

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2015 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2015 or fiscal plan year beginning <u>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>FORT RECOVERY INDUSTRIES, INC. EMPLOYEES' PENSION PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>09/28/1962</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>FORT RECOVERY INDUSTRIES, INC.</u> <u>P.O. BOX 638</u> <u>FORT RECOVERY, OH 45846</u>	2b	Employer Identification Number (EIN) <u>34-4410626</u>
		2c	Plan Sponsor's telephone number <u>419-375-4121</u>
		2d	Business code (see instructions) <u>332510</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/17/2017	LAWRENCE HOLMES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☐ Same as Plan Sponsor PENSION COMMITTEE P.O. BOX 638 FORT RECOVERY, OH 45846-0638	3b Administrator's EIN 34-1308315
	3c Administrator's telephone number 419-375-4121
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	5 375
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) 131
a(2) Total number of active participants at the end of the plan year	6a(2) 127
b Retired or separated participants receiving benefits.....	6b 118
c Other retired or separated participants entitled to future benefits.....	6c 51
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 296
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 15
f Total. Add lines 6d and 6e	6f 311
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1B 1I	
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) ☐ 0 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

Receipt Confirmation Code _____

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

▶ Round off amounts to nearest dollar.

▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan FORT RECOVERY INDUSTRIES, INC. EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF FORT RECOVERY INDUSTRIES, INC.	D Employer Identification Number (EIN) 34-4410626
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 10154228
b Actuarial value	2b 10578858
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants 131 (2) Vested Funding Target 3972569 (3) Total Funding Target 3972569
b For terminated vested participants	113 1524790 1524790
c For active participants	131 3852528 3886868
d Total	375 9349887 9384227
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 6.28%
6 Target normal cost	6 80000

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		07/17/2017
Signature of actuary		Date
LIVIA W. PAYLO		17-07469
Type or print name of actuary		Most recent enrollment number
CONDUENT HR CONSULTING, LLC		412-281-2506
Firm name		Telephone number (including area code)
11 STANWIX STREET, SUITE 700 PITTSBURGH, PA 15222		
Address of the firm		

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6)	31a	80000										
b Excess assets, if applicable, but not greater than line 31a	31b	80000										
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>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment	0	0	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment	0	0										
b Waiver amortization installment	0	0										
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0										
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	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	503776										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	503776										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0										
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0										
40 Unpaid minimum required contributions for all years.....	40	0										

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

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

For calendar plan year 2015 or fiscal plan year beginning 10/01/2015 and ending 09/30/2016		
A Name of plan FORT RECOVERY INDUSTRIES, INC. EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 FORT RECOVERY INDUSTRIES, INC.	D Employer Identification Number (EIN) 34-4410626	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIFTH THIRD BANK

31-0854433

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 51 28	NONE	77644	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 10/01/2015 and ending 09/30/2016		
A Name of plan FORT RECOVERY INDUSTRIES, INC. EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 FORT RECOVERY INDUSTRIES, INC.	D Employer Identification Number (EIN) 34-4410626	

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		4	4
b Receivables (less allowance for doubtful accounts):				
(1) Employer contributions	1b(1)		0	350000
(2) Participant contributions	1b(2)			
(3) Other.....	1b(3)		16701	28896
c General investments:				
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		316937	371482
(2) U.S. Government securities.....	1c(2)		929910	1188614
(3) Corporate debt instruments (other than employer securities):				
(A) Preferred	1c(3)(A)		1969947	1399221
(B) All other.....	1c(3)(B)			
(4) Corporate stocks (other than employer securities):				
(A) Preferred	1c(4)(A)			
(B) Common	1c(4)(B)		5850509	5960663
(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)		1070220	949087
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)			
(15) Other	1c(15)			

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	10154228	10247967

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	10154228	10247967
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAS, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	550000	
(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)		550000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	675	
(B) U.S. Government securities	2b(1)(B)	30828	
(C) Corporate debt instruments	2b(1)(C)	20534	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	5878	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		57915
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	123191	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	41868	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		165059
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	5389891	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	5380575	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		9316
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	540522	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		540522

		(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)		58868
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1381680

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1210297	
(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)		1210297
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)	59333	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	18311	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		77644
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1287941

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		93739
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: **MONNIER AND COMPANY**

(2) EIN: **34-1236295**

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>FORT RECOVERY INDUSTRIES, INC. EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FORT RECOVERY INDUSTRIES, INC.</u>	D Employer Identification Number (EIN) <u>34-4410626</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-0854433</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>48</u>

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

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

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

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

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

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

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

Financial Statements

**FORT RECOVERY INDUSTRIES, INC.
EMPLOYEES' PENSION PLAN**

September 30, 2016

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* * * * *



MONNIER & CO.

Certified Public Accountants

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MEMBERS
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
OHIO SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS

Independent Auditor's Report

To the Administrative Committee of
Fort Recovery Industries, Inc.
Employees' Pension Plan

We have audited the accompanying financial statements of Fort Recovery Industries, Inc. Employees' Pension Plan, which comprise the statements as of September 30, 2016 and 2015, and for the years ended September 30, 2016 and 2015, as listed in the accompanying contents, 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 our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosure in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our qualified audit opinion.

Basis for Qualified Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note #5, which was certified by Fifth Third Bank, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. 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 September 30, 2016 and 2015, 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.

Qualified Opinion

In our opinion, except for the possible effects of the matter described in the Basis for Qualified Opinion paragraph, the financial statements referred to in the first paragraph present fairly, in all material respects, the financial status of Fort Recovery Industries, Inc. Employees' Pension Plan as of September 30, 2016 and 2015, and the changes in its financial status for the years ended September 30, 2016 and 2015, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules listed in the accompanying contents, together referred to as "Supplemental Information," are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United State of America. In our opinion, except for the effects on the Schedule H, Line 4i-Schedule of Assets (Held at End of Year) and Schedule H, Line 4j-Schedule of Reportable Transactions of the matter described in the Basis for Qualified Opinion paragraph, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Manning & Co.

Certified Public Accountants

Sidney, Ohio
July 14, 2017

FORT RECOVERY INDUSTRIES, INC.
EMPLOYEES' PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
September 30, 2016 and 2015

5

	<u>2016</u>	<u>2015</u>
ASSETS		
Cash	\$ 4	\$ 4
Investment Income Receivable	28,896	16,701
Employer Contributions Receivable	350,000	0
Investments, at Fair Value:		
Money Market Funds	\$ 371,482	\$316,937
Common Stocks	5,960,663	5,850,509
Bonds	1,399,221	1,969,947
U.S. Government Securities	1,188,614	929,910
Mutual Funds	<u>949,087</u>	<u>1,070,220</u>
	<u>9,869,067</u>	<u>10,137,523</u>
TOTAL ASSETS	10,247,967	10,154,228
 LIABILITIES	 <u>0</u>	 <u>0</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u><u>\$10,247,967</u></u>	 <u><u>\$10,154,228</u></u>

The appended notes are an integral part of the financial statements.

"EXHIBIT A"

FORT RECOVERY INDUSTRIES, INC.

6

EMPLOYEES' PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended September 30, 2016 and 2015

	<u>2016</u>	<u>2015</u>
<u>Additions to Net Assets</u>		
Employer Contributions	\$ 550,000	\$ 0
Interest & Dividend Income	222,974	189,955
Net Realized Gain on Investments -		
Common Stocks	5,891	(48,564)
Bonds	(596)	(687)
U.S. Government Securities	4,021	90
Mutual Funds	2,115	0
Net Unrealized Gain on Investments -		
Common Stocks	538,540	(99,935)
Bonds	1,949	60,697
U.S. Government Securities	33	9,118
Mutual Funds	56,753	(190,274)
Total Additions	<u>1,381,680</u>	<u>(79,600)</u>
<u>Deductions from Net Assets</u>		
Benefits Paid to Participants	1,210,297	390,662
Administrative Expenses	<u>77,644</u>	<u>83,743</u>
Total Deductions	<u>1,287,941</u>	<u>474,405</u>
<u>Net Increase (Decrease)</u>	93,739	(554,005)
<u>Net Assets Available for Benefits - Beginning</u>	<u>10,154,228</u>	<u>10,708,233</u>
<u>Net Assets Available for Benefits - Ending</u>	<u>\$ 10,247,967</u>	<u>\$ 10,154,228</u>

The appended notes are an integral part of the financial statements.

"EXHIBIT B"

7

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

"EXHIBIT C"

8

The appended notes are an integral part of the financial statements.

"EXHIBIT D"

FORT RECOVERY INDUSTRIES, INC.
EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
September 30, 2016 and 2015

9

Note #1 – Significant Accounting Policies

Basis of Accounting:

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

Investment Valuation and Income Recognition:

Investments are stated at the last reported sales price on the last business day of the Plan year. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits:

Benefit payments to participants are recorded upon distribution.

Use of Estimates:

Management used estimates and assumptions in preparing these financial statements in accordance with generally accepted accounting principles. Those estimates and assumptions affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could vary from those estimates that were used.

Actuarial Present Value of Accumulated Plan Benefits:

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The accumulated plan benefits for active employees are based on credited years of service up to the date as of which the benefit information is presented. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used as of October 1, 2015 and 2014 are presented below:

FORT RECOVERY INDUSTRIES, INC.
EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
September 30, 2016 and 2015

10

Note #1 – Significant Accounting Policies (Continued)

A. Actuarial Cost Method and Asset Valuation Method

1. Actuarial Cost Method: Unit Credit Method in accordance with ASC 960.
2. Asset Valuation Method: The fair market value of the assets as of the valuation date. The market value of assets includes employer contribution receivables for the plan year.

B. Actuarial Assumptions

1. ASC 960 Discount Rate 7.00%
2. Salary Growth: N/A – Plan Benefits Frozen March 1, 2006
3. Frequency of Optional Payment From:

Single Life Annuity	60%
Joint and 50% Survivor Annuity	20%
Joint and 100% Survivor Annuity	20%
4. Marital Percentage – 85% of participants are assumed to be married at death. Husbands assumed to be 3 years older than their wives.
5. Mortality: Mortality is based on the RP-2014 total employee and healthy annuitant mortality tables rolled back to 2006 and projected with mortality improvement scale MP-2015.
6. Retirement Rates – 2015 and 2014 are as follows:

<u>Age</u>	<u>Assumptions</u>
55	2%
56	2%
57	2%
58	2%
59	2%
60	10%
61	15%
62	25%
63	15%
64	20%
65+	100%

C. Summary of Changes from the October 1, 2014 Valuation

There were no changes from the October 1, 2014 valuation.

FORT RECOVERY INDUSTRIES, INC.
EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
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Note #2 – Description of the Plan

The Fort Recovery Industries, Inc. Employees' Pension Plan (the Plan) was established in 1962 by Fort Recovery Industries, Inc. The following brief description of the Plan is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

An employee shall become a participant on the entry date (October 1st or April 1st) following completion of 1,000 hours of credited service, as defined by the Plan, during the year measured from his date of hire, provided he has attained age 20. Effective January 1, 1999, the service measurement year was switched from a fiscal year ended September 30 to a calendar year, and participants are credited with partial years of service on a sliding scale for between 1,000 and 1,900 hours of service rather than a full year of service for 1,000 hours of service or more. Benefits were frozen on March 1, 2006.

The Employer's funding policy is to make annual contributions to the Plan in amounts that are actuarially calculated to fully provide for all employees' benefits by the time they retire. The Plan Sponsor contributed \$550,000 and \$0 to meet the Plan's funded status at October 1, 2015 and 2014, respectively. ERISA minimum funding requirements have been met at October 1, 2015 and 2014.

The participant becomes 100% vested at five or more years of service.

The normal retirement date is the later of a participant's 65th birthday or on the 5th anniversary of the plan participation. The Plan provides that the normal form of benefit will be monthly income commencing on a participant's retirement date and payable for life. For married participants, the automatic form of benefit is an actuarially equivalent reduced qualified joint and 50% survivor annuity.

Monthly retirement benefits at normal retirement are the greater of: a) .65% of final average monthly earnings, as defined, up to Social Security covered compensation, as defined, plus 1.3% of final average monthly earnings in excess of Social Security covered compensation, all multiplied by the number of years of credited service, as defined, at normal retirement date subject to a maximum of thirty years or b) \$17.50 for each year of credited service, as defined, at normal retirement date subject to a maximum of thirty years.

Monthly plan compensation is the average monthly basic compensation for the five consecutive calendar years that such average is highest. Basic compensation shall be the basic salary excluding commissions, over-riding commissions, bonuses and overtime payments.

Eligibility for early retirement is attained at age 55 if the sum of participant's age plus years of credited service equals at least 75. Early retirement benefits amount to accrued benefits payable at age 65 reduced for immediate commencement by 1/156 for each of the first 36 months, by 1/312 for each of the next 60 full months, and actuarially thereafter for each month by which the starting date of such pension precedes normal retirement date.

FORT RECOVERY INDUSTRIES, INC.
EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
September 30, 2016 and 2015

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Note #2 – Description of the Plan (Continued)

In case of death before retirement, a married participant's spouse shall receive 50% of his retirement benefit computed as if he had retired the day before his death and had elected on immediate benefit in a joint and 50% survivor annuity form payable when the participant would have first been eligible for early retirement. Five years of vesting service is required for eligibility.

A participant can be eligible to retire under this plan on disability retirement. Disability benefits are available to a participant age 50 or older who has 10 or more years of credited service, who becomes totally disabled from performing the duties assigned to him by the Company, and who is eligible for disability benefits under the Social Security Act, as amended. The monthly pension is deferred to his normal retirement date and is equal to his accrued benefit computed as of the date of his actual retirement. The pension is reduced in the same manner as an early retirement benefit if the participant elects to receive an immediate benefit.

Note#3 – Income Tax Status

The Plan is designed and intended to qualify under Internal Revenue Code Section 401(a) and is, therefore, not subject to tax under the present law.

The Plan obtained its latest determination letter on April 26, 2012, 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.

Note #4 – Plan Termination

This Plan may be terminated by written notice from the employer to the participants and other interested parties under the Plan, and to the governmental agency or agencies charged with overseeing the Plan. Subject to the limitations set forth in the Employee Retirement Income Security Act of 1974 (ERISA), and Subchapter D Rules, upon any such termination of this Plan, the trustee first shall allocate the assets of the Trust Fund among the participants and their beneficiaries in the order prescribed under Title IV or ERISA, as it may provide at the time of Plan termination, or as incorporated within a lawful plan of termination adopted by the employer.

In the event that the trust fund assets are more than sufficient to satisfy all fixed and contingent liabilities under the Plan with respect to all participants and their beneficiaries, any excess shall be returned to the employer. Should the plan terminate at some future time, its' net assets generally will not be available on a pro rata basis to provide participant's benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

FORT RECOVERY INDUSTRIES, INC.
EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
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Note #5 – Certification

The Plan's investments were held and all investment transactions were executed and recorded by Fifth Third Bank, the trustee. Therefore, the accompanying financial statements have been prepared from the information supplied and certified as complete and accurate by the trustee.

Note #6 – Investments

The following represents investments whose fair values exceed 5% or more of the Plan's net assets at year-end:

	<u>2016</u>	<u>2015</u>
Harbor International Inst.	\$ 975,524	\$ 852,879

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. Fair value measurements are as follows as of September 30, 2016:

	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money Market Funds	\$ 419,405	\$ 419,405	\$ 0	\$ 0
Common Stocks	\$ 5,690,873	\$ 5,690,873	\$ 0	\$ 0
Bonds	\$ 2,157,521	\$ 2,157,521	\$ 0	\$ 0
U.S. Government Securities	\$ 193,462	\$ 193,462	\$ 0	\$ 0
Mutual Funds	\$ 2,157,521	\$ 0	\$ 2,157,521	\$ 0

Fair value measurements are as follows as of September 30, 2015:

	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money Market Funds	\$ 316,937	\$ 316,937	\$ 0	\$ 0
Common Stocks	\$ 5,850,509	\$ 5,850,509	\$ 0	\$ 0
Bonds	\$ 1,969,947	\$ 1,969,947	\$ 0	\$ 0
U.S. Government Securities	\$ 929,910	\$ 929,910	\$ 0	\$ 0
Mutual Funds	\$ 1,070,220	\$ 0	\$ 1,070,220	\$ 0

FORT RECOVERY INDUSTRIES, INC.
EMPLOYEES' PENSION PLAN
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Note #6 – Investments (Continued)

FASB ASC 820 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value.

The Plan's Level 1 fair value measurements for securities listed on North American, Central American, South American or Canadian exchanges generally are valued at the last sale price on the exchange on which the security is principally traded. The value of securities listed on the NASDAQ Stock Market, Inc. is generally the NASDAQ Official Closing Price. Listed foreign equity securities generally are valued at the last sale price on the exchange on which the security is principally traded. Listed securities for which the latest sale prices are not available generally are valued at the mean of the latest bid and ask price as of the closing of the primary exchange where such securities are normally traded. Unlisted securities generally are valued at the last sale price. Mutual funds are priced using the net asset value per unit as of the valuation date.

The Plan's Level 2 fair value measurements generally are valued at an evaluated price provided by a counterparty or fund manager.

Note #7 – Party-In-Interest Transactions

Plan investments are funds managed by Fifth Third Bank. Fifth Third Bank is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest. Fees paid by the plan for the investment management services amounted to \$77,644 and \$80,401 for the years ended September 30, 2016 and 2015, respectively.

Note #8 – Plan Amendment Freezing Plan Benefits

The Plan was amended to freeze plan benefits effective March 1, 2006. No service or hours of service of an individual on or after March 1, 2006 shall be counted as credited service under the Plan. No wages, salary nor other compensation received by an individual on or after March 1, 2006 shall be treated as compensation, covered compensation or part of final average monthly earnings under the Plan. No individual shall become a participant in the Plan after February 28, 2006. No individual shall be eligible for disability status under the Plan unless he suffered a total and permanent disability prior to January 1, 1999.

FORT RECOVERY INDUSTRIES, INC.
EMPLOYEES' PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
September 30, 2016 and 2015

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Note #9 – Risks and Uncertainties

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

Note #10 – Subsequent Events

Plan Management has evaluated subsequent events through the date of this report, the date on which the financial statements were available to be issued.

FORT RECOVERY INDUSTRIES, INC. EMPLOYEES' PENSION PLAN
EIN: 34-4410626 PN: 001
PLAN YEAR: OCTOBER 1, 2015 TO SEPTEMBER 30, 2016

Schedule SB, line 26 – Schedule of Active Participant Data

Attained Age	Years of Credited Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Under 25	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0
30 to 34	0	5	1	0	0	0	0	0	0	0
35 to 39	0	3	2	0	0	0	0	0	0	0
40 to 44	0	2	6	6	0	0	0	0	0	0
45 to 49	2	3	6	6	3	0	0	0	0	0
50 to 54	0	8	2	2	4	2	4	0	0	0
55 to 59	0	5	3	3	1	2	9	5	0	0
60 to 64	0	4	3	4	2	1	4	3	0	0
65 to 69	1	5	4	1	1	2	0	0	0	0
70 & up	0	0	0	0	0	0	0	1	0	0

FORT RECOVERY INDUSTRIES, INC. EMPLOYEES' PENSION PLAN
EIN: 34-4410626 PN: 001
PLAN YEAR: OCTOBER 1, 2015 TO SEPTEMBER 30, 2016

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

Prescribed Funding Assumptions and Methods

The following assumptions and methods are prescribed by ERISA, as amended by PPA and HATFA.

Funding interest rates

For 2015 Plan Year: Segment Rates with no lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates	Rates Reflecting Corridor*
First Segment Rate	1.35%	4.72%
Second Segment Rate	4.01%	6.11%
Third Segment Rate	5.04%	6.81%
Effective Rate	4.32%	6.28%

* Used for minimum funding and benefit restriction purposes.

Mortality

Mortality tables mandated by PPA as specified in IRS Regulation 1.430(h)(3)-1, applied on a static basis, using the blended annuitant/non-annuitant table applicable to small plans.

Actuarial cost method

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan expenses to be paid from plan assets during the year.

Non-Prescribed Funding Assumptions and Methods

The following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor with the actuary's advice and is an acceptable method under PPA. The plan's experience is too small to form the basis of a reliable assumption; however, the assumption remains appropriate given historic gain and loss experience of the plan, as well as general expectations for clients similar to Fort Recovery Industries, Inc.

Expenses

Expected plan expenses of \$80,000 were added to the Target Normal Cost.

The assumption for plan expenses is based on actual plan expenses for the current year.

Frequency of optional payment forms

The following table represents the assumed frequency of optional forms of payment elections by actives upon retirement:

Form of payment	Assumption
Single life annuity	60%
50% joint and survivor annuity	20%
100% joint and survivor annuity	20%

Marital percentage

85% of participants are assumed to be married with the husband assumed to be 3 years older than his wife.

Retirement rates

Age	Assumption
55	2%
56	2%
57	2%
58	2%
59	2%
60	10%
61	15%
62	25%
63	15%
64	20%
65 and above	100%

Current terminated vested participants are assumed to retire at age 65.

Non-Prescribed Funding Assumptions and Methods (continued)

Withdrawal rates for active participants not eligible for retirement

Sample rates are as follows:

Age	Male	Female
20	12.5%	15.0%
25	9.0%	11.0%
30	6.5%	8.0%
35	4.5%	5.5%
40	2.6%	3.5%
45	1.3%	1.7%
50	0.3%	0.7%
55	0.0%	0.0%
60	0.0%	0.0%

Asset valuation method

The Actuarial Value of Assets is Market Value as of the valuation date, including discounted receivable contributions, reduced by decreasing fractions, 2/3 and 1/3, of the gain/(loss) in each of the prior 2 years, respectively. The gain/(loss) for each period is determined as the actual return on Market Value during the period less the expected return on Market Value based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third segment rate. The resulting value is constrained to be within a corridor of 90% to 110% of Market Value, including discounted receivable contributions.

	Actuary's Assumption	Third Segment Rate	Reflecting PPA Limit
2015 Expected Return	7.50%	6.81%	6.81%
2014 Expected Return	7.50%	6.99%	6.99%
2013 Expected Return	7.50%	7.16%	7.16%

Future actuarial measurements

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the economic and demographic assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report.

Summary of Changes from the October 1, 2014 Valuation

- For funding purposes, the interest rates and mortality tables were updated to those applicable to the current plan year in accordance with relevant legislation.
- The expense component of the Target Normal Cost increased from \$70,000 to \$80,000.
- The assumption changes relating to interest rates and mortality tables increased the Funding Target by approximately \$0.2 million.

FORT RECOVERY INDUSTRIES, INC.
EMPLOYEES' PENSION PLAN
SCHEDULE H, LINE 4j-SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended September 30, 2016

EIN 34-4410626, Plan 001

<u>a</u>	<u>b</u>	<u>c</u>	<u>d</u>	<u>e</u>	<u>f</u>	<u>g</u>	<u>h</u> Current Value of Asset on Transaction Date	<u>i</u> Net Gain or (Loss)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transactions	Cost of Asset		
Fifth Third Trust & Investment Division	Federated Prime Cash Obligations Fund Institutional Shares							
	42 Sales	N/A	\$ 377,393	N/A	N/A	\$ 377,393	\$ 377,393	\$ 0
	18 Purchases	\$ 184,050	N/A	N/A	N/A	\$ 184,050	\$ 184,050	N/A
	Fifth Third Banksafe Trust							
	19 Sales	N/A	\$ 148,525	N/A	N/A	\$ 148,525	\$ 148,525	\$ 0
	20 Purchases	\$ 396,413	N/A	N/A	N/A	\$ 396,413	\$ 396,413	N/A

"SCHEDULE B"

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

▶ Round off amounts to nearest dollar.

▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan FORT RECOVERY INDUSTRIES, INC. EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF FORT RECOVERY INDUSTRIES, INC.	D Employer Identification Number (EIN) 34-4410626	
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		10,154,228	
b Actuarial value	2b		10,578,858	
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	131	3,972,569	3,972,569	
b For terminated vested participants	113	1,524,790	1,524,790	
c For active participants	131	3,852,528	3,886,868	
d Total	375	9,349,887	9,384,227	
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		6.28%	
6 Target normal cost	6		80,000	

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

SIGN HERE	LIVIA W. PAYLO Signature of actuary	07/17/2017 Date 1707469 Most recent enrollment number 412-281-2506 Telephone number (including area code)
LIVIA W. PAYLO Type or print name of actuary CONDUENT HR CONSULTING, LLC Firm name 11 STANWIX STREET, SUITE 700 PITTSBURGH PA 15222 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 ☐

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8).....	0	0
10 Interest on line 9 using prior year's actual return of <u>-0.79%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		0
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>6.50%</u>		0
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		0
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	0

14	Funding target attainment percentage	14	112.73 %
15	Adjusted funding target attainment percentage	15	112.73 %
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	113.92%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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	
09/29/2016	200,000	0				
06/15/2017	350,000	0				
			Totals ►	18(b)	550,000	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	503,776

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:			
a Segment rates:	1st segment: 4.72%	2nd segment: 6.11%	3rd segment: 6.81%
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 0
22 Weighted average retirement age			22 64
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....		31a	80,000
b Excess assets, if applicable, but not greater than line 31a		31b	80,000
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		0	0
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a + 31b + 32a + 32b - 33)		34	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	503,776
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	503,776
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected		☐ 2 plus 7 years ☐ 15 years	
b Eligible plan year(s) for which the election in line 41a was made		☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	
42 Amount of acceleration adjustment		42 0	
43 Excess installment acceleration amount to be carried over to future plan years		43 0	

FORT RECOVERY INDUSTRIES, INC. EMPLOYEES' PENSION PLAN
EIN: 34-4410626 PN: 001
PLAN YEAR: OCTOBER 1, 2015 TO SEPTEMBER 30, 2016

Schedule SB – Statement by Enrolled Actuary

In preparing this Schedule SB, the actuary relied upon other parties for – and applied reasonability tests to – information on assets, contributions, plan provisions, and data on people covered by the plan.

FORT RECOVERY INDUSTRIES, INC. EMPLOYEES' PENSION PLAN
EIN: 34-4410626 PN: 001
PLAN YEAR: OCTOBER 1, 2015 TO SEPTEMBER 30, 2016

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

The weighted average retirement age is derived based on the following table:

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2) x (3)	(5) Weighted Age (1) x (4)
55	61.8350	0.0120	0.7450	40.9737
56	66.9570	0.0170	1.1397	63.8218
57	66.6434	0.0185	1.2315	70.1981
58	75.2114	0.0184	1.3826	80.1888
59	79.5703	0.0190	1.5087	89.0123
60	81.7515	0.0973	7.9576	477.4584
61	79.4446	0.1496	11.8856	725.0221
62	72.1757	0.2458	17.7406	1,099.9171
63	56.0559	0.1495	8.3791	527.8861
64	53.3161	0.1992	10.6213	679.7623
65	46.3174	1.0000	46.3174	3,010.6323
66	4.0000	1.0000	4.0000	264.0000
67	1.0000	1.0000	1.0000	67.0000
68	3.0000	1.0000	3.0000	204.0000
69	2.0000	1.0000	2.0000	138.0000
70	2.0000	1.0000	2.0000	140.0000
Total			120.9091	7,677.8731
Average				63.50

FORT RECOVERY INDUSTRIES, INC. EMPLOYEES' PENSION PLAN
EIN: 34-4410626 PN: 001
PLAN YEAR: OCTOBER 1, 2015 TO SEPTEMBER 30, 2016

Schedule SB, Part V – Summary of Plan Provisions

Plan Year

The 12 month period ending September 30th.

Entry Date

October 1st or April 1st.

Participant Requirements

An Employee shall become a Participant on the Entry Date following the completion of 1,000 hours of service during an Anniversary Year, measured from his date of hire, provided he has attained age 20.

Final Average Monthly Earnings

Highest average of Base Monthly Earnings during five consecutive calendar years. Base Earnings means compensation excluding bonuses, overtime payments, commissions and extra compensation paid during a calendar year.

Credited Service

One year of Benefit Accrual and Vesting Service for each anniversary year during which an Employee completes 1,000 hours of service.

Normal Retirement Date

The later of a Participant's 65th birthday or the 5th anniversary of plan participation.

Monthly Retirement Income

A monthly benefit at Normal Retirement Date, payable in the Normal Form, equal to the greater of (a) or (b):

- a) 0.65% of Final Average Monthly Earnings up to Social Security Covered Compensation plus 1.3% of Final Average Monthly Earnings in excess of Social Security Covered Compensation, multiplied by years of Credited Service at Normal Retirement Date, maximum 30 years; or
- b) \$17.50 multiplied by years of Credited Service at Normal Retirement Date, maximum 30 years.

Benefits were frozen as of March 1, 2006.

Normal Retirement Benefit

The accrued benefit is payable immediately at the normal retirement date.

Late Retirement Benefit

Monthly income equal to the greater of (a) the participant's accrued benefit at actual retirement or (b) the actuarial equivalent of the normal retirement benefit.

Eligibility for Early Retirement

Rule of 75, that is, the sum of attained age and completed years of service equals at least 75 and after attainment of age 55.

Early Retirement Benefit

Accrued benefit payable at age 65, reduced for immediate commencement by $1/156^{\text{th}}$ for each of the first 36 months prior to age 65, by $1/312^{\text{th}}$ for each of the next 60 months and actuarially thereafter for each month that payments begin early.

Vested Benefit

Upon termination of employment after 5 years of vesting service, a participant will be entitled to receive his monthly accrued benefit beginning at his normal retirement date.

Eligibility for Pre-Retirement Death Benefit

5 years of vesting service.

Pre-Retirement Death Benefit

A participant's spouse shall receive 50% of the monthly benefit the deceased would have received under the joint and 50% survivor annuity as of the date of his death, with this benefit commencing on the earliest date the deceased could have retired. If a vested participant dies while still an active employee, his beneficiary will receive a lump sum death benefit equal to the present value of the participant's accrued benefit reduced by the spousal benefit mentioned in the above paragraph.

Normal Form of Benefit

Monthly income commencing on a Participant's retirement date and payable for life.

Automatic Form of Benefit (for married participants)

Actuarially equivalent reduced Joint and 50% to Surviving Spouse if married at commencement of benefits, unless other election is made.

Optional Forms of Payment

The participant may elect to receive plan benefits as a life annuity, a 10-year or 15-year certain and life annuity, or a 50%, 75% or 100% joint and survivor annuity.

Summary of Changes from the October 1, 2014 Valuation

None.

FORT RECOVERY INDUSTRIES, INC.
EMPLOYEES' PENSION PLAN
SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
September 30, 2016

EIN 34-4410626, Plan 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
<u>Money Market Investments</u>				
*	Fifth Third Banksafe Trust	353,593 Shares	\$ 353,593	\$ 353,593
*	Federated Prime Cash Obligations Institutional Fund	17,889 Shares	17,889	17,889
			<u>371,482</u>	<u>371,482</u>
<u>Collective Funds</u>				
<u>Equity Funds</u>				
*	Harbor International INST	11,144.026 Shares	601,463	693,716
*	Oppenheimer Developing MKTS-Y	7,530.853 Shares	248,911	255,371
			<u>\$ 850,374</u>	<u>\$ 949,087</u>

"SCHEDULE A"

FORT RECOVERY INDUSTRIES, INC.
EMPLOYEES' PENSION PLAN
SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
September 30, 2016

EIN 34-4410626, Plan 001

(a)	(b)	(c)		(d)	(e)	
	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment		Cost	Current Value	
		Due Date	Face Value	Interest Rate		
Bonds						
	Federal Home Loan Bank	03/13/20	85,000	4.125%	\$ 98,207	\$ 93,613
	Fannie Mae	08/28/17	35,000	0.875%	35,052	35,067
	Fannie Mae	10/26/17	60,000	0.875%	60,019	60,098
	Federal Natl Mtg Assn	09/06/24	70,000	2.630%	71,220	74,937
	Freddie Mac	01/13/22	95,000	2.375%	95,457	100,039
	Freddie Mac	10/02/19	55,000	1.250%	52,838	55,388
	Freddie Mac	03/07/18	65,000	0.875%	64,040	65,051
	Freddie Mac	05/01/20	95,000	1.375%	91,128	96,031
	Cabelas CR Card Master NT TR	03/15/23	25,000	2.260%	25,045	25,447
	Fannie Mae	11/25/18	17,130	VAR	17,329	17,412
	FNMA REMIC Trust	01/25/24	30,000	3.501%	30,300	32,930
	FHLMC Multifamily STR Pass Thru	01/25/19	29,949	2.130%	30,912	30,456
	Freddie Mac	06/25/25	25,000	VAR	25,750	27,395
	WFRBS COML MTG TR	03/15/45	19,475	2.029%	20,374	19,601
	World FIN Network CCMT	06/17/24	20,000	2.550%	20,220	20,695
	Ace INA HLDG INC SR NT	11/03/20	20,000	2.300%	20,249	20,520
	Alphabet Inc SR GLBL NT	02/25/24	20,000	3.375%	21,866	21,899
	Apple Inc	02/23/23	30,000	2.850%	30,023	31,581
	BB&T Corp SR Medium Term NTS	08/15/17	15,000	1.600%	14,973	15,050
	Bank of America	05/01/18	30,000	5.650%	32,249	31,823
	Bank of New York Mellon	09/23/21	15,000	3.550%	15,755	16,149
	CR Bard Inc	01/15/21	10,000	4.400%	11,327	10,994
	Berkshire Hathaway Inc DEL SR NT	02/11/23	30,000	3.000%	30,368	31,579
	Blackrock Inc	03/18/24	25,000	3.500%	24,917	27,336
	Chevron Corp New NT	12/05/22	15,000	2.355%	15,000	15,272
	Chevron Corp	06/24/23	10,000	3.191%	9,876	10,652
	Cisco SYS Inc	02/15/19	30,000	4.950%	35,019	32,535
	Colgate-Palmolive Co Medium	05/01/18	15,000	0.900%	14,840	14,967
	Costco Wholesale Corp New	12/15/19	20,000	1.700%	19,955	20,243
	General ELEC Cap Corp	02/11/21	35,000	5.300%	38,565	40,104
	Goldman Sachs Group Inc Medium	03/15/20	30,000	5.375%	31,899	33,220
	Home Depot Inc SR NT	04/01/23	20,000	2.700%	19,813	20,825
	Balance Carried Forward				\$1,124,585	\$1,148,909

"SCHEDULE A"

FORT RECOVERY INDUSTRIES, INC.

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EMPLOYEES' PENSION PLAN

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)

September 30, 2016

EIN 34-4410626, Plan 001

(a)	(b)	(c)		(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment		Cost	Current Value
		Due Date	Face Value	Interest Rate	
<u>Bonds(Continued)</u>					
	Balance Brought Forward			\$1,124,585	\$1,148,909
	JP Morgan Chase & Co	05/13/24	30,000	3.625%	30,012
	Medtronic Inc	03/15/22	30,000	3.150%	30,592
	Morgan Stanley	10/23/24	30,000	3.700%	30,567
	Pepsico Inc	04/30/25	35,000	2.750%	34,854
	Public Service Co Colorado	03/15/23	15,000	2.500%	14,931
	State STR Corp SR NT	05/15/18	15,000	1.350%	14,900
	State Street Corp	11/20/23	10,000	3.700%	9,976
	Toyota MTR CR Corp Medium	01/17/19	15,000	2.100%	15,061
	Wal-Mart Stores Inc	04/11/23	25,000	2.550%	23,494
	Wells Fargo & Co New MTN	02/13/23	20,000	3.450%	19,755
	FG J1-7629	01/01/22	5,100	3.000%	6,046
	Total CAP CDA LTD GLBL NT	01/15/18	10,000	1.450%	9,990
	Total Bonds			<u>1,364,763</u>	<u>1,399,221</u>
<u>U.S. Government Securities</u>					
	United States Treas NTS	11/30/18	150,000	1.250%	\$ 148,064
	United States Treas NTS	11/15/24	25,000	2.250%	25,676
	United States Treas NTS	11/15/18	70,000	0.875%	69,975
	United States Treas NTS	02/15/15	10,000	2.000%	9,827
	United States Treas Note	11/15/25	85,000	2.250%	88,742
	US Treasury Note	05/15/22	15,000	1.750%	15,157
	US Treasury N/B	11/30/19	160,000	1.000%	158,349
	United States Treas NTS	05/31/20	70,000	1.375%	69,258
	US Treasury NT	10/31/18	230,000	1.250%	231,619
	United States Treas Note	05/31/21	260,000	2.000%	265,828
	United States Treas NTS	06/30/19	45,000	1.625%	44,960
	US Treasury Note	04/30/22	45,000	1.750%	44,689
	Total U.S. Government Securities			<u>1,172,144</u>	<u>1,188,614</u>
	Total of Bonds & U.S. Securities			<u><u>\$2,536,907</u></u>	<u><u>\$2,587,835</u></u>

"SCHEDULE A"

FORT RECOVERY INDUSTRIES, INC.
EMPLOYEES' PENSION PLAN
SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
September 30, 2016

EIN 34-4410626, Plan 001

(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment	Cost	Current Value
<u>Common Stocks</u>			
Lyondellbasell Industries	322 Shares	\$ 26,269	\$ 25,973
Dow Chem Co	709 Shares	33,179	36,747
Scotts Miracle-Gro Company	196 Shares	13,013	16,321
Valspar Corp	352 Shares	22,536	37,337
Packaging Corp Amer	216 Shares	14,291	17,552
Deltic Timber Corp	119 Shares	7,404	8,060
Glatfelter	384 Shares	7,503	8,325
Carpenter Technology Corp COM	189 Shares	8,629	7,798
Haynes INTL INC	259 Shares	7,634	9,611
Pentair PLC SHS	635 Shares	37,053	40,792
Owens Corning Inc	180 Shares	8,703	9,610
Dycom INDS Inc	148 Shares	10,325	12,103
Emcor Group Inc	219 Shares	10,123	13,057
Granite Constr Inc	210 Shares	6,801	10,445
Tri Pointe Group Inc	1,152 Shares	16,643	15,183
Acuity Brands (HLDG Company) Inc	159 Shares	29,103	42,071
Encore Wire Corp COM	226 Shares	9,049	8,310
Enersys Common	178 Shares	10,548	12,316
Fortive Corop COM	215 Shares	9,061	10,944
Smith A O Corp	626 Shares	45,338	61,843
II-VI Inc	380 Shares	7,418	9,245
Celadon Group Inc	1,219 Shares	17,230	10,654
Columbus McKinnon Corp N Y	781 Shares	16,165	13,933
Middleby Corp	251 Shares	26,771	31,029
Oshkosh Corporation	92 Shares	3,896	5,152
Snap On Inc COM	382 Shares	40,175	58,049
Xylem Inc	393 Shares	14,537	20,613
Eaton Corp PLC SHS	608 Shares	37,302	39,952
Fabrinet SHS	196 Shares	3,828	8,740
Allegiant Travel Co	79 Shares	16,027	10,434
Delta Air Lines Inc	1,171 Shares	54,116	46,091
Southwest AIRLS Co	452 Shares	18,958	17,578
Balance Carried Forward		\$ 589,628	\$ 675,868

"SCHEDULE A"

FORT RECOVERY INDUSTRIES, INC.
EMPLOYEES' PENSION PLAN
SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
September 30, 2016

EIN 34-4410626, Plan 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment	Cost	Current Value
	<u>Common Stocks (Continued)</u>			
	Balance Brought Forward		\$ 589,628	\$ 675,868
	General Dynamics Corp	280 Shares	19,707	43,445
	Honeywell INTL INC	360 Shares	37,013	41,972
	Lockheed Martin Corp	256 Shares	53,492	61,368
	Rockwell Collins	192 Shares	16,815	16,193
	United Technologies Corp	498 Shares	46,090	50,597
	Watsco Inc COM	74 Shares	8,723	10,427
	CECO Environmental Corp	1,686 Shares	17,755	19,018
	Miller Herman Inc	366 Shares	10,200	10,468
	Aegean Marine Petroleum NETW	1,047 Shares	9,324	10,470
	Swift Transn Co	754 Shares	11,437	16,188
	General MTRS CO	1,464 Shares	48,279	46,511
	Lear Corp	319 Shares	35,114	38,669
	O Reilly Automotive Inc	63 Shares	16,329	17,647
	Ford Motor Company	1,793 Shares	27,427	21,642
	Brinker INTL INC	164 Shares	7,803	8,271
	Dominos Pizza Inc	150 Shares	16,437	22,778
	McDonalds Corp	201 Shares	20,175	23,187
	Starbucks Corp Com	759 Shares	37,705	41,092
	Vail Resorts Inc	133 Shares	14,928	20,865
	LA Z Boy Inc COM	543 Shares	11,406	13,336
	Mohawk Inds Inc	69 Shares	12,631	13,823
	Whirlpool Corp	113 Shares	19,652	18,324
	WCI CMNTYS INC	621 Shares	11,585	14,730
	Lions Gate ENTMT Corp	1,612 Shares	52,630	32,224
	Sirius XM HLDGS INC	4,367 Shares	18,078	18,210
	Amazon.com INC	76 Shares	43,172	63,636
	Netflix INC	145 Shares	16,057	14,290
	Macys INC	606 Shares	0	22,452
	Aaron Rents Inc CL A	489 Shares	13,049	12,430
	American Eagle Outfitters INC	634 Shares	10,201	11,323
	Balance Carried Forward		<u>\$ 1,252,842</u>	<u>\$ 1,431,454</u>

"SCHEDULE A"

FORT RECOVERY INDUSTRIES, INC.
EMPLOYEES' PENSION PLAN
SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
September 30, 2016

EIN 34-4410626, Plan 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment	Cost	Current Value
Common Stocks (Continued)				
	Balance Brought Forward		\$ 1,252,842	\$ 1,431,454
	DSW Inc CL A	471 Shares	11,512	9,646
	Foot Locker Inc	326 Shares	18,467	22,077
	Home Depot Inc	598 Shares	48,937	76,951
	Marinemax INC	717 Shares	10,690	15,021
	TJX COS Inc	609 Shares	43,072	45,541
	Tractor Supply Co	582 Shares	52,076	39,198
	Ulta Salon Cosmetics & Fragrance	192 Shares	22,226	45,692
	Carters Inc	149 Shares	14,926	12,920
	Lululemon Athletica Inc	194 Shares	12,145	11,830
	Nike INC	568 Shares	34,690	29,905
	LKQ Corp	1,539 Shares	44,367	54,573
	Constellation Brands INC	322 Shares	45,733	53,610
	Monster Beverage Corp NEW	73 Shares	10,946	10,717
	CVS Health Corporation	272 Shares	25,490	24,205
	Caseys Gen Stores Inc	161 Shares	16,407	19,344
	Costco Wholesale Corp	336 Shares	47,124	51,243
	Rite Aid Corp	568 Shares	5,076	4,368
	Lauder Estee COS INC	463 Shares	39,860	41,003
	Aramark	474 Shares	15,415	18,026
	Archer Daniels Midland Co	795 Shares	31,537	33,525
	Hormel Foods Corp	266 Shares	7,377	10,089
	Tyson Foods Inc	643 Shares	22,444	48,013
	Whitewave Foods Co	693 Shares	24,241	37,720
	Altria Group Inc	1,169 Shares	68,325	73,916
	Philip Morris INTL Inc	483 Shares	41,221	46,957
	Diamondback Energy INC	113 Shares	8,196	10,909
	Matrix SVC CO COM	429 Shares	8,884	8,048
	BP PLC ADR	799 Shares	33,107	28,093
	Chevron Corporation	648 Shares	63,183	66,692
	Conocophillips	428 Shares	0	18,605
	Balance Carried Forward		\$ 2,080,516	\$ 2,399,891

"SCHEDULE A"

FORT RECOVERY INDUSTRIES, INC.
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SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
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EIN 34-4410626, Plan 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor or <u>Similar Party</u>	Description of <u>Investment</u>	<u>Cost</u>	Current <u>Value</u>
<u>Common Stocks (Continued)</u>				
	Balance Brought Forward		\$ 2,080,516	\$ 2,399,891
	Delek US Holdings INC	475 Shares	7,020	8,213
	ENI S P A ADR	741 Shares	21,883	21,393
	Exxon Mobil Corp	590 Shares	52,930	51,495
	Gulfport Energy Corp	244 Shares	5,974	6,893
	Marathon Petroleum Corp	593 Shares	24,619	24,070
	One Gas INC COM	136 Shares	5,237	8,410
	Pacific Ethanol Inc	1,016 Shares	6,913	7,021
	Whiting Petroleum Corp	636 Shares	6,087	5,559
	Royal Dutch Shell PLC	358 Shares	24,839	18,913
	AMN Healthcare SVCS INC	432 Shares	13,195	13,768
	Amsurg Corp	146 Shares	8,278	9,789
	Anthem INC	188 Shares	26,187	23,558
	HMS HLDGS Corp	547 Shares	5,420	12,127
	LHC Group INC	255 Shares	8,983	9,404
	UnitedHealth Group Inc	442 Shares	40,536	61,880
	Amgen INC	251 Shares	39,406	41,869
	Biomarin Pharm Inc Common	164 Shares	17,270	15,173
	Celgene Corp	492 Shares	49,939	51,429
	Gilead Sciences INC COMMON	398 Shares	42,987	31,490
	Incyte CORP	221 Shares	21,556	20,838
	Vertex Pharmaceuticals Inc	186 Shares	23,536	16,221
	Bristol Myers Squibb Co	929 Shares	57,434	50,092
	Impax Laboratories INC	390 Shares	12,405	9,243
	Johnson & Johnson	556 Shares	0	65,680
	Pfizer INC	2,671 Shares	87,505	90,467
	Teva Pharmaceutical INDS ADR	377 Shares	18,224	17,346
	Allscripts Healthcare Solutions	777 Shares	9,698	10,233
	Medtronic PLC	513 Shares	39,289	44,323
	Steris PLC SHS	184 Shares	13,390	13,450
	Danaher Corp	431 Shares	27,891	33,786
	Balance Carried Forward		<u>\$ 2,799,147</u>	<u>\$ 3,194,024</u>

"SCHEDULE A"

FORT RECOVERY INDUSTRIES, INC.
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September 30, 2016

EIN 34-4410626, Plan 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor or <u>Similar Party</u>	Description of Investment	<u>Cost</u>	Current <u>Value</u>
<u>Common Stocks (Continued)</u>				
	Balance Brought Forward		\$2,799,147	\$3,194,024
	Dentsply Sirona INC	819 Shares	44,448	48,673
	Edwards Lifesciences Corp	375 Shares	33,232	45,210
	Merit Med Sys INC COM	451 Shares	8,612	10,955
	Nuvasive Inc	293 Shares	15,342	19,531
	Banner Corp	330 Shares	11,507	14,434
	Citigroup INC	1,074 Shares	48,541	50,725
	Financial Institutions INC COM	431 Shares	9,908	11,684
	Hanmi FINL CORP COM NEW	500 Shares	10,330	13,170
	Homestreet Inc	513 Shares	12,064	12,856
	Hope Bancorp INC	740 Shares	11,549	12,854
	Independent BK CORP MASS	218 Shares	6,448	11,792
	Keycorp NEW	2,603 Shares	22,269	31,679
	Mainsource FINL Group INC	607 Shares	10,131	15,145
	Old NATL Bancorp INC	1,082 Shares	13,424	15,213
	PNC Financial Services Group	260 Shares	22,683	23,423
	Peoples Bancorp Inc	658 Shares	14,057	16,180
	Regions Financial Corp	1,089 Shares	9,921	10,748
	Suntrust Banks INC	567 Shares	21,962	24,835
	Western Alliance Bancorp	315 Shares	10,164	11,825
	TowneBank Portsmouth VA	414 Shares	6,332	9,948
	Hartford Financial Services GRP	783 Shares	17,386	33,528
	Primerica Inc	182 Shares	8,490	9,651
	Prudential Financial Inc	317 Shares	19,168	25,883
	Travelers COS Inc	419 Shares	39,475	47,996
	Unum Group	966 Shares	24,685	34,109
	Bofi Holdings INC	515 Shares	10,374	11,536
	Banc Calif Inc	503 Shares	5,447	8,782
	Berkshire Hills Bancorp INC	471 Shares	10,756	13,051
	Dime CMNTY Bancorp Inc COM	630 Shares	10,735	10,559
	Capital One FINL CORP	576 Shares	46,778	41,374
	Balance Carried Forward		<u>\$3,335,365</u>	<u>\$3,841,373</u>

"SCHEDULE A"

FORT RECOVERY INDUSTRIES, INC.
EMPLOYEES' PENSION PLAN
SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
September 30, 2016

EIN 34-4410626, Plan 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor or <u>Similar Party</u>	Description of Investment	<u>Cost</u>	<u>Current Value</u>
<u>Common Stocks (Continued)</u>				
	Balance Brought Forward		\$3,335,365	\$3,841,373
	Discover Financial Services	460 Shares	14,398	26,013
	Ameriprise Financial Inc	283 Shares	17,285	28,235
	Blackrock Capital Investment Corp	1,149 Shares	10,593	9,514
	Goldman Sachs Group	291 Shares	46,290	46,930
	Greenhill & Co INC	613 Shares	14,674	14,448
	Janus Cap Group INC	2,250 Shares	37,187	31,523
	Intercontinental Exchange Inc	356 Shares	86,192	95,892
	Marketaxess Holdings INC	30 Shares	4,231	4,968
	JPMorgan Chase & Co	1,436 Shares	86,096	95,623
	Agree Realty Corp	145 Shares	4,631	7,169
	Brandywine Realty Trust	563 Shares	6,362	8,794
	Diamondrock Hospitality Co	791 Shares	10,294	7,198
	LTC PPTYS INC	231 Shares	10,143	12,010
	Lexington Corporate PPTYS TR	1,089 Shares	9,380	11,217
	Life Storage INC	175 Shares	16,242	15,565
	Vereit INC	2,021 Shares	17,679	20,958
	Welltower INC COM	988 Shares	68,989	73,873
	AT&T Inc	2,340 Shares	80,310	95,027
	Cirrus Logic INC	199 Shares	7,022	10,577
	Diodes INC	452 Shares	10,446	9,646
	Entegris Inc	790 Shares	9,717	13,762
	Intel Corp	1,996 Shares	61,514	75,349
	Lam Resh Corp	429 Shares	31,547	40,631
	Microchip Technology INC	749 Shares	36,605	46,543
	Tessera Technologies INC	311 Shares	9,341	11,955
	Arista Networks Inc	149 Shares	10,766	12,677
	Cisco Systems Inc	2,520 Shares	55,992	79,934
	Alphabet INC	134 Shares	81,427	107,744
	Facebook INC	735 Shares	52,962	94,278
	Imperva INC	185 Shares	13,580	9,936
	Balance Carried Forward		<u>\$4,257,260</u>	<u>\$4,959,362</u>

"SCHEDULE A"

FORT RECOVERY INDUSTRIES, INC.
EMPLOYEES' PENSION PLAN
SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
September 30, 2016

EIN 34-4410626, Plan 001

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment	<u>Cost</u>	Current <u>Value</u>
	<u>Common Stocks (Continued)</u>			
	Balance Brought Forward		\$4,257,260	\$4,959,362
	Palo Alto Networks INC	216 Shares	25,660	34,415
	Apple INC	1,089 Shares	78,947	123,111
	Seagate Technology PLC SHS	370 Shares	0	14,264
	Synaptics Inc	214 Shares	14,552	12,536
	AVX Corp COM NEW	726 Shares	9,160	10,012
	Amphenol Corp CL A	1,139 Shares	62,597	73,944
	Jabil Circuit Inc	1,230 Shares	26,088	26,839
	Universal Display Corp Common	175 Shares	8,605	9,714
	Plexus Corp COM	233 Shares	9,362	10,900
	Adobe Systems Inc	463 Shares	38,159	50,254
	Electronic Arts	900 Shares	61,975	76,860
	Fortinet Inc	274 Shares	8,236	10,119
	Mentor Graphics Corp	360 Shares	6,767	9,518
	Microsoft Corp	728 Shares	39,441	41,933
	Ultimate Software Group INC	83 Shares	16,823	16,964
	Euronet Worldwide Inc	208 Shares	15,471	17,021
	Fiserv Inc	550 Shares	25,951	54,709
	Paypal HLDGS Inc	930 Shares	33,623	38,102
	Visa INC CL A	994 Shares	56,945	82,203
	Exelon Corp	1,795 Shares	62,742	59,756
	First Energy	436 Shares	15,159	14,423
	PPL Corp	1,096 Shares	35,791	37,889
	Portland General Electric Co	337 Shares	9,661	14,353
	Allergan PLC SHS	152 Shares	43,977	35,007
	Berry Plastics Group INC	491 Shares	16,638	21,530
	Bloomin Brands Inc	823 Shares	16,222	14,189
	Citizens Finanacial Group INC	773 Shares	17,284	19,101
	Gain Capital HLDGS INC	1,005 Shares	9,125	6,211
	Hometrust Bancshares Inc	477 Shares	7,657	8,825
	ITT INC COM	270 Shares	8,513	9,677
	Balance Carried Forward		<u>\$5,038,391</u>	<u>\$5,913,741</u>

"SCHEDULE A"

FORT RECOVERY INDUSTRIES, INC.
EMPLOYEES' PENSION PLAN
SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
September 30, 2016

EIN 34-4410626, Plan 001

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
<u>Common Stocks (Continued)</u>				
	Balance Brought Forward		\$5,038,391	\$5,913,741
	Proofpoint INC	186 Shares	12,670	13,922
	Ring Energy INC	616 Shares	4,520	6,745
	Synergy Residential Corp	813 Shares	5,027	5,634
	United INS HLDGS Corp	562 Shares	8,935	9,543
	WEC Energy Group INC	185 Shares	7,657	11,078
Total Common Stock			<u>5,077,200</u>	<u>5,960,663</u>
Total Assets			<u>\$8,835,963</u>	<u>\$9,869,067</u>

"SCHEDULE A"

FORT RECOVERY INDUSTRIES, INC. EMPLOYEES' PENSION PLAN
EIN: 34-4410626 PN: 001
PLAN YEAR: OCTOBER 1, 2015 TO SEPTEMBER 30, 2016

Schedule SB, line 24 – Change in Actuarial Assumptions

The expense component of the Target Normal Cost was increased from \$70,000 to \$80,000.

The assumption for plan expenses is based on actual plan expenses for the current year.