Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ **Complete all entries in accordance with the instructions to the Form 5500.**	**2016** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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.)
- [x] 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:
- [x] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
CLAYPOOL ELECTRIC, INC. SAVINGS INCENTIVE PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1988

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)
CLAYPOOL ELECTRIC, INC.

1275 LANCASTER-KIRKERSVILLE ROAD
LANCASTER, OH 43130

2b Employer Identification Number (EIN) 31-0831061

2c Plan Sponsor's telephone number 740-653-5683

2d Business code (see instructions) 238210

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.	08/31/2017	BILL SCHNEIDER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/31/2017	BILL SCHNEIDER
	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 [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	217
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)**	167
a(2) Total number of active participants at the end of the plan year	**6a(2)**	203
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	42
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	245
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	245
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	207
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:

2E 2F 2G 2J 2K 3D 2T

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)** [X] 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)** [X] 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)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....……..… ☐ Yes ☐ No

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

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

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2016
Department of Labor Employee Benefits Security Administration	▶ **File as an attachment to Form 5500.**	**This Form is Open to Public Inspection.**
Pension Benefit Guaranty Corporation		

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
CLAYPOOL ELECTRIC, INC. SAVINGS INCENTIVE PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
CLAYPOOL ELECTRIC, INC.

D Employer Identification Number (EIN)
31-0831061

Part I Service Provider Information (see instructions)

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)

FAIRFIELD NATIONAL BANK

DIVISION OF PARK NATIONAL BANK
143 W MAIN STREET
LANCASTER, OH 43130

31-1198067

(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 15		67560	Yes [X] No [ ]	Yes [ ] No [X]	344	Yes [ ] No [X]

(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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2016** **This Form is Open to Public Inspection**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
CLAYPOOL ELECTRIC, INC. SAVINGS INCENTIVE PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
CLAYPOOL ELECTRIC, INC.

D Employer Identification Number (EIN)
31-0831061

Part I Asset and Liability Statement

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) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	350000	300000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1785329	2011437
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(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)	11714185	12456497
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	13849514	14767934
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 through1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	13849514	14767934

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)	1314073	
(B) Participants	2a(1)(B)	329849	
(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)		1643922
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4447	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4447
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	371041	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		371041
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(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)		604664
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2624074
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1600396	
(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)		1600396
f Corrective distributions (see instructions)	2f		37699
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	67559	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		67559
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1705654
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		918420
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: SCHULTE & COMPANY CPAS, INC. **(2)** EIN: 34-1866503

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	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.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	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.)	4c		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.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	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?	4f		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?	4g		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?	4h		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.)	4i	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.)	4j		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?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
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	4n			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

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)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under sections 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.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
CLAYPOOL ELECTRIC, INC. SAVINGS INCENTIVE PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
CLAYPOOL ELECTRIC, INC.

D Employer Identification Number (EIN)
31-0831061

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** 0

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): 73-1721841 _____

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**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

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

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

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

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter _____/_____/_____ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter _____/_____/_____.

CLAYPOOL ELECTRIC, INC.
SAVINGS INCENTIVE PLAN

FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION
MODIFIED CASH BASIS

Years Ended December 31,
2016 and 2015

CLAYPOOL ELECTRIC, INC.
SAVINGS INCENTIVE PLAN

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DECEMBER 31, 2016 AND 2015

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Schulte & Company
Certified Public Accountants
600 S. Cleveland-Massillon Road
Fairlawn, Ohio 44333-3022

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrative Committee of
Claypool Electric, Inc. Savings Incentive Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements—modified cash basis of Claypool Electric, Inc. Savings Incentive Plan (the "Plan") as of December 31, 2016 and 2015 and for the years then ended, as listed in the accompanying index.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note F, which was certified by Fairfield National Bank Division of the Park National 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 and for the years ended December 31, 2016 and 2015, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets held for investment purposes at end of year – modified cash basis, which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

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

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

Schutte + Company CPA's Inc.

Fairlawn, Ohio
August 22, 2017

CLAYPOOL ELECTRIC, INC. SAVINGS INCENTIVE PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
MODIFIED CASH BASIS

DECEMBER 31, 2016 AND 2015

	2016	2015
Assets:		
Investments at fair value:		
Cash and cash equivalents	$ 2,011,437	$ 1,785,329
Mutual funds	12,208,128	11,645,822
Collective investment fund	248,369	68,363
	14,467,934	13,499,514
Receivables:		
Employer's contributions	300,000	350,003
Participant contributions	-	13
Accrued investment income	17,829	2,067
	317,829	352,083
Net assets available for benefits	$ 14,785,763	$ 13,851,597

See accompanying notes.

CLAYPOOL ELECTRIC, INC. SAVINGS INCENTIVE PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS MODIFIED CASH BASIS

YEARS ENDED DECEMBER 31, 2016 AND 2015

	2016	2015
Additions:		
Additions to net assets attributed to:		
Investment income:		
Interest	$ 4,793	$ 1,889
Dividends	386,455	462,344
Net realized and unrealized appreciation in fair value of investments	604,666	(456,477)
	995,914	7,756
Contributions:		
Employer	1,314,906	964,195
Participant	329,836	273,004
	1,644,742	1,237,199
Rollovers from employees' prior employers	-	-
Total additions	2,640,656	1,244,955
Deductions:		
Deductions from net assets attributed to:		
Benefits paid to participants, including direct rollovers	(1,600,396)	(1,294,793)
Corrective distributions	(37,699)	(40,416)
Fiduciary & administrative fees, un-reimbursed	(68,395)	(68,504)
Total deductions	(1,706,490)	(1,403,713)
Net increase (decrease) in net assets	934,166	(158,758)
Net assets available for benefits:		
Beginning of year	13,851,597	14,010,355
End of year	$ 14,785,763	$ 13,851,597

See accompanying notes.

NOTE A – DESCRIPTION OF PLAN

The following description of the Claypool Electric, Inc. Savings Incentive Plan (the "Plan") provides only general information. Participants should refer to the Plan document or the summary plan description for a more complete explanation of the Plan's provisions. Claypool Electric, Inc. established the Plan, which was initially a profit sharing plan, on January 1, 1988. Effective January 1, 1999, the Plan was amended and restated to become a 401(k) plan, which allows elective deferrals, as well as profit sharing contributions. Subsequently, the Plan was amended January 1, 2002, January 1, 2003, and March 28, 2005, primarily to comply with changes in tax provisions that did not affect the overall nature of the Plan.

On September 1, 2006, but effective January 1, 2007, the Plan changed the eligibility requirements for participation in the employer discretionary profit sharing contribution. Now participants must be employed with the Company on the last day of the plan year and have completed 1,000 hours of service during the plan year in order to share in the plan year's discretionary profit sharing contribution. On December 31, 2006, the Plan changed the permitted reasons for hardship distributions and provided that the employer would now match catch-up contributions. The list of permissible expenses for which participants are now allowed to request hardship distributions includes medical expenses, purchase of a primary residence, tuition expenses, amounts necessary to prevent eviction from a primary residence, payments for burial or funeral expenses, and expenses for the repair of a primary residence after a casualty loss.

On January 1, 2007, the Plan provided participants internet access to their accounts, where they can change fund allocations and make additional investment fund choices. On January 1, 2009, the Plan provided participants the ability to change their deferral percentage on a monthly basis and, for bonuses only, on a one-time basis. It also provided the employer the ability to change the employer match percentage. On December 20, 2010, the Plan was amended primarily to comply with the Heroes Earnings Assistance and Relief Tax Act of 2008 and Worker, Retiree, and Employer Recovery Act of 2008 provisions that did not affect the overall nature of the Plan.

Effective January 1, 2013, the Plan was amended primarily to comply with Pension Protection Act provisions that did not affect the overall nature of the Plan.

Effective January 1, 2015 the Plan was amended to comply with the IRS mandated 5-year cycle for restatement. These updates did not affect the overall nature of the Plan.

General - The Plan is a 401(k), defined contribution plan covering substantially all employees of Claypool Electric, Inc. (the Company) in Lancaster, Ohio. It is subject to the provisions of Ohio law, the Employee Retirement Income Security Act of 1974 (ERISA), and the Internal Revenue Code.

Eligibility – All employees of the Company, except for leased employees, part-time employees, and employees covered by a collective bargaining agreement which includes retirement benefits, are eligible to participate in the Plan. For purposes of employee salary reduction (401(k)) contributions, Company matching contributions, and Company profit sharing contributions, employees are eligible to participate if they have completed one year of employment and have attained age 19. In addition, in order to share in the profit sharing contribution, employees must be employed on the last day of the plan year and have completed a year of service during the plan year. Where employees are otherwise eligible, they will share in the profit sharing contribution for the year regardless of the amount of service completed during the plan year in the year of their death, disability or retirement. For purposes of prevailing wage contributions, employees are eligible to participate in the Plan on their date of hire.

NOTE A – DESCRIPTION OF PLAN (Continued)

Participant Amounts - Each participant's account is credited with qualified transfers into the Plan (if any), the participant's contributions to the plan, the Company's current year contributions, and allocations of Plan earnings or losses. Allocations of Plan earnings and losses are based on account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account. Participants who make a salary deferral contribution and are actively employed any time during the plan year are generally eligible to share in the Company's matching contributions.

A participant's salary deferrals in any given year cannot exceed the limits set by the Internal Revenue Code (IRC), which were $18,000 and $18,000 for 2016 and 2015, respectively. Participants fifty years of age and over could contribute an additional catch-up contribution of $6,000 and $6,000 for 2016 and 2015, respectively. Under the IRC, total additions to a participant's account, including salary deferrals, employer contributions, and allocations of forfeitures, could not exceed the lesser of 100% of compensation or $53,000 and $53,000 for 2016 and 2015, respectively. If an employee makes excessive contributions for a given year, the employee must include the excessive contributions in taxable income for that tax year and the plan refunds the amounts the following year. At December 31, 2016 and 2015, employee excessive contributions totaled $26,537 and $37,699, respectively. These amounts were distributed to the employees in 2017 and 2016, respectively.

Vesting - Participants are immediately vested in their contributions and transferred amounts plus actual earnings thereon. After three years of service, a participant is 100 percent vested with respect to Company contributions. Employees earn a year of vesting service every plan year in which they work 1,000 hours or more from date of employment. Employees who are at or beyond normal retirement age at their date of hire or reach normal retirement age during employment are immediately 100 percent vested with respect to Company contributions.

Forfeitures – When an employee terminates service prior to vesting in the participant's share of the Company's matching and profit sharing contributions, the participant forfeits these amounts. Forfeitures can be used to reduce the Company's profit sharing or matching contribution payments or to offset fees. Beginning in 2005, the Company elected to use forfeitures to offset plan fiduciary and administrative fees. Forfeitures totaled $836 and $2,155 for 2016 and 2015, respectively.

Participant Loans – Participant loans are not permitted.

Payment of Benefits – On termination of service due to death, disability, or retirement, participants may apply immediately on the termination date to receive a lump-sum payment in cash equal to 100% of the value of their account. On termination due to other reasons, participants may apply not sooner than twelve months after their termination date to receive a lump-sum payment in cash equal to the vested value of their account. In accordance with tax and distribution law, once the value attributable to the employee has been established, the payment may have to be directly rolled over to the employee's IRA or a portion withheld for income taxes.

NOTE B – SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The financial statements of the Plan have been prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles. Investment assets for the plan year are presented at fair value.

NOTE B – SIGNIFICANT ACCOUNTING POLICIES (Continued)

Employer and participant contributions and interest income are reported when earned. All other revenues are recognized when received, rather than when earned; and certain expenses are recognized when cash is disbursed, rather than when the obligation is incurred.

Fiduciary and Administrative Expenses – Plan expenses, including trustee, administrative, compliance and other fees, are paid out of Plan assets and are allocated among participants' accounts along with investment gains and losses. In 2016 and 2015, plan trustee, administrative and other fees totaled $68,395 and $68,504, respectively. Fees incurred, but not yet paid totaled $17,933 and $16,832 at December 31, 2016 and 2015, respectively.

Investments and Participant Account Valuation – As indicated in Note H below, the Plan's investments are stated at fair value. Investments in money market and mutual funds are stated at fair value based on the quoted market values of the underlying investments. Investments in collective investment funds are stated at calculated net asset value per share in a manner consistent with the measurement principles in ASC 946, *Financial Services -- Investment Companies*.

Purchase and sales of investments are recorded on a settlement basis. Investment interest income is recorded on an accrual basis. Other income and expenses are recorded on a cash basis.

In accordance with the policy of stating investments at fair value, net appreciation or depreciation of investments, which consists of realized gains and losses and unrealized appreciation and depreciation, is reflected in the statement of changes in net assets available for benefits.

Participants self-direct their investments.

On a daily basis, the trustee determines the value of each investment or investment fund and then increases or decreases each participant's account to reflect his or her proportionate interest in that fund's activity since the preceding day. Portfolio values fluctuate with the market.

Fair Value of Financial Instruments – The carrying values of the Company's financial instruments, including cash, cash equivalents, and investments, approximate their fair values. Portfolio values fluctuate with the market.

Benefits - Benefits are recorded when paid.

Use of Estimates - The preparation of financial statements in conformity with modified cash basis of accounting requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ significantly from those estimates.

Cash and Cash Equivalents – Cash and cash equivalents include cash in banks, time deposits, money market funds, and highly liquid debt instruments with maturities of three months or less at the date of their acquisition.

Reclassifications – In year 2016, certain reclassifications were made to the 2015 financial statements to conform with the presentation of the 2016 financial statements.

NOTE C – TAX STATUS

The Plan obtained its latest determination letter dated June 1, 2010, in which the Internal Revenue Service stated that the Plan, as then designed including the most recent amendments, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan adopted the new accounting for uncertainty in income taxes guidance [FASB ASC 740-10 (formerly FASB Interpretation No. (FIN) 48, *Accounting for Uncertainty in Income Taxes*)] on January 1, 2009. There was no material impact resulting from the adoption of FASB ASC 740-10 (formerly FIN 48) on the Plan's financial statements. The Plan continually evaluates expiring statutes of limitations, audits, proposed settlements, changes in tax law, and new authoritative rulings.

The Plan's federal tax returns are open to examination for years 2013 through 2015. The Plan believes that it is more likely than not that all income tax positions and deductions will be sustained on audit. Accordingly, no reserves for uncertain income tax positions have been recorded in the financial statements.

NOTE D – ADMINISTRATION OF PLAN ASSETS

The Plan's assets are held by the trustee of the Plan, Fairfield National Bank Division of the Park National Bank.

Company contributions are deposited with the trustee, which invests cash received, interest, and dividend income at the direction of the investment managers and makes distributions to participants. The trustee also administers the participants' account balances based upon information provided by the Company.

Certain administrative functions are performed by managers or employees of the Company. No such manager or employee receives compensation from the Plan.

NOTE E – EMPLOYER CONTRIBUTION / FUNDING POLICY

The Company is not obligated to make any contributions to the Plan.

NOTE F – INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by the Plan's custodian, Fairfield National Bank Division of the Park National Bank, except for comparing, such information certified by the trustee, to information included in

NOTE F – INFORMATION PREPARED AND CERTIFIED BY TRUSTEE (continued)

the Plan's financial statements and supplemental Schedule H, Line 4i—Schedule of Assets Held for Investment Purposes at End of Year—modified cash basis:

	December 31,	
	2016	2015
Investments at fair value as determined by quoted market price:		
Cash and cash equivalents	$ 2,011,437	$ 1,785,329
Mutual funds	12,208,128	11,645,822
Collective investment fund	248,369	68,363
Total investments	$ 14,467,934	$ 13,499,514

The plan's investments (including investments bought, sold, and held during the year) appreciated (depreciated) in value as follows:

	December 31,	
	2016	2015
Net unrealized appreciation (depreciation) in fair market value of investments during the year:		
Mutual funds	$ 565,847	$ (435,337)
Net change in unrealized gains and losses	$ 565,847	$ (435,337)

	December 31,	
	2016	2015
Net incr (decr) in net assets, per certified statements	$ 984,182	$ (358,774)
Less: Contributions receivable, beginning	(350,016)	(150,000)
Plus: Contributions receivable, ending	300,000	350,016
Net increase in net assets, per financial statements	$ 934,166	$ (158,758)

NOTE G – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

	December 31,	
	2016	2015
Net assets available for benefits, per the financial statements	$ 14,785,763	$ 13,851,597
Less: Accrued investment income, ending	(17,829)	(2,067)
Less: Contributions receivable, ending	(-)	(16)
Net assets available for benefits, per the Schedule H of Form 5500	$ 14,767,934	$ 13,849,514

NOTE H – FAIR VALUE MEASUREMENTS

FASB ASC 820 (formerly SFAS No. 157, *Fair Value Measurements*), establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 (formerly SFAS No. 157) are described below:

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

Level 2: Input to the valuation methodology include:
- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means;

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

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

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. Finally, the methods used to measure fair value may result in values that fluctuate with the market. In down years for the market, the Plan's losses are due to a general decline in the market and not indicative of asset impairment.

NOTE H – FAIR VALUE MEASUREMENTS (Continued)

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. For the years ended December 31, 2016 and 2015, the Plan's cash and mutual fund investments were measured using level 1 inputs and there were no investments measured using level 2 or 3 inputs.

In May 2015, the FASB issued ASU 2015-07, *Fair Value Measurement (Topic 820): Disclosures for investments in Certain Entities That Calculate Net Asset Value per Share (or its Equivalent)*, which exempts investments measured using the net asset value (NAV) practical expedient in ASC 820, *Fair Value Measurement*, from categorization within the fair value hierarchy. The guidance requires retrospective application and is effective for non-public entities for fiscal years beginning after December 15, 2016. Early adoption is permitted. Management elected to early adopt the provisions of this new standard. Accordingly, changes to the financial statements were retrospectively applied, resulting in the collective investment fund being listed separately on the statements of net assets available for benefits, but no change in total net assets available for benefits, as of and for the years ended December 31, 2016 and 2015. In addition, the collective investment fund is exempt from the fair value hierarchy for the years ended December 31, 2016 and 2015, as shown below.

In July 2015, the FASB issued ASU 2015-12, *Plan Accounting: Defined Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965): Part (I) Fully Benefit-Responsive Investment Contracts; Part (II) Plan Investment Disclosures, Part (III) Measurement Date Practical Expedient.* This three-part standard simplifies employee benefit plan reporting with respect to fully benefit-responsive investment contracts and plan investment disclosures, and provides for a measurement-date practical expedient. Parts I and II are effective for fiscal years beginning after December 15, 2015 and should be applied retrospectively. Part III is effective for fiscal years beginning after December 15, 2015 and should be applied prospectively.

Management adopted Parts I and II, effective January 1, 2016. Part III did not apply. Accordingly, changes to the financial statements were retrospectively applied resulting in the following as of and for the years ended December 31, 2016 and 2015: elimination of disclosures required for individual investments greater than five percent of net assets, simplification of disclosures of net appreciation and depreciation of investments, and simplification of disclosures in the fair value hierarchy table. There was no change in total net assets available for benefits, as of and for the years ended December 31, 2016 and 2015.

Collective Investment fund: The Plan has investments with one collective investment fund with an investment company. This collective investment fund is a fixed income stable value fund that may only accept assets of eligible employee benefit trusts, and invests in stable value products, including traditional guaranteed investment contracts (GICs), synthetic GICs, separate account GICs and money market instruments. The Fund is rated by Standard and Poor's, Moody's and Fitch and publishes audited financial statements. According to the audited financial statements for the year ended December 31, 2016, the Fund attempts to maintain a stable price per unit of $10.00; however, there can be no assurance that the value of the units in the Fund will not fluctuate. Factors that may influence the value of the fund include: the level of market interest rates, the amount and timing of participant contributions, transfers, and withdrawals into and out of the GICs, the investment returns generated by the fixed-income securities underlying the GICs; and the duration of the fixed-income securities underlying the GICs, as well as, but not limited to, plan mergers, terminations, and other programs or events that may limit the ability of the Fund to

transact at contract value. The principal value per unit of the Fund is determined at the end of each day by dividing net assets by the number of units outstanding.
Under the new guidance, while a collective investment fund measures its investments in fully benefit-responsive investment contracts or GICs at contract value, a plan is to report its investment in a collective investment fund at fair value. Other than a change in disclosures as indicated above, adjustment to the new guidance had no material impact on the Plan's financial statements.

For those assets measured using net asset value, the Plan administrator determines the fair value measurement policies and procedures in consultation with the Plan's third party investment advisors. Those policies and procedures are reassessed at least annually to determine if the current valuation techniques are still appropriate. At that time, the net asset value measurements are evaluated and adjusted, as necessary, based on current market conditions and other third-party information.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair as of:

	December 31,	
	2016	2015
Investments at fair value (Level 1):		
Cash	$ 2,011,437	$ 1,785,329
Mutual Funds:		
Stock	3,114,209	3,209,368
Bond	1,063,789	952,953
Balanced	4,772,462	4,675,834
Life Cycle	3,257,668	2,807,667
Total assets in the fair value hierarchy	14,219,565	13,431,151
Investments measured at net asset value	248,369	68,363
Total investments at fair value	$ 14,467,934	$ 13,499,514

NOTE I – SUBSEQUENT EVENTS

The Plan has evaluated all subsequent events through August 22, 2017, the date financial statements were available to be issued.

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SUPPLEMENTARY INFORMATION

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT YEAR END -- Modified Cash Basis
(Schedule H, Line 4i)

CLAYPOOL ELECTRIC, INC. SAVINGS INCENTIVE PLAN
FEIN # 31-0831061
PLAN #003
PLAN YEAR ENDED DECEMBER 31, 2016

(a)	(b) Identity of issue, borrower, lessor, or similar party	(C) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Currrent value
	Park National Bank FDIC Account	Savings Option	2,011,437	2,011,437
	Vanguard European Index Fund	Mutual Fund, 11639.869 shares	722,778	697,810
	Vanguard Balanced Index Fund	Mutual Fund, 46702.031 shares	1,367,713	1,452,900
	Vanguard 500 Index	Mutual Fund, 8683.1 shares	1,640,547	1,793,668
	Vanguard Wellington Fund	Mutual Fund, 49215.155 shares	3,137,229	3,319,562
	Vanguard Short Term Inv Grade	Mutual Fund, 71986.905 shares	761,016	765,221
	Vanguard Target Ret. 2015	Mutual Fund, 10874.191 shares	154,798	157,785
	Vanguard Target Ret. 2025	Mutual Fund, 15164.005 shares	238,743	247,931
	Vanguard Target Ret. 2035	Mutual Fund, 48468.202 shares	821,401	859,826
	Vanguard Target Ret. 2045	Mutual Fund, 62669.876 shares	1,125,398	1,183,834
	Vanguard Target Ret. 2055	Mutual Fund, 24560.691 shares	768,790	808,292
	American Fds Europacific Grwth	Mutual Fund, 1077.902 shares	48,696	48,516
	American Fds Growth Fund	Mutual Fund, 5914.536 shares	244,357	248,411
	Amerian Fds Capital World G&I	Mutual Fund, 3144.797 shares	136,883	137,837
	Vanguard Extended Market Index	Mutual Fund, 2307.338 shares	147,091	167,790
	Federated Cap Preservation	Stable Value, 24836.878 shares	248,369	248,369
	Vanguard IT Investment Grade Bond	Mutual Fund, 30971.798 shares	307,595	298,568
	Vanguard REIT Index	Mutual Fund, 113.369 shares	12,895	13,249
	Vanguard Small Cap Indx	Mutual Fund, 112.162 shares	6,351	6,928
			$ 13,902,087	$ 14,467,934

See Independent Auditor's Report.

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT YEAR END -- Modified Cash Basis
(Schedule H, Line 4i)

CLAYPOOL ELECTRIC, INC. SAVINGS INCENTIVE PLAN
FEIN # 31-0831061
PLAN #003
PLAN YEAR ENDED DECEMBER 31, 2015

(a)	(b) Identity of issue, borrower, lessor, or similar party	(C) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Currrent value
	Vanguard Life Strategy Moderate	Mutual Fund, 35.917 shares	$ 884	$ 828
	Park National Bank FDIC Account	Savings Option	1,785,329	1,785,329
	Vanguard European Index Fund	Mutual Fund, 11109.170 shares	730,273	694,434
	Vanguard Balanced Index Fund	Mutual Fund, 48890.502 shares	1,451,061	1,428,581
	Vanguard 500 Index	Mutual Fund, 9987.783 shares	1,896,734	1,882,497
	Vanguard Wellington Fund	Mutual Fund, 51105.660 shares	3,415,002	3,247,254
	Vanguard Short Term Inv Grade	Mutual Fund, 80252.989 shares	855,639	847,472
	Vanguard Target Ret. 2015	Mutual Fund, 16547.679shares	252,119	235,474
	Vanguard Target Ret. 2025	Mutual Fund, 38503.028 shares	638,911	601,417
	Vanguard Target Ret. 2035	Mutual Fund, 44613.726 shares	796,838	751,295
	Vanguard Target Ret. 2045	Mutual Fund, 46183.705 shares	860,990	821,146
	Vanguard Target Ret. 2055	Mutual Fund, 12893.507 shares	414,285	397,507
	American Fds Europacific Grwth	Mutual Fund, 933.36 shares	44,242	42,253
	American Fds Growth Fund	Mutual Fund, 6739.672 shares	287,732	277,944
	Amerian Fds Capital World G&I	Mutual Fund, 2714.284 shares	124,563	117,691
	Vanguard Extended Market Index	Mutual Fund, 2900.630 shares	193,209	184,422
	Federated Cap Preservation	Stable Value, 6836.290 shares	68,363	68,363
	Vanguard IT Investment Grade Bond	Mutual Fund, 10942.036 shares	108,339	105,481
	Vanguard REIT Index	Mutual Fund, 77.587 shares	8,946	8,766
	Vanguard Small Cap Indx	Mutual Fund, 25.634 shares	1,392	1,360
			$ 13,934,851	$ 13,499,514

See Independent Auditor's Report.

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

For the plan year beginning 01/01/2016 and ending 12/31/2016

Name of plan
CLAYPOOL ELECTRIC, INC. SAVINGS INCENTIVE PLAN

Employer Identification Number
31-0831061

Three-digit plan number ► 003

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	VANGUARD SMALL CAP INDX	MUTUAL FUND 112.162 Shares		6,928
	PARK NATIONAL BANK FDIC ACCT	SAVINGS OPTION		2,011,437
	VANGUARD EUROPEAN INDEX FUND	MUTUAL FUND, 11639.869 Shares		697,810
	VANGUARD BALANCED INDEX FUND	MUTUTAL FUND, 46702.031 Shares		1,452,900
	VANGUARD 500 INDEX	MUTUAL FUND, 8683.1 Shares		1,793,668
	VANGUARD WELLINGTON FUND	MUTUAL FUND, 49215.155 Shares		3,319,562
	VANGUARD SHORT TERM INV GRADE	MUTUAL FUND, 71986.905 Shares		765,221
	VANGUARD TARGET RET. 2015	MUTUAL FUND, 10874.191 Shares		157,785
	VANGUARD TARGET RET. 2025	MUTUAL FUND, 15164.005 Shares		247,931
	VANGUARD TARGET RET 2035	MUTUAL FUND, 48468.202 Shares		859,826
	VANGUARD TARGET RET 2045	MUTUAL FUND, 62669.876 Shares		1,183,834
	VANGUARD TARGET RET 2055	MUTUAL FUND, 24560.691 Shares		808,292
	AMERICAN FDS EUROPACIFIC GRWTH	MUTUAL FUND, 1077.902 Shares		45,516
	AMERICAN FDS GROWTH FUND	MUTUAL FUND, 5914.536 Shares		248,411
	AMERICAN FDS CAPITAL WORLD G&I	MUTUAL FUND, 3144.797 Shares		137,837
	VANGUARD EXTENDED MARKET IDX	MUTUAL FUND, 2307.338 Shares		167,790
	FEDERATED CAP PRESERVATION	STABLE VALUE 24836.878 Shares		248,369
	VANGUARD IT INVST GRD BOND	MUTUAL FUND, 30971.798 Shares		298,568
	VANGUARD REIT Index	MUTUAL FUND 113.369 Shares		13,249