

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 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 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</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.)	
	☒ 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>HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST</u>	1b Three-digit plan number (PN) ▶	<u>002</u>	
	1c Effective date of plan	<u>11/01/1984</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>HY-KO PRODUCTS COMPANY</u> <u>60 MEADOW LANE</u> <u>NORTHFIELD, OH 44067</u>	2b Employer Identification Number (EIN) <u>34-0700745</u>		
	2c Plan Sponsor's telephone number <u>330-467-7446</u>		
	2d Business code (see instructions) <u>339900</u>		

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>09/13/2017</u>	<u>ALICE BISSETT</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2016)
v. 160205

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 199
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..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	 6a(1) 184 6a(2) 177 6b 0 6c 21 6d 198 6e 0 6f 198 6g 138 6h 1
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: 2A 2E 2J 2G 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) ☒ 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) ☒ <u>2</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

A Name of plan HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 HY-KO PRODUCTS COMPANY	D Employer Identification Number (EIN) 34-0700745	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE TRUST COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	335-80281	15	01/01/2016	12/31/2016

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 244286**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 354212**c** Additions: (1) Contributions deposited during the year **7c(1)** -3208
(2) Dividends and credits..... **7c(2)**
(3) Interest credited during the year..... **7c(3)** 919
(4) Transferred from separate account..... **7c(4)**
(5) Other (specify below)..... **7c(5)** 74022

▶ LOAN REPAYMENT TFR FROM OUTSIDE NW-PRINCIPAL

(6) Total additions **7c(6)** 71733**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 425945**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 98546
(2) Administration charge made by carrier..... **7e(2)** 2381
(3) Transferred to separate account..... **7e(3)**
(4) Other (specify below)..... **7e(4)** 80732

▶ LOAN WITHDRAWAL TRANSFER TO FUNDING SUCCESSOR

(5) Total deductions **7e(5)** 181659**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 244286

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

A Name of plan HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 HY-KO PRODUCTS COMPANY	D Employer Identification Number (EIN) 34-0700745	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE TRUST COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
34-4156830	66869	335-80281	15	01/01/2016	12/31/2016

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 106063**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 0**c** Additions: (1) Contributions deposited during the year **7c(1)** 9412
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 3453
(4) Transferred from separate account **7c(4)** 425014
(5) Other (specify below) **7c(5)** 3439

▶ LOAN PAYMENTS

(6) Total additions **7c(6)** 441318**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 441318**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 335255
(2) Administration charge made by carrier **7e(2)**
(3) Transferred to separate account **7e(3)**
(4) Other (specify below) **7e(4)**

▶

(5) Total deductions **7e(5)** 335255**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 106063

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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
		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 HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 HY-KO PRODUCTS COMPANY	D Employer Identification Number (EIN) 34-0700745

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	
MGO SECURITIES CORP	24400 CHAGRIN BLVD SUITE 310 BEACHWOOD, OH 44122

(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)

MOSKAL GROSS ORCHOSKY INC

24400 CHAGRIN BLVD
STE 310
BEACHWOOD, OH 44122

(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?
15 16 17	THIRD PARTY ADMIN	37847	Yes ☒ No ☐	Yes ☐ No ☒	4459	Yes ☐ No ☒

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

MGO INVESTMENT ADVISORS

24400 CHAGRIN BLVD
STE 310
BEACHWOOD, OH 44122

(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?
26 27 28 31 38	INVESTMENT ADVISOR	23053	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(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?
15 26 49 64 99	CUSTODIAN/RECORD KEEPER	14188	Yes ☒ No ☐	Yes ☐ No ☒	11526	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
MOSKAL GROSS ORCHOSKY	15 16 17 37	37437
(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.	
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	ADVISOR/SERVICE PROVIDER FEE ADMINISTRATIVE SERVICES FEE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE	15 18 19 21 25 26 49 64 99	11526
(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.	
MOSKAL INVESTMENT ADVISORS INC. 24400 CHAGRIN BLVD. SUITE 310 BEACHWOOD, OH 44122	ADVISORY SERVICE PROVIDER FEE ADMINISTRATIVE SERVICES FEE	
(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) 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 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>		
A Name of plan <u>HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HY-KO PRODUCTS COMPANY</u>	D Employer Identification Number (EIN) <u>34-0700745</u>	

Part I	Asset and Liability Statement
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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)		
(2) Participant contributions	1b(2)	11098	12062
(3) Other.....	1b(3)		0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	17492	14234
(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)	203507	146660
(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)	5721432	5277182
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	354212	350349
(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	6307741 5800487
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	7595 7034
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	7595 7034
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	6300146 5793453

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	
	(B) Participants	2a(1)(B)	340791
	(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)	340791
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	6213
	(F) Other	2b(1)(F)	4985
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	11198
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(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)		461892
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		813881

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1202889	
(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)		1202889
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		43014
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)	23053	
(4) Other	2i(4)	51618	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		74671
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1320574

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-506693
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: MALONEY & NOVOTNY LLC

(2) EIN: 34-0677006

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:

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	Amount
4a		X	
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) 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 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.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HY-KO PRODUCTS COMPANY</u>	D Employer Identification Number (EIN) <u>34-0700745</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	
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>31-4156830</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	

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

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, see the Instructions for Form 5500.

Schedule R (Form 5500) 2016
v. 160205

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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 / / .	

**HY-KO PRODUCTS COMPANY SAVINGS
PLAN AND TRUST**

FINANCIAL REPORT

DECEMBER 31, 2016 and 2015

HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST
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Independent Auditors' Report

To the Plan Administrator and Plan Participants
Hy-Ko Products Company Savings Plan and Trust
Cleveland, Ohio

We were engaged to audit the accompanying financial statements of the Hy-Ko Products Company Savings Plan and Trust (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' 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. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Nationwide Trust Company, the Custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the Custodian as of December 31, 2016 and 2015, and for the years then ended, that the information provided to the plan administrator by the Custodian is complete and accurate.

Disclaimer of Opinion

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

Report on Supplementary Information

The supplemental schedule of assets (held at end of year) as of December 31, 2016 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's ("DOL") 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, we do not express an opinion on this supplemental schedule.

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 Custodian, 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.

Meloney + Novotny LLC

Cleveland, Ohio
August 29, 2017

HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
<u>ASSETS</u>		
INVESTMENTS, AT FAIR VALUE		
Interest bearing cash	\$ 14,234	\$ 17,492
Registered investment companies	<u>5,277,182</u>	<u>5,721,432</u>
Total investments, at fair value	5,291,416	5,738,924
INVESTMENTS, AT CONTRACT VALUE		
Insurance company general accounts - unallocated contracts	350,349	354,212
RECEIVABLES		
Participant contributions	12,062	11,098
Notes receivable from participants	<u>146,660</u>	<u>203,507</u>
Total receivables	158,722	214,605
<u>LIABILITIES</u>		
ACCRUED EXPENSES	<u>7,034</u>	<u>7,595</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$5,793,453</u>	<u>\$6,300,146</u>

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

HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
ADDITIONS		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	\$ 261,708	\$ (279,165)
Interest and dividends	<u>205,169</u>	<u>273,188</u>
Total investment income (loss)	466,877	(5,977)
Interest income on notes receivable from participants	6,213	7,127
Contributions:		
Participants	340,791	343,641
Rollovers	<u>-</u>	<u>228</u>
Total contributions	<u>340,791</u>	<u>343,869</u>
Total additions	813,881	345,019
DEDUCTIONS		
Benefits paid to participants	1,202,889	704,452
Deemed distributions	43,014	38,693
Administrative expenses	<u>74,671</u>	<u>93,852</u>
Total deductions	<u>1,320,574</u>	<u>836,997</u>
NET INCREASE (DECREASE)	(506,693)	(491,978)
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	<u>6,300,146</u>	<u>6,792,124</u>
END OF YEAR	<u><u>\$5,793,453</u></u>	<u><u>\$6,300,146</u></u>

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

HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan

The following description of the Hy-Ko Products Company Savings Plan and Trust (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General – Hy-Ko Products Company established the Plan effective November 1, 1984. The Plan is a defined contribution plan covering substantially all employees of Hy-Ko Products Company ("Sponsor") who are 21 years old and who have completed 60 days of service. Employees may enter the Plan the first day of a plan year or the first day of the seventh month of a plan year following fulfillment of the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

The Sponsor and the trustees of the Plan have entered into supplemental participation agreements with three companies that are considered related parties to the Plan because of common ownership, Aurora Retail Group New Jersey, LLC, Hy-Ko Services, LLC, and Budget Wire and Display. The agreements allow the three companies to adopt the Plan as participating employers (collectively, with the Sponsor, the "Companies").

Contributions – Each year, participants may contribute up to 100% of pretax annual compensation, as defined in the Plan and subject to IRS limitations. Participants may also elect to make after-tax Roth contributions. Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. The Companies may elect to make a discretionary profit sharing contribution on behalf of each of three groups of employees defined in the Plan. The discretionary contribution to each group will be allocated or divided among eligible participants in each group by the compensation received by each participant during the plan year. Additional amounts may also be contributed at the discretion of the Companies. Contributions are subject to limitations. The Companies made no profit sharing or other contributions in 2016 or 2015.

Participant Accounts – Each participant's account is credited with the participant's contribution and allocations of the Companies' contribution and Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants direct the investment of their accounts into various investment options offered by the Plan.

Vesting – Participants are immediately vested in their voluntary contributions plus actual earnings thereon. In the event of termination of employment for reasons other than retirement, death or disability, a participant shall have a vested right in the Companies' contributions based on the participant's years of service with the Companies. Participants vest 20% per plan year of service after two years of service and are 100% vested after six years of service.

Payment of Benefits – The vested portion of a participant's account becomes payable upon death, disability, normal retirement age or termination of service for any other reason. Participants may choose to receive account balances in a lump sum, or in equal monthly, quarterly, semi-annual or annual installments not to exceed the participant's life expectancy.

HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 1. Description of Plan (Continued)

Payment of Benefits (Continued)

In-service distributions of vested balances may be made to a participant who has not separated from service provided the participant has attained age 53. Involuntary distributions of amounts less than \$5,000 are permitted under the Plan, but such distributions greater than \$1,000 must be directly rolled over to an individual retirement account set up by the plan administrator for the benefit of the participant. In-service hardship withdrawals of employee contributions are permitted upon proof, to the satisfaction of the plan administrator, of an immediate and heavy financial need.

Forfeited Accounts – Forfeited non-vested accounts are used to reinstate previously forfeited account balances of former participants, to pay administrative expenses or to reduce future employer discretionary contributions. At December 31, 2016 and 2015, forfeited non-vested accounts totaled \$637 and \$641, respectively. No forfeitures were used in 2016 or 2015.

Notes Receivable From Participants – Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Participants may only have one loan outstanding from the Plan at one time. Repayments must be amortized in level payments, not less frequently than quarterly, over a period not extending beyond five years from the date of the loan. A loan is not subject to the five-year repayment requirement if it is used to buy a principal residence. The loans are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the plan administrator.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting – The accompanying financial statements have been prepared on the accrual basis of accounting.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Use of Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition – Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's trustees determine the Plan's valuation policies utilizing information provided by the investment adviser, Nationwide Trust Company (the "Custodian"), and administrator. See Note 4 for discussion of fair value measurements.

HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 2. Summary of Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition (Continued)

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

Notes Receivable From Participants – Notes receivable from participants are measured at their unpaid balance plus any accrued but unpaid interest.

Payment of Benefits – Benefits are recorded when paid.

Administrative Expenses – Certain administrative functions are performed by officers or employees of the Companies. No such officer or employee received compensation from the Plan. Administrative expenses of the Plan are paid by the Companies or the Plan at the option of the Companies. Significantly all administrative expenses of the Plan, including legal and audit fees and certain fees related to the management of participant accounts, have been paid by the Plan. Certain expenses, such as fees for loans, distributions, and fund redemptions, are paid by the affected participants.

Subsequent Events – The Plan has evaluated subsequent events through August 29, 2017, the date the financial statements were available to be issued.

Note 3. Unaudited Information

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, the Custodian has certified to the completeness and accuracy of all investments and notes receivable from participants reflected on the statements of net assets available for benefits at December 31, 2016 and 2015, the supplemental schedule at December 31, 2016, the related investment and loan interest activity reflected in the statements of changes in net assets available for benefits for the years ended December 31, 2016 and 2015 and investment related information in the accompanying notes to the financial statements. The information is unaudited by independent accountants.

Note 4. Fair Value Measurements

The Plan estimates the fair value of financial instruments using available market information and other generally accepted valuation methodologies. The inputs used to measure fair value are classified into three levels:

- Level 1 – Quoted market prices in active markets for identical assets and liabilities
- Level 2 – Observable market-based inputs or unobservable inputs that are corroborated by market data
- Level 3 – Unobservable inputs in which little or no market data exist

HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 4. Fair Value Measurements (Continued)

The methods described below may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. There have been no changes in the methodologies used from 2015 to 2016. 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.

Interest bearing cash – Classified as a Level 1 instrument.

Registered investment companies – Valued at the quoted net asset value of shares held by the Plan at year end and are classified as Level 1.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016 and 2015:

	Assets at Fair Value as of December 31, 2016			
	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 14,234	\$ -	\$ -	\$ 14,234
Registered investment companies	5,277,182	-	-	5,277,182
Total assets at fair value	<u>\$5,291,416</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$5,291,416</u>
	Assets at Fair Value as of December 31, 2015			
	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 17,492	\$ -	\$ -	\$ 17,492
Registered investment companies	5,721,432	-	-	5,721,432
Total assets at fair value	<u>\$5,738,924</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$5,738,924</u>

Note 5. Insurance Company General Accounts - Unallocated Contracts

The Plan holds investment contracts which meet the fully-benefit responsive investment contract criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses.

The investment contracts held by the Plan are guaranteed investment contracts. The contract issuers are contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed by the Plan. The crediting rate is based on a formula established by the contract issuers but may not be less than 0.0%. The crediting rate is reviewed on a quarterly basis for resetting. There are no reserves against contract value for credit risk of the contract issuers or otherwise. The contract cannot be terminated before the scheduled maturity date.

HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 5. Insurance Company General Accounts - Unallocated Contracts (Continued)

Certain events limit the ability of the Plan to transact at contract value with the issuers. Such events include the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

Note 6. Risks and Uncertainties

The Plan holds 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 investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Note 7. Plan Termination

Although they have not expressed any intent to do so, the Companies have the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

Note 8. Tax Status

The volume submitter document on which the Plan is based obtained a determination letter dated March 31, 2014, in which the Internal Revenue Service stated that the document, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan has been restated and amended since this date. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2016, there are no uncertain positions taken or expected to be taken that would require such recognition or disclosure in the financial statements.

Note 9. Party-in-Interest Transactions

During the year, certain investments were managed by an affiliate of Nationwide Trust Company, the Custodian of the Plan; therefore, these transactions qualify as party-in-interest transactions. In addition, fees paid by the Plan to Nationwide Trust Company totaled \$14,188 and \$16,936 for the years ended December 31, 2016 and 2015, respectively.

SUPPLEMENTAL SCHEDULE

HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST

EMPLOYER NO. 34-0700745

PLAN NO. 002

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

December 31, 2016

(a)	(b) <u>Identity of Party</u>	(c) <u>Description of Investment</u>	Current (e) <u>Value</u>
*	Nationwide Life Insurance Company	Interest bearing cash	\$ 14,234
Registered investment companies:			
	Allianz Global Investors	Allianz Technology Fund - Institutional	55,300
	American Century	Equity Income - I	199,592
	American Funds Group	American Mutual Fund - R6	12,145
	American Funds Group	Capital Income Builder - R6	274,040
	American Funds Group	Europacific Growth - R6	206,362
	American Funds Group	New World - R6	15,448
	American Funds Group	The Income Fund of America - R6	677,568
	American Funds Group	Washington Mutual Investors Fund - R6	456,040
	Ave Maria	Ave Maria Bond Fund - R	10,416
	BlackRock	BlackRock Health Sciences Opportunities Fund - Institutional	54,092
	Calvert Group	Calvert Equity Portfolio - I	8,324
	Calvert Group	Calvert Small Cap Fund - I	2,654
	Dimensional Fund Advisors	DFA Global Real Estate Securities - I	34,210
	Emerald	Emerald Growth - Institutional	24,954
	Federated	Government Obligation	148,478
	Federated	Strategic Income - Institutional	96
	Fidelity Investments	Fidelity Advisor New Insights Fund - Institutional	150,711
	Franklin Templeton	Franklin Income - Advisor	106,992
	Franklin Templeton	Franklin Mutual European - Class Z	110,969
	Franklin Templeton	Franklin Small Cap Growth - Advisor	65,860
	Franklin Templeton	Franklin U.S. Government Securities Fund - Advisor	15,791
	Franklin Templeton	Franklin Utilities Series Fund - Advisor	97,785
	Franklin Templeton	Templeton Global Bond - Advisor	102,351
	Goldman Sachs	Goldman Sachs Strategic Income - Institutional	62,202
	Invesco	Invesco Golf & Precious Metals - Y	9,693
	JPMorgan	JPMorgan Mid Cap Value Fund - Institutional	123,284
	JPMorgan	JPMorgan Small Cap Value Fund - R6	27,420
	Natixis Funds	Gateway Fund - Class Y	148,643
	Neuberger & Berman Management	Meuberger Berman Mid Cap Growth Fund - Institutional	51,901
	Oppenheimer Funds	Oppenheimer Gold & Special Minerals Fund - Y	56,942
	Oppenheimer Funds	Oppenheimer International Growth Fund - Y	144,453
	Oppenheimer Funds	Oppenheimer Senior Floating Rate - Y	128,248
	Oppenheimer Funds	Oppenheimer SteelPath MLP Select 40 - Y	37,869
	Parnassus Investments	Parnassus Core Equity Fund - Institutional	9,787
	Pax World Management	Pax World Global Environmental Markets Fund - Institutional	2,410

HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST

EMPLOYER NO. 34-0700745

PLAN NO. 002

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

December 31, 2016

(a)	(b) <u>Identity of Party</u>	(c) <u>Description of Investment</u>	Current (e) <u>Value</u>
	PIMCO	PIMCO All Asset All Authority Fund - Institutional	72,393
	PIMCO	PIMCO Income Fund - Institutional	29,639
	PIMCO	PIMCO Long-Term Credit - Institutional	20,540
	PIMCO	PIMCO Real Return Fund - Institutional	58,520
	Pioneer	Pioneer Bond - Y	190,568
	Pioneer	Pioneer Select Mid Cap Growth - Y	74,664
	T. Rowe Price	T. Rowe Price New Horizons Fund, Inc.	163,854
	Vanguard	Vanguard 500 Index Fund - Admiral	422,799
	Vanguard	Vanguard Dividend Appreciation Index Fund - Investor	82,428
	Vanguard	Vanguard Extended Market Index Fund - Admiral	22,672
	Vanguard	Vanguard Long-Term Investment-Grade - Inv	209
	Vanguard	Vanguard Small-Cap Value Index Fund - Investor	62,111
	Vanguard	Vanguard Total Bond Market Index - Adm	1,046
	Vanguard	Vanguard Total Stock Market Index - Adm	21,691
	Victory	Victory Fund for Income Fund - I	226,358
	Victory	Victory Sycamore Established Value - I	79,758
	Waddell & Reed	Ivy Real Estate Securities Fund - I	29,264
	Wells Fargo Funds	Wells Fargo Advantage Adjustable Rate Government Fund - Institutional	37,851
	Wells Fargo Funds	Wells Fargo Advantage Discovery Fund - Institutional	15,246
	Wells Fargo Funds	Wells Fargo Advantage Premier Large Company Growth Fund - Institutional	32,541
			<u>5,277,182</u>
	Insurance company general accounts - unallocated contracts:		
*	Nationwide Life Insurance Company	Nationwide Fixed Select	106,063
*	Nationwide Life Insurance Company	Nationwide Best of America Fixed Income	244,286
			<u>350,349</u>
*	Participant Loans	Interest rates ranging from 4.25% - 4.75%	<u>146,660</u>
			<u>\$ 5,788,425</u>

* Indicates a party-in-interest

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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 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**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.)
☒ 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 HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST	1b Three-digit plan number (PN) ▶ 002
	1c Effective date of plan 11/01/1984
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) HY-KO PRODUCTS COMPANY 60 Meadow Lane Northfield OH 44067	2b Employer Identification Number (EIN) 34-0700745 2c Plan Sponsor's telephone number (330) 467-7446 2d Business code (see instructions) 339900

IRS COPY

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	<i>Alice M. Bissett</i>		Alice Bissett
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2016)
v. 160205

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 199
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) 184
a(2) Total number of active participants at the end of the plan year	6a(2) 177
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 21
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 198
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 198
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 138
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 1
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:

2A 2E 2J 2G 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) ☒ 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) ☒ 1 **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

A Name of plan HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST	B Three-digit plan number (PN) ► 002 D Employer Identification Number (EIN) 34-0700745
C Plan sponsor's name as shown on line 2a of Form 5500 HY-KO PRODUCTS COMPANY	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
---------------	---

1 Coverage Information:

(a) Name of insurance carrier
 Nationwide Trust Company

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	335-80281	15	01/01/2016	12/31/2016

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
---	--

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end..... **4** 244,286**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier..... **6b****c** Premiums due but unpaid at the end of the year..... **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year..... **7b** 354,212**c** Additions: (1) Contributions deposited during the year..... **7c(1)** -3,208(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 919(4) Transferred from separate account..... **7c(4)**(5) Other (specify below) **7c(5)** 74,022

▶ Loan Repayment

Tfr from outside NW-Principal

(6) Total additions..... **7c(6)** 71,733**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 425,945**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 98,546(2) Administration charge made by carrier **7e(2)** 2,381(3) Transferred to separate account..... **7e(3)**(4) Other (specify below) **7e(4)** 80,732

▶ Loan Withdrawal

Transfer to Funding Successor

(5) Total deductions..... **7e(5)** 181,659**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 244,286

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)	
(2) Increase (decrease) in amount due but unpaid.....	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3)).....		9a(4)
b Benefit charges (1) Claims paid	9b(1)	
(2) Increase (decrease) in claim reserves	9b(2)	
(3) Incurred claims (add (1) and (2))		9b(3)
(4) Claims charged		9b(4)
c Remainder of premium: (1) Retention charges (on an accrual basis) –		
(A) Commissions	9c(1)(A)	
(B) Administrative service or other fees.....	9c(1)(B)	
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses.....	9c(1)(D)	
(E) Taxes	9c(1)(E)	
(F) Charges for risks or other contingencies.....	9c(1)(F)	
(G) Other retention charges	9c(1)(G)	
(H) Total retention		9c(1)(H)
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
(2) Claim reserves		9d(2)
(3) Other reserves.....		9d(3)
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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 HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST	B Three-digit plan number (PN) ► 002	C Plan sponsor's name as shown on line 2a of Form 5500 HY-KO PRODUCTS COMPANY				
D Employer Identification Number (EIN) 34-0700745						
Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.						
1 Coverage Information:						
(a) Name of insurance carrier NATIONWIDE TRUST COMPANY						
(b) EIN 34-4156830	(c) NAIC code 66869	(d) Contract or identification number 335-80281				
(e) Approximate number of persons covered at end of policy or contract year 15		Policy or contract year <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">(f) From</td> <td style="width: 50%; border-bottom: 1px solid black;">(g) To</td> </tr> <tr> <td style="text-align: center;">01/01/2016</td> <td style="text-align: center;">12/31/2016</td> </tr> </table>	(f) From	(g) To	01/01/2016	12/31/2016
(f) From	(g) To					
01/01/2016	12/31/2016					
2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.						
(a) Total amount of commissions paid 0		(b) Total amount of fees paid 0				
3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).						
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid						
(b) Amount of sales and base commissions paid	Fees and other commissions paid <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">(c) Amount</td> <td style="width: 50%; border-bottom: 1px solid black;">(d) Purpose</td> </tr> <tr> <td style="height: 40px;"></td> <td style="height: 40px;"></td> </tr> </table>		(c) Amount	(d) Purpose		
(c) Amount	(d) Purpose					
(e) Organization code						
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid						
(b) Amount of sales and base commissions paid	Fees and other commissions paid <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">(c) Amount</td> <td style="width: 50%; border-bottom: 1px solid black;">(d) Purpose</td> </tr> <tr> <td style="height: 40px;"></td> <td style="height: 40px;"></td> </tr> </table>		(c) Amount	(d) Purpose		
(c) Amount	(d) Purpose					
(e) Organization code						

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end..... **4** 106,063**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier..... **6b****c** Premiums due but unpaid at the end of the year..... **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year..... **7b** 0**c** Additions: (1) Contributions deposited during the year..... **7c(1)** 9,412(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 3,453(4) Transferred from separate account..... **7c(4)** 425,014(5) Other (specify below) **7c(5)** 3,439

▶ loan payments

(6) Total additions..... **7c(6)** 441,318**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 441,318**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 335,255(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account..... **7e(3)**(4) Other (specify below) **7e(4)**(5) Total deductions..... **7e(5)** 335,255**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 106,063

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)	
(2) Increase (decrease) in amount due but unpaid.....	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3)).....		9a(4)
b Benefit charges (1) Claims paid	9b(1)	
(2) Increase (decrease) in claim reserves	9b(2)	
(3) Incurred claims (add (1) and (2))		9b(3)
(4) Claims charged		9b(4)
c Remainder of premium: (1) Retention charges (on an accrual basis) –		
(A) Commissions	9c(1)(A)	
(B) Administrative service or other fees.....	9c(1)(B)	
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses.....	9c(1)(D)	
(E) Taxes.....	9c(1)(E)	
(F) Charges for risks or other contingencies.....	9c(1)(F)	
(G) Other retention charges	9c(1)(G)	
(H) Total retention		9c(1)(H)
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
(2) Claim reserves		9d(2)
(3) Other reserves.....		9d(3)
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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 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 HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST		B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 HY-KO PRODUCTS COMPANY		D Employer Identification Number (EIN) 34-0700745

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	
MGO Securities Corp	
24400 Chagrin Blvd	
Suite 310	
Beachwood	OH 44122

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

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

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

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)

MOSKAL GROSS ORCHOSKY INC

24400 Chagrin Blvd
STE 310
Beachwood

OH 44122

(b) Service Code(s) 15 16 17

(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?
THIRD PARTY ADMIN	37,847	Yes ☒ No ☐	Yes ☐ No ☒	4,459	Yes ☐ No ☒

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

Nationwide

One Nationwide Plaza

Columbus

OH 43215

(b) Service Code(s) 15 26 49 64 99

(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?
custodian/record keeper	14,188	Yes ☒ No ☐	Yes ☐ No ☒	11,526	Yes ☐ No ☒

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

MGO Investment Advisors

24400 Chagrin Blvd
STE 310
Beachwood

OH 44122

(b) Service Code(s) 26 27 28 31 38

(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?
Investment Advisor	23,053	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
Moskal Gross Orchosky	15 16 17 37	37,437

(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.
Nationwide One Nationwide Plaza Columbus OH 43215	Advisor/Service Provider Fee Administrative Services Fee

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
Nationwide	15 18 19 21 25 26 49 64 99	11,526

(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.
Moskal Investment Advisors Inc. 24400 Chagrin Blvd. Suite 310 Beachwood OH 44122	Advisory Service Provider Fee Administrative Services Fee

(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) 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 2016 This Form is Open to Public Inspection
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>		
A Name of plan HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 HY-KO PRODUCTS COMPANY	D Employer Identification Number (EIN) 34-0700745	

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)		
(2) Participant contributions	1b(2)	11,098	12,062
(3) Other.....	1b(3)		0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	17,492	14,234
(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)	203,507	146,660
(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)	5,721,432	5,277,182
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	354,212	350,349
(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	6,307,741 5,800,487

Liabilities

g Benefit claims payable	1g	
h Operating payables	1h	
i Acquisition indebtedness	1i	
j Other liabilities	1j	7,595 7,034
k Total liabilities (add all amounts in lines 1g through 1j)	1k	7,595 7,034

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	6,300,146 5,793,453
---	----	---------------------

Part II Income and Expense Statement

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

Income

	(a) Amount	(b) Total
a Contributions:		
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	
(B) Participants	2a(1)(B)	340,791
(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)	340,791
b Earnings on investments:		
(1) Interest:		
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	
(B) U.S. Government securities	2b(1)(B)	
(C) Corporate debt instruments	2b(1)(C)	
(D) Loans (other than to participants)	2b(1)(D)	
(E) Participant loans	2b(1)(E)	6,213
(F) Other	2b(1)(F)	4,985
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	11,198
(2) Dividends: (A) Preferred stock	2b(2)(A)	
(B) Common stock	2b(2)(B)	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	0
(3) Rents	2b(3)	
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
(B) Other	2b(5)(B)	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(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)		461,892
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		813,881

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1,202,889	
(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)		1,202,889
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		43,014
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)	23,053	
(4) Other	2i(4)	51,618	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		74,671
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1,320,574

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-506,693
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: Maloney & Novotny LLC

(2) EIN: 34-0677006

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:

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	Amount
4a		X	
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		500,000
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

**HY-KO PRODUCTS COMPANY SAVINGS
PLAN AND TRUST**

FINANCIAL REPORT

DECEMBER 31, 2016 and 2015

HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST
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Independent Auditors' Report

To the Plan Administrator and Plan Participants
Hy-Ko Products Company Savings Plan and Trust
Cleveland, Ohio

We were engaged to audit the accompanying financial statements of the Hy-Ko Products Company Savings Plan and Trust (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' 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. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Nationwide Trust Company, the Custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the Custodian as of December 31, 2016 and 2015, and for the years then ended, that the information provided to the plan administrator by the Custodian is complete and accurate.

Disclaimer of Opinion

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

Report on Supplementary Information

The supplemental schedule of assets (held at end of year) as of December 31, 2016 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's ("DOL") 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, we do not express an opinion on this supplemental schedule.

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 Custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in cursive script that reads "Meloney + Novotny LLC".

Cleveland, Ohio
August 29, 2017

HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
<u>ASSETS</u>		
INVESTMENTS, AT FAIR VALUE		
Interest bearing cash	\$ 14,234	\$ 17,492
Registered investment companies	<u>5,277,182</u>	<u>5,721,432</u>
Total investments, at fair value	5,291,416	5,738,924
INVESTMENTS, AT CONTRACT VALUE		
Insurance company general accounts - unallocated contracts	350,349	354,212
RECEIVABLES		
Participant contributions	12,062	11,098
Notes receivable from participants	<u>146,660</u>	<u>203,507</u>
Total receivables	158,722	214,605
<u>LIABILITIES</u>		
ACCRUED EXPENSES	<u>7,034</u>	<u>7,595</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$5,793,453</u>	<u>\$6,300,146</u>

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

HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
ADDITIONS		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	\$ 261,708	\$ (279,165)
Interest and dividends	<u>205,169</u>	<u>273,188</u>
Total investment income (loss)	466,877	(5,977)
Interest income on notes receivable from participants	6,213	7,127
Contributions:		
Participants	340,791	343,641
Rollovers	<u>-</u>	<u>228</u>
Total contributions	<u>340,791</u>	<u>343,869</u>
Total additions	813,881	345,019
DEDUCTIONS		
Benefits paid to participants	1,202,889	704,452
Deemed distributions	43,014	38,693
Administrative expenses	<u>74,671</u>	<u>93,852</u>
Total deductions	<u>1,320,574</u>	<u>836,997</u>
NET INCREASE (DECREASE)	(506,693)	(491,978)
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	<u>6,300,146</u>	<u>6,792,124</u>
END OF YEAR	<u>\$5,793,453</u>	<u>\$6,300,146</u>

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

HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan

The following description of the Hy-Ko Products Company Savings Plan and Trust (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General – Hy-Ko Products Company established the Plan effective November 1, 1984. The Plan is a defined contribution plan covering substantially all employees of Hy-Ko Products Company ("Sponsor") who are 21 years old and who have completed 60 days of service. Employees may enter the Plan the first day of a plan year or the first day of the seventh month of a plan year following fulfillment of the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

The Sponsor and the trustees of the Plan have entered into supplemental participation agreements with three companies that are considered related parties to the Plan because of common ownership, Aurora Retail Group New Jersey, LLC, Hy-Ko Services, LLC, and Budget Wire and Display. The agreements allow the three companies to adopt the Plan as participating employers (collectively, with the Sponsor, the "Companies").

Contributions – Each year, participants may contribute up to 100% of pretax annual compensation, as defined in the Plan and subject to IRS limitations. Participants may also elect to make after-tax Roth contributions. Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. The Companies may elect to make a discretionary profit sharing contribution on behalf of each of three groups of employees defined in the Plan. The discretionary contribution to each group will be allocated or divided among eligible participants in each group by the compensation received by each participant during the plan year. Additional amounts may also be contributed at the discretion of the Companies. Contributions are subject to limitations. The Companies made no profit sharing or other contributions in 2016 or 2015.

Participant Accounts – Each participant's account is credited with the participant's contribution and allocations of the Companies' contribution and Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants direct the investment of their accounts into various investment options offered by the Plan.

Vesting – Participants are immediately vested in their voluntary contributions plus actual earnings thereon. In the event of termination of employment for reasons other than retirement, death or disability, a participant shall have a vested right in the Companies' contributions based on the participant's years of service with the Companies. Participants vest 20% per plan year of service after two years of service and are 100% vested after six years of service.

Payment of Benefits – The vested portion of a participant's account becomes payable upon death, disability, normal retirement age or termination of service for any other reason. Participants may choose to receive account balances in a lump sum, or in equal monthly, quarterly, semi-annual or annual installments not to exceed the participant's life expectancy.

HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 1. Description of Plan (Continued)

Payment of Benefits (Continued)

In-service distributions of vested balances may be made to a participant who has not separated from service provided the participant has attained age 53. Involuntary distributions of amounts less than \$5,000 are permitted under the Plan, but such distributions greater than \$1,000 must be directly rolled over to an individual retirement account set up by the plan administrator for the benefit of the participant. In-service hardship withdrawals of employee contributions are permitted upon proof, to the satisfaction of the plan administrator, of an immediate and heavy financial need.

Forfeited Accounts – Forfeited non-vested accounts are used to reinstate previously forfeited account balances of former participants, to pay administrative expenses or to reduce future employer discretionary contributions. At December 31, 2016 and 2015, forfeited non-vested accounts totaled \$637 and \$641, respectively. No forfeitures were used in 2016 or 2015.

Notes Receivable From Participants – Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Participants may only have one loan outstanding from the Plan at one time. Repayments must be amortized in level payments, not less frequently than quarterly, over a period not extending beyond five years from the date of the loan. A loan is not subject to the five-year repayment requirement if it is used to buy a principal residence. The loans are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the plan administrator.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting – The accompanying financial statements have been prepared on the accrual basis of accounting.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Use of Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition – Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's trustees determine the Plan's valuation policies utilizing information provided by the investment adviser, Nationwide Trust Company (the "Custodian"), and administrator. See Note 4 for discussion of fair value measurements.

HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 2. Summary of Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition (Continued)

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

Notes Receivable From Participants – Notes receivable from participants are measured at their unpaid balance plus any accrued but unpaid interest.

Payment of Benefits – Benefits are recorded when paid.

Administrative Expenses – Certain administrative functions are performed by officers or employees of the Companies. No such officer or employee received compensation from the Plan. Administrative expenses of the Plan are paid by the Companies or the Plan at the option of the Companies. Significantly all administrative expenses of the Plan, including legal and audit fees and certain fees related to the management of participant accounts, have been paid by the Plan. Certain expenses, such as fees for loans, distributions, and fund redemptions, are paid by the affected participants.

Subsequent Events – The Plan has evaluated subsequent events through August 29, 2017, the date the financial statements were available to be issued.

Note 3. Unaudited Information

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, the Custodian has certified to the completeness and accuracy of all investments and notes receivable from participants reflected on the statements of net assets available for benefits at December 31, 2016 and 2015, the supplemental schedule at December 31, 2016, the related investment and loan interest activity reflected in the statements of changes in net assets available for benefits for the years ended December 31, 2016 and 2015 and investment related information in the accompanying notes to the financial statements. The information is unaudited by independent accountants.

Note 4. Fair Value Measurements

The Plan estimates the fair value of financial instruments using available market information and other generally accepted valuation methodologies. The inputs used to measure fair value are classified into three levels:

- Level 1 – Quoted market prices in active markets for identical assets and liabilities
- Level 2 – Observable market-based inputs or unobservable inputs that are corroborated by market data
- Level 3 – Unobservable inputs in which little or no market data exist

HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 4. Fair Value Measurements (Continued)

The methods described below may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. There have been no changes in the methodologies used from 2015 to 2016. 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.

Interest bearing cash – Classified as a Level 1 instrument.

Registered investment companies – Valued at the quoted net asset value of shares held by the Plan at year end and are classified as Level 1.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016 and 2015:

	Assets at Fair Value as of December 31, 2016			
	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 14,234	\$ -	\$ -	\$ 14,234
Registered investment companies	5,277,182	-	-	5,277,182
Total assets at fair value	<u>\$5,291,416</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$5,291,416</u>

	Assets at Fair Value as of December 31, 2015			
	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 17,492	\$ -	\$ -	\$ 17,492
Registered investment companies	5,721,432	-	-	5,721,432
Total assets at fair value	<u>\$5,738,924</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$5,738,924</u>

Note 5. Insurance Company General Accounts - Unallocated Contracts

The Plan holds investment contracts which meet the fully-benefit responsive investment contract criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses.

The investment contracts held by the Plan are guaranteed investment contracts. The contract issuers are contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed by the Plan. The crediting rate is based on a formula established by the contract issuers but may not be less than 0.0%. The crediting rate is reviewed on a quarterly basis for resetting. There are no reserves against contract value for credit risk of the contract issuers or otherwise. The contract cannot be terminated before the scheduled maturity date.

HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 5. Insurance Company General Accounts - Unallocated Contracts (Continued)

Certain events limit the ability of the Plan to transact at contract value with the issuers. Such events include the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

Note 6. Risks and Uncertainties

The Plan holds 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 investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Note 7. Plan Termination

Although they have not expressed any intent to do so, the Companies have the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

Note 8. Tax Status

The volume submitter document on which the Plan is based obtained a determination letter dated March 31, 2014, in which the Internal Revenue Service stated that the document, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan has been restated and amended since this date. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2016, there are no uncertain positions taken or expected to be taken that would require such recognition or disclosure in the financial statements.

Note 9. Party-in-Interest Transactions

During the year, certain investments were managed by an affiliate of Nationwide Trust Company, the Custodian of the Plan; therefore, these transactions qualify as party-in-interest transactions. In addition, fees paid by the Plan to Nationwide Trust Company totaled \$14,188 and \$16,936 for the years ended December 31, 2016 and 2015, respectively.

SUPPLEMENTAL SCHEDULE

HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST

EMPLOYER NO. 34-0700745
PLAN NO. 002

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

December 31, 2016

(a)	(b) <u>Identity of Party</u>	(c) <u>Description of Investment</u>	(e) <u>Current Value</u>
*	Nationwide Life Insurance Company	Interest bearing cash	\$ 14,234
	Registered investment companies:		
	Allianz Global Investors	Allianz Technology Fund - Institutional	55,300
	American Century	Equity Income - I	199,592
	American Funds Group	American Mutual Fund - R6	12,145
	American Funds Group	Capital Income Builder - R6	274,040
	American Funds Group	Europacific Growth - R6	206,362
	American Funds Group	New World - R6	15,448
	American Funds Group	The Income Fund of America - R6	677,568
	American Funds Group	Washington Mutual Investors Fund - R6	456,040
	Ave Maria	Ave Maria Bond Fund - R	10,416
	BlackRock	BlackRock Health Sciences Opportunities Fund - Institutional	54,092
	Calvert Group	Calvert Equity Portfolio - I	8,324
	Calvert Group	Calvert Small Cap Fund - I	2,654
	Dimensional Fund Advisors	DFA Global Real Estate Securities - I	34,210
	Emerald	Emerald Growth - Institutional	24,954
	Federated	Government Obligation	148,478
	Federated	Strategic Income - Institutional	96
	Fidelity Investments	Fidelity Advisor New Insights Fund - Institutional	150,711
	Franklin Templeton	Franklin Income - Advisor	106,992
	Franklin Templeton	Franklin Mutual European - Class Z	110,969
	Franklin Templeton	Franklin Small Cap Growth - Advisor	65,860
	Franklin Templeton	Franklin U.S. Government Securities Fund - Advisor	15,791
	Franklin Templeton	Franklin Utilities Series Fund - Advisor	97,785
	Franklin Templeton	Templeton Global Bond - Advisor	102,351
	Goldman Sachs	Goldman Sachs Strategic Income - Institutional	62,202
	Invesco	Invesco Golf & Precious Metals - Y	9,693
	JPMorgan	JPMorgan Mid Cap Value Fund - Institutional	123,284
	JPMorgan	JPMorgan Small Cap Value Fund - R6	27,420
	Natixis Funds	Gateway Fund - Class Y	148,643
	Neuberger & Berman Management	Meuburger Berman Mid Cap Growth Fund - Institutional	51,901
	Oppenheimer Funds	Oppenheimer Gold & Special Minerals Fund - Y	56,942
	Oppenheimer Funds	Oppenheimer International Growth Fund - Y	144,453
	Oppenheimer Funds	Oppenheimer Senior Floating Rate - Y	128,248
	Oppenheimer Funds	Oppenheimer SteelPath MLP Select 40 - Y	37,869
	Parnassus Investments	Parnassus Core Equity Fund - Institutional	9,787
	Pax World Management	Pax World Global Environmental Markets Fund - Institutional	2,410

HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST

EMPLOYER NO. 34-0700745
PLAN NO. 002

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

December 31, 2016

(a)	(b) <u>Identity of Party</u>	(c) <u>Description of Investment</u>	(e) <u>Current Value</u>
	PIMCO	PIMCO All Asset All Authority Fund - Institutional	72,393
	PIMCO	PIMCO Income Fund - Institutional	29,639
	PIMCO	PIMCO Long-Term Credit - Institutional	20,540
	PIMCO	PIMCO Real Return Fund - Institutional	58,520
	Pioneer	Pioneer Bond - Y	190,568
	Pioneer	Pioneer Select Mid Cap Growth - Y	74,664
	T. Rowe Price	T. Rowe Price New Horizons Fund, Inc.	163,854
	Vanguard	Vanguard 500 Index Fund - Admiral	422,799
	Vanguard	Vanguard Dividend Appreciation Index Fund - Investor	82,428
	Vanguard	Vanguard Extended Market Index Fund - Admiral	22,672
	Vanguard	Vanguard Long-Term Investment-Grade - Inv	209
	Vanguard	Vanguard Small-Cap Value Index Fund - Investor	62,111
	Vanguard	Vanguard Total Bond Market Index - Adm	1,046
	Vanguard	Vanguard Total Stock Market Index - Adm	21,691
	Victory	Victory Fund for Income Fund - I	226,358
	Victory	Victory Sycamore Established Value - I	79,758
	Waddell & Reed	Ivy Real Estate Securities Fund - I	29,264
	Wells Fargo Funds	Wells Fargo Advantage Adjustable Rate Government Fund - Institutional	37,851
	Wells Fargo Funds	Wells Fargo Advantage Discovery Fund - Institutional	15,246
	Wells Fargo Funds	Wells Fargo Advantage Premier Large Company Growth Fund - Institutional	32,541
			<u>5,277,182</u>
	Insurance company general accounts - unallocated contracts:		
*	Nationwide Life Insurance Company	Nationwide Fixed Select	106,063
*	Nationwide Life Insurance Company	Nationwide Best of America Fixed Income	244,286
			<u>350,349</u>
*	Participant Loans	Interest rates ranging from 4.25% - 4.75%	<u>146,660</u>
			<u>\$ 5,788,425</u>

* Indicates a party-in-interest

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 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.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>		
A Name of plan HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST	B Three-digit plan number (PN) ► <u>002</u>	
C Plan sponsor's name as shown on line 2a of Form 5500 HY-KO PRODUCTS COMPANY	D Employer Identification Number (EIN) 34-0700745	

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 | |
| 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>31-4156830</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 | |

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 pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? | ☐ Yes | ☐ No | ☐ N/A |

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2016
v. 160205

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 ____/____/____.	

Application for Extension of Time To File Certain Employee Plan Returns

OMB No. 1545-0212

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.
► Information about Form 5558 and its instructions is at www.irs.gov/form5558

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions) HY-KO PRODUCTS COMPANY Number, street, and room or suite no. (If a P.O. box, see instructions) 60 Meadow Lane City or town, state, and ZIP code Northfield OH 44067	B Filer's identifying number (see instructions) Employer identification number (EIN) (9 digits XX-XXXXXXX) 34-0700745 Social security number (SSN) (9 digits XXX-XX-XXXX)						
C	Plan name			Plan number	Plan year ending—		
					MM	DD	YYYY
HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST				0 0 2	12	31	2016

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

- 1** ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part 1, C above.
- 2** I request an extension of time until 10 / 15 / 2017 to file Form 5500 series (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.
- 3** I request an extension of time until 10 / 15 / 2017 to file Form 8955-SSA (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application is **automatically approved** to the date shown on line 2 and/or line 3 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and **(b)** the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date.

Part III Extension of Time To File Form 5330 (see instructions)

- 4** I request an extension of time until / / to file Form 5330.
You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax	▶	a	
---	---	----------	--

b Enter the payment amount attached **b**

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . ▶		c
---	--	----------

- 5 State in detail why you need the extension:**

[illegible]

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ►

Date ►

MGA

Form **5558** (Rev. 8-2012)

Application for Extension of Time To File Certain Employee Plan Returns

OMB No. 1545-0212

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.
► Information about Form 5558 and its instructions is at www.irs.gov/form5558

File With IRS Only

Part I Identification

A	Name of filer, plan administrator, or plan sponsor (see instructions) HY-KO PRODUCTS COMPANY	B Filer's identifying number (see instructions) Employer identification number (EIN) (9 digits XX-XXXXXXX) 34-0700745					
	Number, street, and room or suite no. (If a P.O. box, see instructions) 60 Meadow Lane					Social security number (SSN) (9 digits XXX-XX-XXXX)	
	City or town, state, and ZIP code Northfield OH 44067						
C	Plan name	Plan number			Plan year ending—		
					MM	DD	YYYY
HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST		0	0	2	12	31	2016

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

- 1 ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part 1, C above.
- 2 I request an extension of time until 10 / 15 / 2017 to file Form 5500 series (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.
- 3 I request an extension of time until 10 / 15 / 2017 to file Form 8955-SSA (see instructions).
Note. A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application is **automatically approved** to the date shown on line 2 and/or line 3 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and **(b)** the date on line 2 and/or line 3 (above) is not later than the 15th day of the third month after the normal due date.

Part III Extension of Time To File Form 5330 (see instructions)

- 4 I request an extension of time until / / to file Form 5330.
You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax **a**

b Enter the payment amount attached **b**

c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . ▶ **c**

5 State in detail why you need the extension:

[illegible]

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ► *Lore M. Bennett*

Date ► 9/11/17

MGA

Form **5558** (Rev. 8-2012)

**HY-KO PRODUCTS COMPANY SAVINGS
PLAN AND TRUST**

FINANCIAL REPORT

DECEMBER 31, 2016 and 2015

HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST
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Independent Auditors' Report

To the Plan Administrator and Plan Participants
Hy-Ko Products Company Savings Plan and Trust
Cleveland, Ohio

We were engaged to audit the accompanying financial statements of the Hy-Ko Products Company Savings Plan and Trust (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' 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. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Nationwide Trust Company, the Custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the Custodian as of December 31, 2016 and 2015, and for the years then ended, that the information provided to the plan administrator by the Custodian is complete and accurate.

Disclaimer of Opinion

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

Report on Supplementary Information

The supplemental schedule of assets (held at end of year) as of December 31, 2016 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's ("DOL") 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, we do not express an opinion on this supplemental schedule.

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 Custodian, 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.

Meloney + Novotny LLC

Cleveland, Ohio
August 29, 2017

HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
<u>ASSETS</u>		
INVESTMENTS, AT FAIR VALUE		
Interest bearing cash	\$ 14,234	\$ 17,492
Registered investment companies	<u>5,277,182</u>	<u>5,721,432</u>
Total investments, at fair value	5,291,416	5,738,924
INVESTMENTS, AT CONTRACT VALUE		
Insurance company general accounts - unallocated contracts	350,349	354,212
RECEIVABLES		
Participant contributions	12,062	11,098
Notes receivable from participants	<u>146,660</u>	<u>203,507</u>
Total receivables	158,722	214,605
<u>LIABILITIES</u>		
ACCRUED EXPENSES	<u>7,034</u>	<u>7,595</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$5,793,453</u>	<u>\$6,300,146</u>

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

HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
ADDITIONS		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	\$ 261,708	\$ (279,165)
Interest and dividends	<u>205,169</u>	<u>273,188</u>
Total investment income (loss)	466,877	(5,977)
Interest income on notes receivable from participants	6,213	7,127
Contributions:		
Participants	340,791	343,641
Rollovers	<u>-</u>	<u>228</u>
Total contributions	<u>340,791</u>	<u>343,869</u>
Total additions	813,881	345,019
DEDUCTIONS		
Benefits paid to participants	1,202,889	704,452
Deemed distributions	43,014	38,693
Administrative expenses	<u>74,671</u>	<u>93,852</u>
Total deductions	<u>1,320,574</u>	<u>836,997</u>
NET INCREASE (DECREASE)	(506,693)	(491,978)
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	<u>6,300,146</u>	<u>6,792,124</u>
END OF YEAR	<u>\$5,793,453</u>	<u>\$6,300,146</u>

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

HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan

The following description of the Hy-Ko Products Company Savings Plan and Trust (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General – Hy-Ko Products Company established the Plan effective November 1, 1984. The Plan is a defined contribution plan covering substantially all employees of Hy-Ko Products Company ("Sponsor") who are 21 years old and who have completed 60 days of service. Employees may enter the Plan the first day of a plan year or the first day of the seventh month of a plan year following fulfillment of the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

The Sponsor and the trustees of the Plan have entered into supplemental participation agreements with three companies that are considered related parties to the Plan because of common ownership, Aurora Retail Group New Jersey, LLC, Hy-Ko Services, LLC, and Budget Wire and Display. The agreements allow the three companies to adopt the Plan as participating employers (collectively, with the Sponsor, the "Companies").

Contributions – Each year, participants may contribute up to 100% of pretax annual compensation, as defined in the Plan and subject to IRS limitations. Participants may also elect to make after-tax Roth contributions. Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. The Companies may elect to make a discretionary profit sharing contribution on behalf of each of three groups of employees defined in the Plan. The discretionary contribution to each group will be allocated or divided among eligible participants in each group by the compensation received by each participant during the plan year. Additional amounts may also be contributed at the discretion of the Companies. Contributions are subject to limitations. The Companies made no profit sharing or other contributions in 2016 or 2015.

Participant Accounts – Each participant's account is credited with the participant's contribution and allocations of the Companies' contribution and Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants direct the investment of their accounts into various investment options offered by the Plan.

Vesting – Participants are immediately vested in their voluntary contributions plus actual earnings thereon. In the event of termination of employment for reasons other than retirement, death or disability, a participant shall have a vested right in the Companies' contributions based on the participant's years of service with the Companies. Participants vest 20% per plan year of service after two years of service and are 100% vested after six years of service.

Payment of Benefits – The vested portion of a participant's account becomes payable upon death, disability, normal retirement age or termination of service for any other reason. Participants may choose to receive account balances in a lump sum, or in equal monthly, quarterly, semi-annual or annual installments not to exceed the participant's life expectancy.

HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 1. Description of Plan (Continued)

Payment of Benefits (Continued)

In-service distributions of vested balances may be made to a participant who has not separated from service provided the participant has attained age 53. Involuntary distributions of amounts less than \$5,000 are permitted under the Plan, but such distributions greater than \$1,000 must be directly rolled over to an individual retirement account set up by the plan administrator for the benefit of the participant. In-service hardship withdrawals of employee contributions are permitted upon proof, to the satisfaction of the plan administrator, of an immediate and heavy financial need.

Forfeited Accounts – Forfeited non-vested accounts are used to reinstate previously forfeited account balances of former participants, to pay administrative expenses or to reduce future employer discretionary contributions. At December 31, 2016 and 2015, forfeited non-vested accounts totaled \$637 and \$641, respectively. No forfeitures were used in 2016 or 2015.

Notes Receivable From Participants – Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Participants may only have one loan outstanding from the Plan at one time. Repayments must be amortized in level payments, not less frequently than quarterly, over a period not extending beyond five years from the date of the loan. A loan is not subject to the five-year repayment requirement if it is used to buy a principal residence. The loans are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the plan administrator.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting – The accompanying financial statements have been prepared on the accrual basis of accounting.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Use of Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition – Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's trustees determine the Plan's valuation policies utilizing information provided by the investment adviser, Nationwide Trust Company (the "Custodian"), and administrator. See Note 4 for discussion of fair value measurements.

HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 2. Summary of Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition (Continued)

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

Notes Receivable From Participants – Notes receivable from participants are measured at their unpaid balance plus any accrued but unpaid interest.

Payment of Benefits – Benefits are recorded when paid.

Administrative Expenses – Certain administrative functions are performed by officers or employees of the Companies. No such officer or employee received compensation from the Plan. Administrative expenses of the Plan are paid by the Companies or the Plan at the option of the Companies. Significantly all administrative expenses of the Plan, including legal and audit fees and certain fees related to the management of participant accounts, have been paid by the Plan. Certain expenses, such as fees for loans, distributions, and fund redemptions, are paid by the affected participants.

Subsequent Events – The Plan has evaluated subsequent events through August 29, 2017, the date the financial statements were available to be issued.

Note 3. Unaudited Information

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, the Custodian has certified to the completeness and accuracy of all investments and notes receivable from participants reflected on the statements of net assets available for benefits at December 31, 2016 and 2015, the supplemental schedule at December 31, 2016, the related investment and loan interest activity reflected in the statements of changes in net assets available for benefits for the years ended December 31, 2016 and 2015 and investment related information in the accompanying notes to the financial statements. The information is unaudited by independent accountants.

Note 4. Fair Value Measurements

The Plan estimates the fair value of financial instruments using available market information and other generally accepted valuation methodologies. The inputs used to measure fair value are classified into three levels:

- Level 1 – Quoted market prices in active markets for identical assets and liabilities
- Level 2 – Observable market-based inputs or unobservable inputs that are corroborated by market data
- Level 3 – Unobservable inputs in which little or no market data exist

HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 4. Fair Value Measurements (Continued)

The methods described below may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. There have been no changes in the methodologies used from 2015 to 2016. 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.

Interest bearing cash – Classified as a Level 1 instrument.

Registered investment companies – Valued at the quoted net asset value of shares held by the Plan at year end and are classified as Level 1.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016 and 2015:

	Assets at Fair Value as of December 31, 2016			
	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 14,234	\$ -	\$ -	\$ 14,234
Registered investment companies	5,277,182	-	-	5,277,182
Total assets at fair value	<u>\$5,291,416</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$5,291,416</u>
	Assets at Fair Value as of December 31, 2015			
	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 17,492	\$ -	\$ -	\$ 17,492
Registered investment companies	5,721,432	-	-	5,721,432
Total assets at fair value	<u>\$5,738,924</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$5,738,924</u>

Note 5. Insurance Company General Accounts - Unallocated Contracts

The Plan holds investment contracts which meet the fully-benefit responsive investment contract criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses.

The investment contracts held by the Plan are guaranteed investment contracts. The contract issuers are contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed by the Plan. The crediting rate is based on a formula established by the contract issuers but may not be less than 0.0%. The crediting rate is reviewed on a quarterly basis for resetting. There are no reserves against contract value for credit risk of the contract issuers or otherwise. The contract cannot be terminated before the scheduled maturity date.

HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 5. Insurance Company General Accounts - Unallocated Contracts (Continued)

Certain events limit the ability of the Plan to transact at contract value with the issuers. Such events include the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

Note 6. Risks and Uncertainties

The Plan holds 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 investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Note 7. Plan Termination

Although they have not expressed any intent to do so, the Companies have the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

Note 8. Tax Status

The volume submitter document on which the Plan is based obtained a determination letter dated March 31, 2014, in which the Internal Revenue Service stated that the document, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan has been restated and amended since this date. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2016, there are no uncertain positions taken or expected to be taken that would require such recognition or disclosure in the financial statements.

Note 9. Party-in-Interest Transactions

During the year, certain investments were managed by an affiliate of Nationwide Trust Company, the Custodian of the Plan; therefore, these transactions qualify as party-in-interest transactions. In addition, fees paid by the Plan to Nationwide Trust Company totaled \$14,188 and \$16,936 for the years ended December 31, 2016 and 2015, respectively.

SUPPLEMENTAL SCHEDULE

HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST

EMPLOYER NO. 34-0700745

PLAN NO. 002

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

December 31, 2016

(a)	(b) <u>Identity of Party</u>	(c) <u>Description of Investment</u>	Current (e) <u>Value</u>
*	Nationwide Life Insurance Company	Interest bearing cash	\$ 14,234
	Registered investment companies:		
	Allianz Global Investors	Allianz Technology Fund - Institutional	55,300
	American Century	Equity Income - I	199,592
	American Funds Group	American Mutual Fund - R6	12,145
	American Funds Group	Capital Income Builder - R6	274,040
	American Funds Group	Europacific Growth - R6	206,362
	American Funds Group	New World - R6	15,448
	American Funds Group	The Income Fund of America - R6	677,568
	American Funds Group	Washington Mutual Investors Fund - R6	456,040
	Ave Maria	Ave Maria Bond Fund - R	10,416
	BlackRock	BlackRock Health Sciences Opportunities Fund - Institutional	54,092
	Calvert Group	Calvert Equity Portfolio - I	8,324
	Calvert Group	Calvert Small Cap Fund - I	2,654
	Dimensional Fund Advisors	DFA Global Real Estate Securities - I	34,210
	Emerald	Emerald Growth - Institutional	24,954
	Federated	Government Obligation	148,478
	Federated	Strategic Income - Institutional	96
	Fidelity Investments	Fidelity Advisor New Insights Fund - Institutional	150,711
	Franklin Templeton	Franklin Income - Advisor	106,992
	Franklin Templeton	Franklin Mutual European - Class Z	110,969
	Franklin Templeton	Franklin Small Cap Growth - Advisor	65,860
	Franklin Templeton	Franklin U.S. Government Securities Fund - Advisor	15,791
	Franklin Templeton	Franklin Utilities Series Fund - Advisor	97,785
	Franklin Templeton	Templeton Global Bond - Advisor	102,351
	Goldman Sachs	Goldman Sachs Strategic Income - Institutional	62,202
	Invesco	Invesco Golf & Precious Metals - Y	9,693
	JPMorgan	JPMorgan Mid Cap Value Fund - Institutional	123,284
	JPMorgan	JPMorgan Small Cap Value Fund - R6	27,420
	Natixis Funds	Gateway Fund - Class Y	148,643
	Neuberger & Berman Management	Meuberger Berman Mid Cap Growth Fund - Institutional	51,901
	Oppenheimer Funds	Oppenheimer Gold & Special Minerals Fund - Y	56,942
	Oppenheimer Funds	Oppenheimer International Growth Fund - Y	144,453
	Oppenheimer Funds	Oppenheimer Senior Floating Rate - Y	128,248
	Oppenheimer Funds	Oppenheimer SteelPath MLP Select 40 - Y	37,869
	Parnassus Investments	Parnassus Core Equity Fund - Institutional	9,787
	Pax World Management	Pax World Global Environmental Markets Fund - Institutional	2,410

HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST

EMPLOYER NO. 34-0700745

PLAN NO. 002

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

December 31, 2016

(a)	(b) <u>Identity of Party</u>	(c) <u>Description of Investment</u>	Current (e) <u>Value</u>
	PIMCO	PIMCO All Asset All Authority Fund - Institutional	72,393
	PIMCO	PIMCO Income Fund - Institutional	29,639
	PIMCO	PIMCO Long-Term Credit - Institutional	20,540
	PIMCO	PIMCO Real Return Fund - Institutional	58,520
	Pioneer	Pioneer Bond - Y	190,568
	Pioneer	Pioneer Select Mid Cap Growth - Y	74,664
	T. Rowe Price	T. Rowe Price New Horizons Fund, Inc.	163,854
	Vanguard	Vanguard 500 Index Fund - Admiral	422,799
	Vanguard	Vanguard Dividend Appreciation Index Fund - Investor	82,428
	Vanguard	Vanguard Extended Market Index Fund - Admiral	22,672
	Vanguard	Vanguard Long-Term Investment-Grade - Inv	209
	Vanguard	Vanguard Small-Cap Value Index Fund - Investor	62,111
	Vanguard	Vanguard Total Bond Market Index - Adm	1,046
	Vanguard	Vanguard Total Stock Market Index - Adm	21,691
	Victory	Victory Fund for Income Fund - I	226,358
	Victory	Victory Sycamore Established Value - I	79,758
	Waddell & Reed	Ivy Real Estate Securities Fund - I	29,264
	Wells Fargo Funds	Wells Fargo Advantage Adjustable Rate Government Fund - Institutional	37,851
	Wells Fargo Funds	Wells Fargo Advantage Discovery Fund - Institutional	15,246
	Wells Fargo Funds	Wells Fargo Advantage Premier Large Company Growth Fund - Institutional	32,541
			<u>5,277,182</u>
	Insurance company general accounts - unallocated contracts:		
*	Nationwide Life Insurance Company	Nationwide Fixed Select	106,063
*	Nationwide Life Insurance Company	Nationwide Best of America Fixed Income	244,286
			<u>350,349</u>
*	Participant Loans	Interest rates ranging from 4.25% - 4.75%	<u>146,660</u>
			<u>\$ 5,788,425</u>

* Indicates a party-in-interest

**HY-KO PRODUCTS COMPANY SAVINGS
PLAN AND TRUST**

FINANCIAL REPORT

DECEMBER 31, 2016 and 2015

HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST
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Independent Auditors' Report

To the Plan Administrator and Plan Participants
Hy-Ko Products Company Savings Plan and Trust
Cleveland, Ohio

We were engaged to audit the accompanying financial statements of the Hy-Ko Products Company Savings Plan and Trust (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' 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. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Nationwide Trust Company, the Custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the Custodian as of December 31, 2016 and 2015, and for the years then ended, that the information provided to the plan administrator by the Custodian is complete and accurate.

Disclaimer of Opinion

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

Report on Supplementary Information

The supplemental schedule of assets (held at end of year) as of December 31, 2016 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's ("DOL") 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, we do not express an opinion on this supplemental schedule.

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 Custodian, 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.

Meloney + Novotny LLC

Cleveland, Ohio
August 29, 2017

HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
<u>ASSETS</u>		
INVESTMENTS, AT FAIR VALUE		
Interest bearing cash	\$ 14,234	\$ 17,492
Registered investment companies	<u>5,277,182</u>	<u>5,721,432</u>
Total investments, at fair value	5,291,416	5,738,924
INVESTMENTS, AT CONTRACT VALUE		
Insurance company general accounts - unallocated contracts	350,349	354,212
RECEIVABLES		
Participant contributions	12,062	11,098
Notes receivable from participants	<u>146,660</u>	<u>203,507</u>
Total receivables	158,722	214,605
<u>LIABILITIES</u>		
ACCRUED EXPENSES	<u>7,034</u>	<u>7,595</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$5,793,453</u>	<u>\$6,300,146</u>

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

HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
ADDITIONS		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	\$ 261,708	\$ (279,165)
Interest and dividends	<u>205,169</u>	<u>273,188</u>
Total investment income (loss)	466,877	(5,977)
Interest income on notes receivable from participants	6,213	7,127
Contributions:		
Participants	340,791	343,641
Rollovers	<u>-</u>	<u>228</u>
Total contributions	<u>340,791</u>	<u>343,869</u>
Total additions	813,881	345,019
DEDUCTIONS		
Benefits paid to participants	1,202,889	704,452
Deemed distributions	43,014	38,693
Administrative expenses	<u>74,671</u>	<u>93,852</u>
Total deductions	<u>1,320,574</u>	<u>836,997</u>
NET INCREASE (DECREASE)	(506,693)	(491,978)
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	<u>6,300,146</u>	<u>6,792,124</u>
END OF YEAR	<u><u>\$5,793,453</u></u>	<u><u>\$6,300,146</u></u>

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

HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan

The following description of the Hy-Ko Products Company Savings Plan and Trust (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General – Hy-Ko Products Company established the Plan effective November 1, 1984. The Plan is a defined contribution plan covering substantially all employees of Hy-Ko Products Company ("Sponsor") who are 21 years old and who have completed 60 days of service. Employees may enter the Plan the first day of a plan year or the first day of the seventh month of a plan year following fulfillment of the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

The Sponsor and the trustees of the Plan have entered into supplemental participation agreements with three companies that are considered related parties to the Plan because of common ownership, Aurora Retail Group New Jersey, LLC, Hy-Ko Services, LLC, and Budget Wire and Display. The agreements allow the three companies to adopt the Plan as participating employers (collectively, with the Sponsor, the "Companies").

Contributions – Each year, participants may contribute up to 100% of pretax annual compensation, as defined in the Plan and subject to IRS limitations. Participants may also elect to make after-tax Roth contributions. Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. The Companies may elect to make a discretionary profit sharing contribution on behalf of each of three groups of employees defined in the Plan. The discretionary contribution to each group will be allocated or divided among eligible participants in each group by the compensation received by each participant during the plan year. Additional amounts may also be contributed at the discretion of the Companies. Contributions are subject to limitations. The Companies made no profit sharing or other contributions in 2016 or 2015.

Participant Accounts – Each participant's account is credited with the participant's contribution and allocations of the Companies' contribution and Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants direct the investment of their accounts into various investment options offered by the Plan.

Vesting – Participants are immediately vested in their voluntary contributions plus actual earnings thereon. In the event of termination of employment for reasons other than retirement, death or disability, a participant shall have a vested right in the Companies' contributions based on the participant's years of service with the Companies. Participants vest 20% per plan year of service after two years of service and are 100% vested after six years of service.

Payment of Benefits – The vested portion of a participant's account becomes payable upon death, disability, normal retirement age or termination of service for any other reason. Participants may choose to receive account balances in a lump sum, or in equal monthly, quarterly, semi-annual or annual installments not to exceed the participant's life expectancy.

HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 1. Description of Plan (Continued)

Payment of Benefits (Continued)

In-service distributions of vested balances may be made to a participant who has not separated from service provided the participant has attained age 53. Involuntary distributions of amounts less than \$5,000 are permitted under the Plan, but such distributions greater than \$1,000 must be directly rolled over to an individual retirement account set up by the plan administrator for the benefit of the participant. In-service hardship withdrawals of employee contributions are permitted upon proof, to the satisfaction of the plan administrator, of an immediate and heavy financial need.

Forfeited Accounts – Forfeited non-vested accounts are used to reinstate previously forfeited account balances of former participants, to pay administrative expenses or to reduce future employer discretionary contributions. At December 31, 2016 and 2015, forfeited non-vested accounts totaled \$637 and \$641, respectively. No forfeitures were used in 2016 or 2015.

Notes Receivable From Participants – Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Participants may only have one loan outstanding from the Plan at one time. Repayments must be amortized in level payments, not less frequently than quarterly, over a period not extending beyond five years from the date of the loan. A loan is not subject to the five-year repayment requirement if it is used to buy a principal residence. The loans are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the plan administrator.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting – The accompanying financial statements have been prepared on the accrual basis of accounting.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Use of Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition – Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's trustees determine the Plan's valuation policies utilizing information provided by the investment adviser, Nationwide Trust Company (the "Custodian"), and administrator. See Note 4 for discussion of fair value measurements.

HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 2. Summary of Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition (Continued)

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

Notes Receivable From Participants – Notes receivable from participants are measured at their unpaid balance plus any accrued but unpaid interest.

Payment of Benefits – Benefits are recorded when paid.

Administrative Expenses – Certain administrative functions are performed by officers or employees of the Companies. No such officer or employee received compensation from the Plan. Administrative expenses of the Plan are paid by the Companies or the Plan at the option of the Companies. Significantly all administrative expenses of the Plan, including legal and audit fees and certain fees related to the management of participant accounts, have been paid by the Plan. Certain expenses, such as fees for loans, distributions, and fund redemptions, are paid by the affected participants.

Subsequent Events – The Plan has evaluated subsequent events through August 29, 2017, the date the financial statements were available to be issued.

Note 3. Unaudited Information

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, the Custodian has certified to the completeness and accuracy of all investments and notes receivable from participants reflected on the statements of net assets available for benefits at December 31, 2016 and 2015, the supplemental schedule at December 31, 2016, the related investment and loan interest activity reflected in the statements of changes in net assets available for benefits for the years ended December 31, 2016 and 2015 and investment related information in the accompanying notes to the financial statements. The information is unaudited by independent accountants.

Note 4. Fair Value Measurements

The Plan estimates the fair value of financial instruments using available market information and other generally accepted valuation methodologies. The inputs used to measure fair value are classified into three levels:

- Level 1 – Quoted market prices in active markets for identical assets and liabilities
- Level 2 – Observable market-based inputs or unobservable inputs that are corroborated by market data
- Level 3 – Unobservable inputs in which little or no market data exist

HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 4. Fair Value Measurements (Continued)

The methods described below may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. There have been no changes in the methodologies used from 2015 to 2016. 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.

Interest bearing cash – Classified as a Level 1 instrument.

Registered investment companies – Valued at the quoted net asset value of shares held by the Plan at year end and are classified as Level 1.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016 and 2015:

	Assets at Fair Value as of December 31, 2016			
	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 14,234	\$ -	\$ -	\$ 14,234
Registered investment companies	5,277,182	-	-	5,277,182
Total assets at fair value	<u>\$5,291,416</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$5,291,416</u>
	Assets at Fair Value as of December 31, 2015			
	Level 1	Level 2	Level 3	Total
Interest bearing cash	\$ 17,492	\$ -	\$ -	\$ 17,492
Registered investment companies	5,721,432	-	-	5,721,432
Total assets at fair value	<u>\$5,738,924</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$5,738,924</u>

Note 5. Insurance Company General Accounts - Unallocated Contracts

The Plan holds investment contracts which meet the fully-benefit responsive investment contract criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses.

The investment contracts held by the Plan are guaranteed investment contracts. The contract issuers are contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed by the Plan. The crediting rate is based on a formula established by the contract issuers but may not be less than 0.0%. The crediting rate is reviewed on a quarterly basis for resetting. There are no reserves against contract value for credit risk of the contract issuers or otherwise. The contract cannot be terminated before the scheduled maturity date.

HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 5. Insurance Company General Accounts - Unallocated Contracts (Continued)

Certain events limit the ability of the Plan to transact at contract value with the issuers. Such events include the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

Note 6. Risks and Uncertainties

The Plan holds 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 investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Note 7. Plan Termination

Although they have not expressed any intent to do so, the Companies have the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

Note 8. Tax Status

The volume submitter document on which the Plan is based obtained a determination letter dated March 31, 2014, in which the Internal Revenue Service stated that the document, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan has been restated and amended since this date. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2016, there are no uncertain positions taken or expected to be taken that would require such recognition or disclosure in the financial statements.

Note 9. Party-in-Interest Transactions

During the year, certain investments were managed by an affiliate of Nationwide Trust Company, the Custodian of the Plan; therefore, these transactions qualify as party-in-interest transactions. In addition, fees paid by the Plan to Nationwide Trust Company totaled \$14,188 and \$16,936 for the years ended December 31, 2016 and 2015, respectively.

SUPPLEMENTAL SCHEDULE

HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST

EMPLOYER NO. 34-0700745

PLAN NO. 002

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

December 31, 2016

(a)	(b) <u>Identity of Party</u>	(c) <u>Description of Investment</u>	Current (e) <u>Value</u>
*	Nationwide Life Insurance Company	Interest bearing cash	\$ 14,234
	Registered investment companies:		
	Allianz Global Investors	Allianz Technology Fund - Institutional	55,300
	American Century	Equity Income - I	199,592
	American Funds Group	American Mutual Fund - R6	12,145
	American Funds Group	Capital Income Builder - R6	274,040
	American Funds Group	Europacific Growth - R6	206,362
	American Funds Group	New World - R6	15,448
	American Funds Group	The Income Fund of America - R6	677,568
	American Funds Group	Washington Mutual Investors Fund - R6	456,040
	Ave Maria	Ave Maria Bond Fund - R	10,416
	BlackRock	BlackRock Health Sciences Opportunities Fund - Institutional	54,092
	Calvert Group	Calvert Equity Portfolio - I	8,324
	Calvert Group	Calvert Small Cap Fund - I	2,654
	Dimensional Fund Advisors	DFA Global Real Estate Securities - I	34,210
	Emerald	Emerald Growth - Institutional	24,954
	Federated	Government Obligation	148,478
	Federated	Strategic Income - Institutional	96
	Fidelity Investments	Fidelity Advisor New Insights Fund - Institutional	150,711
	Franklin Templeton	Franklin Income - Advisor	106,992
	Franklin Templeton	Franklin Mutual European - Class Z	110,969
	Franklin Templeton	Franklin Small Cap Growth - Advisor	65,860
	Franklin Templeton	Franklin U.S. Government Securities Fund - Advisor	15,791
	Franklin Templeton	Franklin Utilities Series Fund - Advisor	97,785
	Franklin Templeton	Templeton Global Bond - Advisor	102,351
	Goldman Sachs	Goldman Sachs Strategic Income - Institutional	62,202
	Invesco	Invesco Golf & Precious Metals - Y	9,693
	JPMorgan	JPMorgan Mid Cap Value Fund - Institutional	123,284
	JPMorgan	JPMorgan Small Cap Value Fund - R6	27,420
	Natixis Funds	Gateway Fund - Class Y	148,643
	Neuberger & Berman Management	Meuberger Berman Mid Cap Growth Fund - Institutional	51,901
	Oppenheimer Funds	Oppenheimer Gold & Special Minerals Fund - Y	56,942
	Oppenheimer Funds	Oppenheimer International Growth Fund - Y	144,453
	Oppenheimer Funds	Oppenheimer Senior Floating Rate - Y	128,248
	Oppenheimer Funds	Oppenheimer SteelPath MLP Select 40 - Y	37,869
	Parnassus Investments	Parnassus Core Equity Fund - Institutional	9,787
	Pax World Management	Pax World Global Environmental Markets Fund - Institutional	2,410

HY-KO PRODUCTS COMPANY SAVINGS PLAN AND TRUST

EMPLOYER NO. 34-0700745

PLAN NO. 002

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

December 31, 2016

(a)	(b) <u>Identity of Party</u>	(c) <u>Description of Investment</u>	Current (e) <u>Value</u>
	PIMCO	PIMCO All Asset All Authority Fund - Institutional	72,393
	PIMCO	PIMCO Income Fund - Institutional	29,639
	PIMCO	PIMCO Long-Term Credit - Institutional	20,540
	PIMCO	PIMCO Real Return Fund - Institutional	58,520
	Pioneer	Pioneer Bond - Y	190,568
	Pioneer	Pioneer Select Mid Cap Growth - Y	74,664
	T. Rowe Price	T. Rowe Price New Horizons Fund, Inc.	163,854
	Vanguard	Vanguard 500 Index Fund - Admiral	422,799
	Vanguard	Vanguard Dividend Appreciation Index Fund - Investor	82,428
	Vanguard	Vanguard Extended Market Index Fund - Admiral	22,672
	Vanguard	Vanguard Long-Term Investment-Grade - Inv	209
	Vanguard	Vanguard Small-Cap Value Index Fund - Investor	62,111
	Vanguard	Vanguard Total Bond Market Index - Adm	1,046
	Vanguard	Vanguard Total Stock Market Index - Adm	21,691
	Victory	Victory Fund for Income Fund - I	226,358
	Victory	Victory Sycamore Established Value - I	79,758
	Waddell & Reed	Ivy Real Estate Securities Fund - I	29,264
	Wells Fargo Funds	Wells Fargo Advantage Adjustable Rate Government Fund - Institutional	37,851
	Wells Fargo Funds	Wells Fargo Advantage Discovery Fund - Institutional	15,246
	Wells Fargo Funds	Wells Fargo Advantage Premier Large Company Growth Fund - Institutional	32,541
			<u>5,277,182</u>
	Insurance company general accounts - unallocated contracts:		
*	Nationwide Life Insurance Company	Nationwide Fixed Select	106,063
*	Nationwide Life Insurance Company	Nationwide Best of America Fixed Income	244,286
			<u>350,349</u>
*	Participant Loans	Interest rates ranging from 4.25% - 4.75%	<u>146,660</u>
			<u>\$ 5,788,425</u>

* Indicates a party-in-interest