transactions occurring subsequent to the date of the financial statements for matters requiring recognition or disclosure in the financial statements. The accompanying financial statements consider events through July 11, 2017, the date on which the financial statements were available to be issued.

NOTE 3 - PLAN TERMINATION

Although the Company has not expressed any intent to terminate the Plan, it may do so at any time. Under provisions of ERISA, if the Plan is terminated, the Company may be obligated to make termination payments to the Plan and participants may be eligible for continuation of benefits under insurance provided by the Pension Benefit Guaranty Corporation ("PBGC").

THE HOMER LAUGHLIN CHINA COMPANY
SALARIED EMPLOYEES PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

(continued)

NOTE 3 - PLAN TERMINATION (continued)

Whether a particular participant's accumulated Plan benefits will be paid depends on both the priority of those benefits and the level of those benefits guaranteed by the PBGC at that time. In the event of Plan termination, participants or others entitled to benefits will receive the amount to which they are entitled in cash or in the form of immediate or deferred annuities. Certain benefits may be fully or partially provided for by the then existing assets of the Plan and/or the PBGC guaranty. However, because the PBGC does not guarantee all types of benefits and the amount of benefit protection is subject to certain limitations, there is the possibility that some benefits may not be provided. A description of the priority of participants' claims to the assets of the Plan upon termination is published in the Plan agreement and made available to participants.

NOTE 4 - INVESTMENTS

The fair value of investments held at the end of each year which represent 5% or more of the Plan's assets available for benefits are as follows:

	September 30,	
	<u>2016</u>	<u>2015</u>
Mutual funds		
Vanguard 500 Index Fund, 9,129 shares	\$ 1,827,653	\$ 1,617,054
Fidelity Advisors New Insights Fund, 36,975 shares	1,040,112	970,968
MFS Value Fund, 22,249 and 25,036 shares, respectively	791,157	724,189
Federated Government Obligations Fund, 788,804 shares	744,804	--
Thornburg International Value Fund, 28,456 shares	683,508	797,901

THE HOMER LAUGHLIN CHINA COMPANY
SALARIED EMPLOYEES PENSION PLAN

NOTES TO FINANCIAL STATEMENTS
(continued)

NOTE 4 - INVESTMENTS (continued)

Market price observability is affected by a number of factors, including the type of investment and the characteristics specific to the investment. Investments with readily available active quoted prices or for which fair value can be measured from actively quoted prices generally will have a higher degree of market price observability and a lesser degree of judgment used in measuring fair value. Investments measured and reported at fair value are classified and disclosed in one of the following categories based on the extent of market price observability.

Level I - Quoted prices are available in active markets for identical investments as of the reporting date. This category includes listed mutual funds, common stocks and exchange traded funds.

Level II - Pricing inputs are other than quoted market prices included in Level I, however, are observable either directly or indirectly for the investment. This category includes corporate bonds, municipal obligations, and mortgage backed security obligations.

Level III - Pricing inputs are unobservable for the investment and include situations where there is little, if any, market activity for the investment. The inputs into the determination of fair value require significant management judgment or estimation. The Plan does not carry any investments that fall within this category.

THE HOMER LAUGHLIN CHINA COMPANY
SALARIED EMPLOYEES PENSION PLAN

NOTES TO FINANCIAL STATEMENTS
(continued)

NOTE 4 - INVESTMENTS (continued)

Fair value of the Plan assets were as follows as of September 30:

	2016		
	Level I	Level II	Total
Mutual funds	\$ 8,593,946	\$ --	\$ 8,593,946
Common stocks	3,831,981	--	3,831,981
Corporate bonds	--	671,789	671,789
Municipal obligations	--	322,973	322,973
Exchange traded funds	196,291	--	196,291
Mortgage backed security obligations	--	20,022	20,022
	<u>\$ 12,622,218</u>	<u>\$ 1,014,784</u>	<u>\$ 13,637,002</u>
	2015		
	Level I	Level II	Total
Mutual funds	\$ 8,013,863	\$ --	\$ 8,013,863
Common stocks	3,054,335	--	3,054,335
Corporate bonds	--	661,193	661,193
Municipal obligations	--	325,687	325,687
Exchange traded funds	96,174	--	96,174
Mortgage backed security obligations	--	27,150	27,150
	<u>\$ 11,164,372</u>	<u>\$ 1,014,030</u>	<u>\$ 12,178,402</u>

THE HOMER LAUGHLIN CHINA COMPANY
SALARIED EMPLOYEES PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

(continued)

NOTE 4 - INVESTMENTS (continued)

During the years ended September 30, 2016 and 2015, the Plan's investments (including investments bought, sold, and held during the year) appreciated (depreciated) in value as follows:

	Year ended September 30,	
	2016	2015
Net change in unrealized appreciation (depreciation) of		
Investments included in Level I		
Mutual funds	\$ 299,038	\$ (831,872)
Common stocks	436,000	(134,217)
Government obligations	--	(18)
Exchange traded funds	18,552	(5,868)
	<u>753,590</u>	<u>(971,975)</u>
Investments included in Level II		
Corporate bonds	10,596	(8,805)
Municipal obligations	(2,714)	(1,268)
Mortgage backed security obligations	(474)	(1,201)
	<u>7,408</u>	<u>(11,274)</u>
	<u>760,998</u>	<u>(983,249)</u>
Realized gains (losses) on sale of		
Investments included in Level I		
Mutual funds	(27,290)	258,503
Common stocks	(116,653)	(60,070)
Government obligations	--	(61)
	<u>(143,943)</u>	<u>198,372</u>
Investments included in Level II		
Corporate bonds	--	(5,228)
Mortgage backed security obligations	8	89
	<u>8</u>	<u>(5,139)</u>
	<u>(143,935)</u>	<u>193,233</u>
Net realized and unrealized appreciation (depreciation) in fair value of investments	\$ <u>617,063</u>	\$ <u>(790,016)</u>

THE HOMER LAUGHLIN CHINA COMPANY
SALARIED EMPLOYEES PENSION PLAN

NOTES TO FINANCIAL STATEMENTS
(continued)

NOTE 5 - FEDERAL INCOME TAX EXEMPTION

The Plan obtained its latest determination letter dated September 30, 2016, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). Accordingly, the accompanying financial statements do not include a provision for federal income taxes.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for fiscal years prior to 2013.

NOTE 6 - INFORMATION CERTIFIED BY THE TRUSTEE OF THE PLAN

The Trustee of the Plan, Huntington National Bank, has certified that the investment information included in the financial statements and supplemental schedules as of and for the years ended September 30, 2016 and 2015 is complete and accurate. The Trustee holds the Plan's investment assets and executes investment transactions. Such information includes the amounts and composition of investments, at fair value, included in the statements of assets available for benefits and the related investment income reported in the statements of changes in assets available for benefits.

NOTE 7 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of benefits paid to participants, per the financial statements, to Form 5500 for the year ended September 30, 2015:

Benefits paid to participants per the financial statements	\$ 410,171
Benefit obligation to participant as of September 30, 2014, but not paid until January 27, 2015	<u>(626)</u>
Benefits paid to participants per Form 5500	<u>\$ 409,545</u>

SUPPLEMENTAL SCHEDULES

THE HOMER LAUGHLIN CHINA COMPANY
SALARIED EMPLOYEES PENSION PLAN

Employer Identification Number: 55-0215070
Plan Number: 002

Form 5500, Schedule H, Part IV, Line 4i
Schedule of Assets (Held at End of Year)

September 30, 2016

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Allianz NFJ Small Cap Value Fund	Mutual Fund, 5,811 Shares	\$ 104,949	\$ 140,165
	Fidelity Advisors New Insights Fund	Mutual Fund, 36,975 Shares	769,528	1,040,112
	Blackrock US Opportunities Fund	Mutual Fund, 12,327 Shares	393,104	465,213
	Eaton Vance Floating Rate Fund	Mutual Fund, 10,929 Shares	100,000	96,393
	Federated Government Obligations Fund	Mutual Fund, 744,804 Shares	744,804	744,804
	Fidelity Advisors Small Cap Fund	Mutual Fund, 11,096 Shares	213,903	297,922
	Fidelity Advisors Real Estate Income Fund	Mutual Fund, 9,563 Shares	112,903	115,805
	Fidelity Advisors International Discovery Fund	Mutual Fund, 4,838 Shares	200,000	189,792
	Franklin Templeton Global Bond Fund	Mutual Fund, 5,389 Shares	62,970	59,876
	PIMCO Total Return Fund	Mutual Fund, 44,859 Shares	503,183	464,743
	Vanguard Short Term Bond Index Fund	Mutual Fund, 47,273 Shares	501,556	500,625
	Vanguard Small Cap Index	Mutual Fund, 1,689 Shares	100,000	98,885
	PIMCO Low Duration Fund	Mutual Fund, 33,413 Shares	350,501	330,790
	Prudential Jennison Mid Cap Growth Fund - Class Z	Mutual Fund, 2,341 Shares	100,000	86,795
	MFS Value Fund	Mutual Fund, 22,249 Shares	357,311	791,157
	Vanguard Inflation Protected Securities Fund	Mutual Fund, 7,680 Shares	200,000	208,064
	Vanguard 500 Index Fund	Mutual Fund, 9,129 Shares	1,300,000	1,827,653
	T. Rowe Price Real Estate Fund	Mutual Fund, 4,263 Shares	120,813	124,735
	Thornburg International Value Fund	Mutual Fund, 28,456 Shares	551,974	683,508
	Gateway Fund - Class Y	Mutual Fund, 2,718 Shares	80,000	82,474
	Merger Fund - L	Mutual Fund, 5,215 Shares	80,000	80,939
	American Funds - New World Fund - F2	Mutual Fund, 1,614 Shares	80,000	87,700
	Vanguard Market Neutral Investment Fund	Mutual Fund, 6,467 Shares	80,000	75,796
	Total Mutual Funds		\$ 7,107,499	\$ 8,593,946
	Federal Home Loan Mortgage Corporation	Mortgage Obligation, \$19,075 par value, 4.00%, Due 5/15/24	\$ 19,051	\$ 20,022

Schedule prepared from data certified as complete and accurate by Plan trustee.

See accompanying Independent Auditor's Report.

THE HOMER LAUGHLIN CHINA COMPANY
SALARIED EMPLOYEES PENSION PLAN

Employer Identification Number: 55-0215070

Plan Number: 002

Form 5500, Schedule H, Part IV, Line 4i
Schedule of Assets (Held at End of Year)

September 30, 2016
(continued)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Apple Inc	Corporate Bond, \$250,000 par value, 2.15%, Due 2/09/2022	\$ 248,763	\$ 254,117
	Capital One	Corporate Bond, \$250,000 par value, 1.65%, Due 2/05/2018	250,212	250,293
	Comcast Corp	Corporate Bond, \$150,000 par value, 5.70%, Due 7/01/19	148,875	167,379
	Total Corporate Bonds		<u>\$ 647,850</u>	<u>\$ 671,789</u>
	Manchester NH Build America Bonds	Municipal Obligation, \$100,000 par value, 5.00%, Due 7/01/26-20	\$ 100,000	\$ 110,847
	Montgomery Cnty PA Build America Bond	Municipal Obligation, \$5,000 par value, 2.70%, Due 10/01/16	5,000	5,000
	Montgomery Cnty PA Build America Bond	Municipal Obligation, \$95,000 par value, 2.70%, Due 10/01/16	95,000	95,000
	Wisconsin St Transn Rev Build America Bonds	Municipal Obligation, \$100,000 par value, 5.30%, Due 7/01/25-20	100,000	112,126
	Total Municipal Obligations		<u>\$ 300,000</u>	<u>\$ 322,973</u>
SPDR Gold Trust		Exchange Traded Fund, 900 Shares	\$ 102,042	\$ 113,076
PowerShares Preferred Portfolio		Exchange Traded Fund, 5,500 Shares	81,565	83,215
	Total Exchange Traded Funds		<u>\$ 183,607</u>	<u>\$ 196,291</u>
Abbvie Inc		Common Stock, 1,100 Shares	\$ 59,391	\$ 69,377
Alphabet Inc - Class A		Common Stock, 110 Shares	59,662	88,447
Altria Group Inc		Common Stock, 1,000 Shares	52,190	63,230
Amgen Inc		Common Stock, 500 Shares	78,738	83,405
Analog Devices Inc		Common Stock, 800 Shares	45,414	51,560
Apple Inc		Common Stock, 420 Shares	49,405	47,481
Automatic Data Processing		Common Stock, 900 Shares	81,860	79,380
Ball Corp		Common Stock, 1,270 Shares	56,680	104,076
Becton Dickinson		Common Stock, 200 Shares	30,623	35,946
Berkshire Hathaway Inc - Class B		Common Stock, 400 Shares	56,972	57,788
Blackrock Inc		Common Stock, 200 Shares	73,750	72,492
Boeing Co		Common Stock, 300 Shares	44,394	39,522

Schedule prepared from data certified as complete and accurate by Plan trustee.

See accompanying Independent Auditor's Report.

THE HOMER LAUGHLIN CHINA COMPANY
SALARIED EMPLOYEES PENSION PLAN

Employer Identification Number: 55-0215070
Plan Number: 002

Form 5500, Schedule H, Part IV, Line 4i
Schedule of Assets (Held at End of Year)

September 30, 2016
(continued)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
			\$	\$
	Bristol-Meyers Squibb Co	Common Stock, 1,200 Shares	80,312	64,704
	CVS Health Corporation	Common Stock, 1,000 Shares	58,939	88,990
	Chevron Corporation	Common Stock, 730 Shares	75,477	75,132
	Church & Dwight Co Inc	Common Stock, 2,740 Shares	96,743	131,301
	Cisco Systems	Common Stock, 1,000 Shares	27,457	31,720
	Comcast Corp - Class A	Common Stock, 700 Shares	39,732	46,438
	Constellation Brands Inc - Class A	Common Stock, 350 Shares	49,315	58,271
	Walt Disney Co	Common Stock, 400 Shares	45,404	37,144
	Dow Chemical	Common Stock, 850 Shares	42,483	44,056
	Facebook Inc - Class A	Common Stock, 700 Shares	63,915	89,789
	Ford Motor Co	Common Stock, 3,100 Shares	45,599	37,417
	Gilead Sciences Inc	Common Stock, 830 Shares	60,274	65,670
	Hewlett Packard Co	Common Stock, 2,800 Shares	43,952	43,484
	Hewlett Packard Enterprise Co	Common Stock, 2,800 Shares	48,313	63,700
	Honeywell International Inc	Common Stock, 500 Shares	52,180	58,295
	Johnson & Johnson	Common Stock, 780 Shares	79,585	92,141
	The Kroger Co	Common Stock, 2,600 Shares	63,179	77,168
	Lockheed Martin Corporation	Common Stock, 200 Shares	45,342	47,944
	Lowes Companies Inc	Common Stock, 600 Shares	44,625	43,326
	MasterCard Inc - Class A	Common Stock, 600 Shares	53,400	61,062
	Microsoft Corp	Common Stock, 2,000 Shares	83,032	115,200
	Nike Inc - Class B	Common Stock, 2,400 Shares	101,310	126,360
	Pfizer Inc	Common Stock, 2,000 Shares	58,900	67,740
	Phillips 66	Common Stock, 700 Shares	60,536	56,385
	Prudential Financial Inc	Common Stock, 1,170 Shares	99,413	95,531
	Qualcomm Inc	Common Stock, 900 Shares	58,752	61,650
	SVB Financial Group	Common Stock, 200 Shares	25,068	22,108
	Schlumberger Ltd	Common Stock, 780 Shares	62,350	61,339
	Sempra Energy	Common Stock, 1,555 Shares	145,736	166,680

Schedule prepared from data certified as complete and accurate by Plan trustee.

See accompanying Independent Auditor's Report.

THE HOMER LAUGHLIN CHINA COMPANY
SALARIED EMPLOYEES PENSION PLAN

Employer Identification Number: 55-0215070
Plan Number: 002

Form 5500, Schedule H, Part IV, Line 4i
Schedule of Assets (Held at End of Year)

September 30, 2016
(continued)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Smucker (J.M.) Co	Common Stock, 920 Shares	\$ 100,484	\$ 124,697
	Starbucks Corp	Common Stock, 700 Shares	43,330	37,898
	TJX Companies Inc	Common Stock, 500 Shares	38,830	37,390
	T-Mobile US Inc	Common Stock, 1,000 Shares	38,890	46,720
	Texas Instruments Inc	Common Stock, 1,800 Shares	88,720	126,324
	Thermo Fisher Scientific Inc	Common Stock, 720 Shares	88,252	114,523
	Tractor Supply Company	Common Stock, 1,000 Shares	60,155	67,350
	Union Pacific Corp	Common Stock, 670 Shares	70,374	65,345
	Valero Energy Corp	Common Stock, 600 Shares	35,352	31,800
	Visa Inc - Class A	Common Stock, 800 Shares	55,280	66,160
	Wells Fargo & Co	Common Stock, 820 Shares	44,772	36,310
	Royal Dutch Shell PLC	Common Stock - Foreign, 700 Shares	42,294	35,049
	Shire PLC ADR	Common Stock - Foreign, 118 Shares	22,647	22,875
	Accenture PLC - Class A	Common Stock - Foreign, 700 Shares	80,181	85,519
	Chubb Limited	Common Stock - Foreign, 880 Shares	94,236	110,572
	Total Common Stocks		\$ 3,404,199	\$ 3,831,981
	Total Investments		\$ 11,662,206	\$ 13,637,002

Schedule prepared from data certified as complete and accurate by Plan trustee.

See accompanying Independent Auditor's Report.

THE HOMER LAUGHLIN CHINA COMPANY
SALARIED EMPLOYEES PENSION PLAN

Employer Identification Number: 55-0215070

Plan Number: 002

Form 5500, Schedule H, Part IV, Line 4j

Schedule of Reportable Transactions

Year Ended September 30, 2016

(a) Identity or Party Involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Federated Prime Cash Obligations Fund	Mutual Fund							
Series of purchases		\$ 1,209,097	\$ --	\$ --	--	\$ 1,209,097	\$ 1,209,097	--
Individual purchase		650,000	--	--	--	650,000	650,000	--
Series of sales		--	1,842,857	--	--	1,842,857	1,842,857	--
Individual sale		--	745,912	--	--	745,912	745,912	--
Federated Government Obligations Fund	Mutual Fund							
Series of purchases		778,537	--	--	--	778,537	778,537	--
Individual purchase		745,912	--	--	--	745,912	745,912	--

Schedule prepared from data certified as complete and accurate by Plan trustee.

See accompanying Independent Auditor's Report.

Attained Age	Years of Credited Service to October 1, 2015																				
	0 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up		Total		
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	
1 to 19	-		-		-		-		-		-		-		-		-		-		0
20 to 24	3		-		-		-		-		-		-		-		-		-		3
25 to 29	2		2		-		-		-		-		-		-		-		-		4
30 to 34	2		2		2		1		-		-		-		-		-		-		7
35 to 39	5		1		-		3		-		-		-		-		-		-		9
40 to 44	2		1		2		7		2		1		-		-		-		-		15
45 to 49	3		-		1		10		3		2		-		-		-		-		19
50 to 54	4		2		1		7		6		5		-		-		-		-		25
55 to 59	3		5		1		6		1		2		-		6		-		-		24
60 to 64	4		6		6		3		4		5		2		1		2		2		33
65 to 69	1		-		2		5		6		2		-		-		4		-		22
70 & up	1		1		3		1		1		2		-		-		4		-		13
Total	30		20		18		43		23		19		2		9		10				174

Schedule SB, Part V – Summary of Actuarial Assumptions and Methods

1. Mortality:

	October 1, 2014	October 1, 2015
a. Funding:		
i). Active / Deferred Vested:		
Pre-Retirement:	IRC 430 Combined Table for 2014	IRC 430 Combined Table for 2015
Post-Retirement:	IRC 430 Combined Table for 2014	IRC 430 Combined Table for 2015
ii). Retirees / Beneficiaries:	IRC 430 Combined Table for 2014	IRC 430 Combined Table for 2015
b. Present Value of Accrued Benefits (<i>Continuation Basis</i>):		
i). Active / Deferred Vested:		
Pre-Retirement:	IRC 430 Combined Table for 2014	RP-2000 Generational Proj. with Scale BB
Post-Retirement:	IRC 430 Combined Table for 2014	RP-2000 Generational Proj. with Scale BB
ii). Retirees / Beneficiaries:	IRC 430 Combined Table for 2014	RP-2000 Generational Proj. with Scale BB
c. Present Value of Accrued Benefits (<i>Termination Basis</i>):		
Pre-Retirement:	IRC 417(e) Lump Sum Table for 2014	IRC 417(e) Lump Sum Table for 2015
Post-Retirement:	IRC 417(e) Lump Sum Table for 2014	IRC 417(e) Lump Sum Table for 2015

2. Turnover – Sample Rates as follows

<u>Attained Age</u>	<u>Rate of Withdrawal</u>
25	5.30%
35	4.70%
45	1.80%
50	0.40%

3. Assumed Retirement Age: Later of Age 65 and 5 years of Service

4. Salary Scale: 3.00% per year (3.50% for prior year)

Schedule SB, Part V – Summary of Actuarial Assumptions and Methods (Continued)

5. Disability – Sample Rates as follows

<u>Attained Age</u>	<u>Male Disability Rate</u>	<u>Female Disability Rate</u>
25	0.056%	0.056%
35	0.099%	0.175%
45	0.270%	0.465%
50	0.493%	0.626%

6. Interest Rates:

	October 1, 2014	October 1, 2015
a. Minimum Funding*:		
i). Segment 1	4.99%	4.72%
ii). Segment 2	6.32%	6.11%
iii) Segment 3	6.99%	6.81%
iv). Effective Rate of Interest	6.45%	6.24%
<i>* Segment rates are based on rates issued for the fourth month prior to the beginning of the plan year as adjusted by HATFA.</i>		
b. Maximum Funding*:		
i). Segment 1	1.16%	1.30%
ii). Segment 2	4.04%	4.07%
iii) Segment 3	5.11%	5.11%
iv). Effective Rate of Interest	4.31%	4.32%
<i>* Segment rates are based on rates issued for the fourth month prior to the beginning of the plan year.</i>		
c. Present Value of Accrued Benefits:		
i). Continuation Basis	6.00%	6.00%
ii). Termination Basis		
Segment 1	1.23%	1.59%
Segment 2	4.01%	4.13%
Segment 3	5.09%	5.20%

7. Form of Benefit Payment:

Active Participants: 100% assumed to take a Life Annuity
Deferred Vested Participants: 100% assumed to take a Life Annuity

8. Expenses: Assumed to equal expenses from prior plan year

9. Asset Valuation Method: Actuarial Value (averaging of Fair Market Value)

Schedule SB, Part V – Summary of Actuarial Assumptions and Methods (Continued)

10. Funding Method:

Traditional Unit Credit

The actuarial cost method used in the valuation was the unit credit cost method.

The normal cost is the sum of all the individual normal costs for each participant. For active participants, the individual normal cost is the present value of the benefit earned during the year being valued. For active participants whose credited service equals or exceeds the plan maximum, if any, and for non-active participants, the normal cost is zero.

The actuarial accrued liability is the sum of the individual accrued liabilities for all participants. The individual accrued liability for an active participant is the present value of the accrued benefit as of the valuation date. The unfunded liability is the actuarial accrued liability less the valuation assets.

The total annual cost of the plan is the normal cost plus the shortfall amortization charge.

Projected Unit Credit

The actuarial cost method used in the development of the maximum contribution and the at-risk liabilities was the projected unit credit cost method.

Under this method, the normal cost is the sum of the individual normal costs for all participants. For an active participant, the individual normal cost is the present value at the current age of the projected benefit at the assumed retirement age, based on the actuarial assumptions, divided by the participant's expected years of credited service at that age. For a non-active participant, the normal cost is zero.

The actuarial accrued liability is the sum of the individual accrued liabilities for all plan participants. For an active participant, the individual accrued liability is the product of the normal cost and the total years of credited service at the current age. For non-active participants, the individual accrued liability is the present value at the current age of future benefits. The unfunded actuarial accrued liability equals the actuarial accrued liability less the valuation assets.

Schedule H, Line 4j - Schedule of Reportable Transactions

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Federated Prime Obligations Fund	Cash Management Fund	\$ 1,209,097	\$ -	\$ -	\$ -	\$ 1,209,097	\$ 1,209,097	\$ -
Series of Purchases		650,000	-	-	-	650,000	650,000	-
Individual Purchase		-	1,842,857	-	-	1,842,857	1,842,857	-
Series of Sales		-	745,912	-	-	745,912	745,912	-
Individual Sale		-	-	-	-	-	-	-
Federated Government Obligations Fund	Cash Management Fund	\$ 778,537	\$ -	\$ -	\$ -	\$ 778,537	\$ 778,537	\$ -
Series of Purchases		745,912	-	-	-	745,912	745,912	-
Individual Purchase		-	-	-	-	-	-	-

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 THE HOMER LAUGHLIN CHINA COMPANY SALARIED EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE HOMER LAUGHLIN CHINA COMPANY	D Employer Identification Number (EIN) 55-0215070	
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	12,921,185	
b Actuarial value	2b	13,437,711	
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	87	3,086,865	3,086,865
b For terminated vested participants	21	340,580	340,580
c For active participants	174	8,043,204	8,211,950
d Total	282	11,470,649	11,639,395
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	6.24%		
6 Target normal cost	319,716		

Statement by Enrolled Actuary

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

SIGN HERE	 Signature of actuary John S. Mincin Type or print name of actuary Dunbar, Bender & Zapf, Inc. Firm name 437 Grant Street Suite 1100 Pittsburgh PA 15219-6114 Address of the firm	<u>6/28/2017</u> Date 1706658 Most recent enrollment number 412-263-0102 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)	0	880,927
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	880,927
10 Interest on line 9 using prior year's actual return of <u>-0.87%</u>	0	-7,664
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		683,748
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>6.45%</u>		44,102
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		727,850
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	873,263

Part III Funding Percentages

14 Funding target attainment percentage	14	107.94%
15 Adjusted funding target attainment percentage	15	115.45%
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	106.48%
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
03/22/2017	750,000	0			
Totals ▶	18(b)	750,000	18(c)		0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	685,940

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:

a Segment rates:	1st segment: 4.72%	2nd segment: 6.11%	3rd segment: 6.81%	☐ N/A, full yield curve used
-------------------------	-----------------------	-----------------------	-----------------------	---

b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 65

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0

Part VIII Minimum Required Contribution For Current Year**31** Target normal cost and excess assets (see instructions):

a Target normal cost (line 6) **31a** 319,716

b Excess assets, if applicable, but not greater than line 31a **31b** 319,716

32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		0	0
b Waiver amortization installment			

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ... **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0

36 Additional cash requirement (line 34 minus line 35) **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 685,940

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	685,940
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years **40** 0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**41** If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment **42**

43 Excess installment acceleration amount to be carried over to future plan years **43**

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

Age	Retirement Probability	Weight
62	0%	0.00
63	0%	0.00
64	0%	0.00
65	100%	100.00

Weighted Retirement Age is 65

Schedule SB, Part V – Summary of Plan Provisions

I. Dates

- A. Effective Date (§1.1): Originally effective October 1, 1969
- B. Restatement (§1.1): Restated effective October 1, 1997

II. Definitions

- A. Accrued Benefit (§2.1): Amount payable as a life annuity calculated considering Average Monthly Earnings and Years of Credited Service (linear accrual)
- B. Actuarial Equivalent (§2.3): 1983 Group Annuity Mortality (83GAM) male rates set back two years and 8% interest. Effective October 1, 2010, Applicable Mortality Table required by IRC §417(e)(3) and 7% interest.
- C. Average Monthly Earnings (§2.6): The monthly average of the participant's earnings over the last 60 consecutive calendar months of Covered Employment. If the participant has less than 60 months of Covered Employment, then the monthly average over the actual consecutive months of Covered Employment.
- D. Covered Employment, Eligible Employee (§2.10, §2.11): Employment with the Employer, excluding those represented by a collective bargaining agreement
- E. Entry Date (§2.15): April 1 or October 1
- F. Plan Year (§2.28): October 1 to September 30

III. Participation

- A. Eligibility, Participation (§3.1, §3.2): Attainment of age 21 and completion of one Year of Eligibility Service. Participation commences on the Entry Date coincident or next following satisfaction of these requirements.
- B. Transfers (§3.3): Actives who leave Covered Employment shall cease being an Active participant and become considered inactive as of date of transfer. In this situation, upon subsequent transfer back to Covered Employment, they shall again participate as of the date of retransfer. An employee who transfers from non-covered employment to covered employment shall become a participant on the date of transfer if they have met the age and service requirement as of that date. If not, they will participate effective on the Entry Date coincident or next following the satisfaction of the age and service requirements.

Schedule SB, Part V – Summary of Plan Provisions (Continued)

IV. Service

- A. Year of Service (§4.3): Earned for each Plan Year in which the Participant completes 1,000 hours, excluding Plan Years before age eighteen and any Breaks in Service
- B. Year of Credited Service (§4.4): Prior to October 1, 1976, continuous elapsed time service with the Employer excluding periods before October 1, 1949. After October 1, 1976, earned for each Plan Year of Covered Employment in which 1,000 hours are completed, excluding any Breaks in Service.
- C. Year of Eligibility Service (§4.5): Earned for completing 1,000 hours in Eligibility Computation Period

V. Income Eligibility

- A. Normal Retirement Age (§2.24): Later of age 65 or fifth anniversary of participation.
- B. Normal Retirement Date (§2.25): First of the calendar month coincident with or next following the attainment of Normal Retirement Age
- C. Late (§5.2): Permitted upon termination of employment
- D. Early Retirement (§5.3): Age 60 with five Years of Service
- E. Disability (§5.4): Age 50 with fifteen Years of Service or Age 62 with ten Years of Service. Must be a physical or mental disability that entitles Participant to receive Social Security disability benefits.
- F. Deferred Vested (§5.5): 100% vested after five Years of Service

VI. Retirement Income

- A. Basic Retirement Income (§6.1): Monthly benefit payable as a life annuity equal to \$3.75 plus 0.6% of Average Monthly Earnings in excess of \$650, multiplied by Years of Credited Service. Effective October 1, 1999, benefit formula changed to 0.68% of Average Monthly Earnings multiplied by Years of Credited Service. Also effective October 1, 1999, a one-time cost-of-living adjustment made to non-employed persons in pay status equal to one-third of the percentage change in the CPI-U from the original date of retirement to October 1, 1999.
- B. Early Retirement Income (§6.4): Calculated the same as Basic Retirement Income considering Average Monthly Earnings and Years of Credited Service, reduced to Actuarial Equivalent if the annuity starting date is prior to Normal Retirement

Schedule SB, Part V – Summary of Plan Provisions (Continued)

- C. Postponed Retirement Income (§6.3): Calculated the same as Basic Retirement Income considering Average Monthly Earnings and Years of Credited Service as of the date Covered Employment ceased, but not less than the amount calculated as of the Normal Retirement Date
- D. Disability Retirement Income (§6.5): Calculated the same as Basic Retirement Income considering Average Monthly Earnings and Years of Credited Service, reduced to Actuarial Equivalent if the annuity starting date is prior to Normal Retirement
- E. Deferred Vested Retirement Income (§6.6): Calculated the same as Basic Retirement Income considering Average Monthly Earnings and Years of Credited Service, reduced to Actuarial Equivalent if the annuity starting date is prior to Normal Retirement

VII. Other

- A. Normal Form of Payment (§7.3): Actuarially equivalent 50% joint and survivor annuity to spouse for married participants; life annuity to single participants
- B. Optional Forms (§7.4, §7.7): Life annuity, 50%, 75%, and 100% joint and survivor annuities.

Participants who have not attained age 55 and are eligible for a Deferred Vested Retirement Income can elect a lump sum provided the present value does not exceed \$10,000. Present Value for this purpose is calculated using the interest rates for the fourth month prior to the plan year prescribed by IRC §417(e)(3) and the Applicable Mortality Table also prescribed by IRC §417(e)(3).

- C. Small Retirement Income Payments (§7.10): Participants who are eligible for a Deferred Vested Retirement Income will automatically be paid a lump sum provided the present value does not exceed \$5,000. Present Value for this purpose is calculated using the interest rates for the fourth month prior to the plan year prescribed by IRC §417(e)(3) and the Applicable Mortality Table also prescribed by IRC §417(e)(3).

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost		(e) Current Value	
				Value		Value
	Federated Prime Obligations Fund	Cash Management Fund	\$	744,804	\$	744,804
	Allianz NFI Small-Cap Value Fund	Mutual Fund	\$	104,949	\$	140,165
	American Funds New World Fund	Mutual Fund	\$	80,000	\$	87,700
	Blackrock US Opportunities Fund	Mutual Fund	\$	393,104	\$	465,213
	Eaton Vance Floating Rate Fund	Mutual Fund	\$	100,000	\$	96,393
	Fidelity Advisor Small Cap Fund	Mutual Fund	\$	213,903	\$	297,922
	Fidelity Advisor International Discovery Fund	Mutual Fund	\$	200,000	\$	189,792
	Fidelity Advisor New Insights Fund	Mutual Fund	\$	769,528	\$	1,040,112
	Fidelity Real Estate Income Fund	Mutual Fund	\$	112,903	\$	115,805
	Franklin Templeton Global Bond Fund	Mutual Fund	\$	62,970	\$	59,876
	Gateway Fund	Mutual Fund	\$	80,000	\$	82,474
	Merger Fund - L	Mutual Fund	\$	80,000	\$	80,939
	MFS Value Fund	Mutual Fund	\$	357,311	\$	791,157
	PIMCO Low Duration Fund	Mutual Fund	\$	350,501	\$	330,790
	PIMCO Total Return Fund	Mutual Fund	\$	503,183	\$	464,743
	Powershares Preferred Portfolio	Mutual Fund	\$	81,565	\$	83,215
	Prudential Jennison Mid Cap Growth Fund	Mutual Fund	\$	100,000	\$	86,795
	Spdr Gold Trust	Mutual Fund	\$	102,042	\$	113,076
	T. Rowe Price Real Estate Fund	Mutual Fund	\$	120,813	\$	124,735
	Thornburg International Value Fund	Mutual Fund	\$	551,974	\$	683,508
	Vanguard 500 Index Fund	Mutual Fund	\$	1,300,000	\$	1,827,653
	Vanguard Inflation Protected Securities Fund	Mutual Fund	\$	200,000	\$	208,064
	Vanguard Market Neutral Fund	Mutual Fund	\$	80,000	\$	75,796
	Vanguard Short-Term Bond Index Fund	Mutual Fund	\$	501,556	\$	500,625
	Vanguard Small Cap Index Fund	Mutual Fund	\$	100,000	\$	98,885
	FHLMC Series 2790 Class TN	Mortgage Obligation - 4.000%, 05/15/2024	\$	19,051	\$	20,022
	Apple Inc	Corporate Obligation - 2.150%, 02/09/2022	\$	248,763	\$	254,118
	Capital One	Corporate Obligation - 1.650%, 02/05/2018	\$	250,212	\$	250,292
	Comcast Corp	Corporate Obligation - 5.700%, 07/01/2019	\$	148,875	\$	167,379
	Abbvie Inc	Common Stock	\$	59,391	\$	69,377
	Alphabet Inc	Common Stock	\$	59,662	\$	88,447

Plan: The Homer Laughlin China Company Salaried Employees Pension Plan
 EIN / PN: 55-0215070 / 002

Schedule H, Line 41 - Schedule of Assets (Held at End of Year)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost		(e) Current Value	
	Altria Group	Common Stock	\$	52,190	\$	63,230
	Amgen Inc	Common Stock	\$	78,738	\$	83,405
	Analog Devices Inc	Common Stock	\$	45,414	\$	51,560
	Apple Inc	Common Stock	\$	49,405	\$	47,481
	Automatic Data Processing	Common Stock	\$	81,860	\$	79,380
	Ball Corp	Common Stock	\$	56,680	\$	104,076
	Becton Dickinson	Common Stock	\$	30,623	\$	35,946
	Berkshire Hathaway Inc	Common Stock	\$	56,972	\$	57,788
	Blackrock Inc	Common Stock	\$	73,750	\$	72,492
	Boeing Co	Common Stock	\$	44,394	\$	39,522
	Briston-Myers Squibb	Common Stock	\$	80,312	\$	64,704
	CVS Health Corp	Common Stock	\$	58,939	\$	88,990
	Chevron Corp	Common Stock	\$	75,477	\$	75,132
	Church & Dwight Co Inc	Common Stock	\$	96,743	\$	131,301
	Cisco Systems	Common Stock	\$	27,457	\$	31,720
	Comcast Corp	Common Stock	\$	39,732	\$	46,438
	Constellation Brands Inc	Common Stock	\$	49,315	\$	58,271
	Disney Walt Co	Common Stock	\$	45,404	\$	37,144
	Dow Chemical	Common Stock	\$	42,483	\$	44,056
	Facebook Inc	Common Stock	\$	63,915	\$	89,789
	Ford Motor Co	Common Stock	\$	45,599	\$	37,417
	Gilead Sciences Inc	Common Stock	\$	60,274	\$	65,670
	HP Inc	Common Stock	\$	43,952	\$	43,484
	HP Enterprise Co	Common Stock	\$	48,313	\$	63,700
	Honeywell International Inc	Common Stock	\$	52,180	\$	58,295
	Johnson & Johnson	Common Stock	\$	79,585	\$	92,141
	Kroger Co (The)	Common Stock	\$	63,179	\$	77,168
	Lockheed Martin	Common Stock	\$	45,342	\$	47,944
	Lowes Companies Inc	Common Stock	\$	44,625	\$	43,326
	Mastercard Inc	Common Stock	\$	53,400	\$	61,062
	Microsoft Corp	Common Stock	\$	83,032	\$	115,200
	Nike Inc	Common Stock	\$	101,310	\$	126,360
	Pfizer Inc	Common Stock	\$	58,900	\$	67,740
	Phillips 66	Common Stock	\$	60,536	\$	56,385
	Prudential Financial Co	Common Stock	\$	99,413	\$	95,531
	Qualcomm Inc	Common Stock	\$	58,752	\$	61,650
	SVB Financial	Common Stock	\$	25,068	\$	22,108
	Schlumberger Ltd	Common Stock	\$	62,350	\$	61,339

Plan: The Homer Laughlin China Company Salaried Employees Pension Plan
 EIN / PN: 55-0215070 / 002

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost		(e) Current Value	
				Value		Value
	Sempra Energy	Common Stock	\$	145,736	\$	166,680
	Smucker (J.M.) Co	Common Stock	\$	100,484	\$	124,697
	Starbucks Corp	Common Stock	\$	43,330	\$	37,898
	TJX Companies	Common Stock	\$	38,830	\$	37,390
	T-Mobile US Inc	Common Stock	\$	38,890	\$	46,720
	Texas Instruments Inc	Common Stock	\$	88,720	\$	126,324
	Thermo Fisher Scientific Inc	Common Stock	\$	88,252	\$	114,523
	Tractor Supply Co	Common Stock	\$	60,155	\$	67,350
	Union Pacific Corp	Common Stock	\$	70,374	\$	65,345
	Valero Energy Corp	Common Stock	\$	35,352	\$	31,800
	Visa Inc	Common Stock	\$	55,280	\$	66,160
	Wells Fargo & Co	Common Stock	\$	44,772	\$	36,310
	Royal Dutch Shell PLC	Common Stock	\$	42,294	\$	35,049
	Shire PLC	Common Stock	\$	22,647	\$	22,875
	Accenture PLC	Common Stock	\$	80,181	\$	85,519
	Chubb Limited	Common Stock	\$	94,236	\$	110,572
	Manchester N H Build America Bonds	Municipal Obligation - 5.000%, 07/01/2026	\$	100,000	\$	110,847
	Montgomery Cnty PA Prefunded - Build America Bonds	Municipal Obligation - 2.700%, 10/01/2016	\$	5,000	\$	5,000
	Montgomery Cnty PA Unrefunded - Build America Bonds	Municipal Obligation - 2.700%, 10/01/2016	\$	95,000	\$	95,000
	Wisconsin St Transn Build America Bonds	Municipal Obligation - 5.300%, 07/01/2025	\$	100,000	\$	112,126
Total			\$	11,662,206	\$	13,637,002

Schedule SB, Line 24 – Change in Actuarial Assumptions

Change in Non-Prescribed Actuarial Assumptions

The salary scale assumption was lowered from 3.50% to 3.00%. There were no other changes made to the non-prescribed actuarial assumptions since the prior valuation date.