# Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.**

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:
- [X] a single-employer plan
- [ ] a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [ ] a one-participant plan
- [ ] a foreign plan

**B** This return/report is
- [ ] the first return/report
- [X] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

**C** Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] DFVC program
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
NORDCO INC. HOURLY EMPLOYEES' RETIREMENT PLAN

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 05/04/1987

**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)
NORDCO INC.

245 WEST FOREST HILL AVENUE
OAK CREEK, WI 53154

**2b** Employer Identification Number (EIN) 39-1569204

**2c** Sponsor's telephone number 414-766-2340

**2d** Business code (see instructions) 333900

**3a** Plan administrator's name and address [X] Same as Plan Sponsor.

**3b** Administrator's EIN

**3c** Administrator's telephone number

**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.
**a** Sponsor's name

**4b** EIN

**4c** PN

| | | |
|---|---|---|
| **5a** Total number of participants at the beginning of the plan year | **5a** | 49 |
| **b** Total number of participants at the end of the plan year | **5b** | 0 |
| **c** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **5c** | |
| **d(1)** Total number of active participants at the beginning of the plan year | **5d(1)** | 16 |
| **d(2)** Total number of active participants at the end of the plan year | **5d(2)** | 0 |
| **e** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **5e** | 0 |

**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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 09/27/2017 | NANCY ZABOROWSKI |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 09/27/2017 | DANIEL GRIESBACH |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |

Preparer's name (including firm name, if applicable) and address (include room or suite number )

Preparer's telephone number

**6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ..... [X] Yes [ ] No

**b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... [X] Yes [ ] No

**If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**

**c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... [X] Yes [ ] No [ ] Not determined

## Part III Financial Information

| 7 Plan Assets and Liabilities | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| a Total plan assets | 7a | 1943485 | 0 |
| b Total plan liabilities | 7b | | |
| c Net plan assets (subtract line 7b from line 7a) | 7c | 1943485 | 0 |
| **8** Income, Expenses, and Transfers for this Plan Year | | **(a) Amount** | **(b) Total** |
| a Contributions received or receivable from: (1) Employers | 8a(1) | 235142 | |
| (2) Participants | 8a(2) | | |
| (3) Others (including rollovers) | 8a(3) | | |
| b Other income (loss) | 8b | 49467 | |
| c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | 284609 |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 2217729 | |
| e Certain deemed and/or corrective distributions (see instructions) | 8e | | |
| f Administrative service providers (salaries, fees, commissions) | 8f | 10365 | |
| g Other expenses | 8g | | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | 2228094 |
| i Net income (loss) (subtract line 8h from line 8c) | 8i | | -1943485 |
| j Transfers to (from) the plan (see instructions) | 8j | | |

## Part IV Plan Characteristics

**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1B 1I

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

## Part V Compliance Questions

| 10 During the plan year: | | Yes | No | N/A | Amount |
|---|---|---|---|---|---|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 10a | | X | | |
| b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10b | | X | | |
| c Was the plan covered by a fidelity bond? | 10c | X | | | 1000000 |
| d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 10d | | X | | |
| e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) | 10e | | X | | |
| f Has the plan failed to provide any benefit when due under the plan? | 10f | | X | | |
| g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | 10g | | X | | |
| h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 10h | | X | | |
| i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | 10i | | | | |

## Part VI Pension Funding Compliance

| | | |
|---|---|---|
| **11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) | | [X] Yes [ ] No |
| **11a** Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | **11a** | 0 |
| **12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | [ ] Yes [X] No |
| **a** 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 letter ruling granting the waiver. Month _____ Day _____ Year _____ | | |
| **If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.** | | |
| **b** Enter the minimum required contribution for this plan year | **12b** | |
| **c** Enter the amount contributed by the employer to the plan for this plan year | **12c** | |
| **d** Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) | **12d** | |
| **e** Will the minimum funding amount reported on line 12d be met by the funding deadline? | | [ ] Yes [ ] No [ ] N/A |

## Part VII Plan Terminations and Transfers of Assets

| | | |
|---|---|---|
| **13a** Has a resolution to terminate the plan been adopted in any plan year? | | [X] Yes [ ] No |
| If "Yes," enter the amount of any plan assets that reverted to the employer this year | **13a** | 357 |
| **b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | [X] Yes [ ] No |

**c** 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.)

| **13c(1)** Name of plan(s): | **13c(2)** EIN(s) | **13c(3)** PN(s) |
|---|---|---|
| | | |

## Part VIII Trust Information

| | |
|---|---|
| **14a** Name of trust | **14b** Trust's EIN |
| **14c** Name of trustee or custodian | **14d** Trustee's or custodian's telephone number |

## Part IX IRS Compliance Questions

| | |
|---|---|
| **15a** Is the plan a 401(k) plan? If "No," skip b. | [ ] Yes [ ] No |
| **15b** 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 |
| **16a** 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 |
| **16b** 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 |

**17a** 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 _____.

**17b** 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 _____/_____/_____.

| | |
|---|---|
| **18** 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? | [ ] Yes [ ] No |
| **19** Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year? | [ ] Yes [ ] No |

# SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**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

▶ **Round off amounts to nearest dollar.**

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

**A** Name of plan
NORDCO INC. HOURLY EMPLOYEES' RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
NORDCO INC.

**D** Employer Identification Number (EIN)
39-1569204

**E** Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

**F** Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

## Part I Basic Information

**1** Enter the valuation date: Month 01 Day 01 Year 2016

**2** Assets:

| | | |
|---|---|---|
| **a** Market value | **2a** | 1943432 |
| **b** Actuarial value | **2b** | 2041532 |

**3** Funding target/participant count breakdown

| | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
|---|---|---|---|
| **a** For retired participants and beneficiaries receiving payment | 30 | 1370119 | 1370119 |
| **b** For terminated vested participants | 3 | 13497 | 13497 |
| **c** For active participants | 16 | 274241 | 274241 |
| **d** Total | 49 | 1657857 | 1657857 |

**4** If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

| | | |
|---|---|---|
| **a** Funding target disregarding prescribed at-risk assumptions | **4a** | |
| **b** Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | **4b** | |
| **5** Effective interest rate | **5** | 5.94 % |
| **6** Target normal cost | **6** | 8987 |

**Statement by Enrolled Actuary**

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

**SIGN HERE**

| | |
|---|---|
| Signature of actuary | 07/27/2017 Date |
| PAMELA K. PORTER Type or print name of actuary | 14-05561 Most recent enrollment number |
| AON CONSULTING, INC. Firm name | 312-381-4885 Telephone number (including area code) |
| 200 E. RANDOLPH ST. CHICAGO, IL 60601 Address of the firm | |

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

## Part II Beginning of Year Carryover and Prefunding Balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 0 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 0 |
| 10 | Interest on line 9 using prior year's actual return of _____% | | |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | **a** Present value of excess contributions (line 38a from prior year) | | 96276 |
| | **b(1)** Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.14 % | | 5911 |
| | **b(2)** Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| | **c** Total available at beginning of current plan year to add to prefunding balance | | 102187 |
| | **d** Portion of (c) to be added to prefunding balance | | |
| 12 | Other reductions in balances due to elections or deemed elections | | |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 0 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 123.14% |
| 15 | Adjusted funding target attainment percentage | 15 | 123.14% |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 121.21% |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

## Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| 04/14/2016 | 25000 | 0 | | | |
| 12/12/2016 | 210142 | 0 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 235142 | 18(c) 0 |

| | | | |
|---|---|---|---|
| 19 | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | | |
| | **a** Contributions allocated toward unpaid minimum required contributions from prior years. | 19a | 0 |
| | **b** Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| | **c** Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 223579 |

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

**21** Discount rate:

**a** Segment rates:

| 1st segment: | 2nd segment: | 3rd segment: | |
|---|---|---|---|
| 4.43% | 5.91% | 6.65% | ☐ N/A, full yield curve used |

| | | |
|---|---|---|
| **b** Applicable month (enter code) | **21b** | 4 |
| **22** Weighted average retirement age | **22** | 65 |

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

## Part VI Miscellaneous Items

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

## Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

## Part VIII Minimum Required Contribution For Current Year

**31** Target normal cost and excess assets (see instructions):

| | | |
|---|---|---|
| **a** Target normal cost (line 6) | **31a** | 8987 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 8987 |

**32** Amortization installments:

| | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment | 0 | 0 |
| **b** Waiver amortization installment | 0 | 0 |

| | | |
|---|---|---|
| **33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount | **33** | |
| **34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) | **34** | 0 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | | | 0 |

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | **36** | 0 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 223579 |
| **38** Present value of excess contributions for current year (see instructions) | | |
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 223579 |
| **b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | **38b** | |
| **39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | **39** | 0 |
| **40** Unpaid minimum required contributions for all years | **40** | 0 |

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

**41** If an election was made to use PRA 2010 funding relief for this plan:

**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years

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

| | | |
|---|---|---|
| **42** Amount of acceleration adjustment | **42** | |
| **43** Excess installment acceleration amount to be carried over to future plan years | **43** | |

# Schedule SB Attachment (Form 5500)—2016 Plan Year
# Nordco Inc. Hourly Employees' Pension Plan
# EIN: 39-1569204 PN: 002

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

Number of Participants

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

N-16

# Schedule SB Attachment (Form 5500)—2016 Plan Year
# Nordco Inc. Hourly Employees' Pension Plan
# EIN: 39-1569204 PN: 002

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

### For ERISA Requirements

| | |
|---|---|
| Interest Rates for Minimum Funding Purposes | Based on segment rates with a four-month lookback (as of September 2014), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA |
| 1st Segment Rate | 4.43% |
| 2nd Segment Rate | 5.91% |
| 3rd Segment Rate | 6.65% |
| Interest Rates for Maximum Tax Purposes | Based on segment rates with a four-month lookback (as of September 2015), without regard to interest rate stabilization |
| 1st Segment Rate | 1.34% |
| 2nd Segment Rate | 4.03% |
| 3rd Segment Rate | 5.06% |
| Retirement Age | |
| Active Participants | See Table 1 |
| Terminated Vested Participants | Age 65 |
| Mortality Rates | |
| Healthy | 2016 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e) |
| Disabled | Revenue Ruling 96-7 mortality table for disability before January 1, 1995 |
| Withdrawal Rates | See Table 2 |
| Disability Rates | See Table 3 |
| Decrement Timing | Beginning of year decrements |

## For ERISA Requirements

| | |
|---|---|
| Surviving Spouse Benefit | It is assumed that 95% of males and 95% of females have an eligible spouse, and that males are four years older than their spouses. |
| Benefit Limits | Projected benefits are limited by the current IRC section 415 maximum benefit of $210,000. |
| Valuation of Plan Assets | Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.<br><br>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii). |
| Expected Return on Assets | |
| 2015 Plan Year | 5.63% |
| 2016 Plan Year | 5.49% |
| Trust Expenses Included in Target Normal Cost | $8,987 |
| Actuarial Method | Standard unit credit cost method |
| Valuation Date | January 1, 2016 |

## Changes in ERISA Methods/Assumptions Since the Prior Year

**Method Changes**

There have been no method changes in the funding valuation since the prior year.

**Assumption Changes**

The funding valuation reflects the following assumption changes:

- A change in the interest rate assumption from segment rates as of September 20144 to segment rates as of September 2015, each adjusted as applicable to fall within the 25-year average interest rate stabilization corridor.
- A change in the mortality assumption from the 2015 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e) to the 2016 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e).
- A change in the assumed expenses payable from the trust from $7,987 to $8,987.

Table 1

**Retirement Rates**

| | Years of Service | |
|---|---|---|
| **Age** | **0-29** | **30+** |
| 62 | 0.00% | 100.00% |
| 63 | 0.00% | 100.00% |
| 64 | 0.00% | 100.00% |
| 65 | 100.00% | 100.00% |

Table 2

**Withdrawal Rates**

| Age | Rate | Age | Rate |
|---|---|---|---|
| 15 | 7.9384% | 45 | 5.1633% |
| 16 | 7.9384% | 46 | 4.9291% |
| 17 | 7.9384% | 47 | 4.6643% |
| 18 | 7.9384% | 48 | 4.3606% |
| 19 | 7.9384% | 49 | 4.0117% |
| 20 | 7.9384% | 50 | 3.6161% |
| 21 | 7.8989% | 51 | 3.1803% |
| 22 | 7.8587% | 52 | 2.7184% |
| 23 | 7.8169% | 53 | 2.2489% |
| 24 | 7.7723% | 54 | 1.7932% |
| 25 | 7.7242% | 55 | 1.3713% |
| 26 | 7.6714% | 56 | 0.9995% |
| 27 | 7.6132% | 57 | 0.6880% |
| 28 | 7.5484% | 58 | 0.4414% |
| 29 | 7.4766% | 59 | 0.2580% |
| 30 | 7.3966% | 60 | 0.1315% |
| 31 | 7.3077% | 61 | 0.0535% |
| 32 | 7.2098% | 62 | 0.0137% |
| 33 | 7.1022% | 63 | 0.0000% |
| 34 | 6.9851% | 64 | 0.0000% |
| 35 | 6.8583% | 65 | 0.0000% |
| 36 | 6.7230% | 66 | 0.0000% |
| 37 | 6.5800% | 67 | 0.0000% |
| 38 | 6.4302% | 68 | 0.0000% |
| 39 | 6.2743% | 69 | 0.0000% |
| 40 | 6.1129% | 70 | 0.0000% |
| 41 | 5.9439% | 71 | 0.0000% |
| 42 | 5.7652% | 72 | 0.0000% |
| 43 | 5.5766% | 73 | 0.0000% |
| 44 | 5.3767% | 74 | 0.0000% |

Table 3

**Disability Rates**

| Age | Rate | Age | Rate |
|---|---|---|---|
| 20 | 0.079% | 50 | 0.400% |
| 21 | 0.079% | 51 | 0.445% |
| 22 | 0.079% | 52 | 0.490% |
| 23 | 0.079% | 53 | 0.542% |
| 24 | 0.079% | 54 | 0.600% |
| 25 | 0.079% | 55 | 0.663% |
| 26 | 0.079% | 56 | 0.740% |
| 27 | 0.079% | 57 | 0.820% |
| 28 | 0.079% | 58 | 0.905% |
| 29 | 0.079% | 59 | 0.992% |
| 30 | 0.079% | 60 | 1.090% |
| 31 | 0.079% | 61 | 1.200% |
| 32 | 0.079% | 62 | 1.320% |
| 33 | 0.079% | 63 | 1.480% |
| 34 | 0.079% | 64 | 1.682% |
| 35 | 0.079% | 65 | 0.000% |
| 36 | 0.080% | 66 | 0.000% |
| 37 | 0.081% | 67 | 0.000% |
| 38 | 0.091% | 68 | 0.000% |
| 39 | 0.104% | 69 | 0.000% |
| 40 | 0.118% | 70 | 0.000% |
| 41 | 0.133% | 71 | 0.000% |
| 42 | 0.152% | 72 | 0.000% |
| 43 | 0.174% | 73 | 0.000% |
| 44 | 0.201% | 74 | 0.000% |
| 45 | 0.225% | 75 | 0.000% |
| 46 | 0.259% | 76 | 0.000% |
| 47 | 0.290% | 77 | 0.000% |
| 48 | 0.325% | 78 | 0.000% |
| 49 | 0.360% | 79 | 0.000% |

| SCHEDULE SB (Form 5500) | Single-Employer Defined Benefit Plan Actuarial Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br>▶ File as an attachment to Form 5500 or 5500-SF. | 2016<br>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

▶ **Round off amounts to nearest dollar.**

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

| | |
|---|---|
| **A** Name of plan<br>Nordco Inc. Hourly Employees' Pension Plan | **B** Three-digit plan number (PN) ▶ 002 |
| **C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>NORDCO INC. | **D** Employer Identification Number (EIN)<br>39-1569204 |

**E** Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

**F** Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

## Part I Basic Information

| | | | | |
|---|---|---|---|---|
| 1 | Enter the valuation date | Month 01 Day 01 Year 2016 | | |
| 2 | Assets | | | |
| | a Market value | | 2a | 1,943,432 |
| | b Actuarial value | | 2b | 2,041,532 |
| 3 | Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| | a For retired participants and beneficiaries receiving payment | 30 | 1,370,119 | 1,370,119 |
| | b For terminated vested participants | 3 | 13,497 | 13,497 |
| | c For active participants | 16 | 274,241 | 274,241 |
| | d Total | 49 | 1,657,857 | 1,657,857 |
| 4 | If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ] | | | |
| | a Funding target disregarding prescribed at-risk assumptions | | 4a | |
| | b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | | 4b | |
| 5 | Effective interest rate | | 5 | 5.94% |
| 6 | Target normal cost | | 6 | 8,987 |

**Statement by Enrolled Actuary**

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

| | |
|---|---|
| **SIGN HERE** Pamela K Porter / PKP<br>Signature of actuary | 07/27/2017<br>Date |
| Pamela K. Porter<br>Type or print name of actuary | 1405561<br>Most recent enrollment number |
| Aon Consulting, Inc.<br>Firm name | 312-381-4885<br>Telephone number (including area code) |
| 200 E. Randolph St.<br>Chicago IL 60601<br>Address of the firm | |

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

## Part II Beginning of Year Carryover and Prefunding Balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 0 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 0 |
| 10 | Interest on line 9 using prior year's actual return of _____% | | |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | **a** Present value of excess contributions (line 38a from prior year) | | 96,276 |
| | **b(1)** Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.14% | | 5,911 |
| | **b(2)** Interest on line 38b from prior year Schedule SB, using prior year's actual return | | 0 |
| | **c** Total available at beginning of current plan year to add to prefunding balance | | 102,187 |
| | **d** Portion of (c) to be added to prefunding balance | | |
| 12 | Other reductions in balances due to elections or deemed elections | | |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 0 |

## Part III Funding Percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 123.14% |
| 15 | Adjusted funding target attainment percentage | 15 | 123.14% |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 121.21% |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. | 17 | % |

## Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|---|---|---|---|---|---|
| 04/14/2016 | 25,000 | | | | |
| 12/12/2016 | 210,142 | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | Totals ► 18(b) | 235,142 | 18(c) | 0 |

| | | | |
|---|---|---|---|
| 19 | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | | |
| | **a** Contributions allocated toward unpaid minimum required contributions from prior years | 19a | 0 |
| | **b** Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| | **c** Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 223,579 |

20 Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? [ ] Yes [X] No

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

**21** Discount rate:

| | 1st segment: | 2nd segment: | 3rd segment: | |
|---|---|---|---|---|
| **a** Segment rates: | 4.43 % | 5.91 % | 6.65% | ☐ N/A, full yield curve used |

| | | |
|---|---|---|
| **b** Applicable month (enter code) | **21b** | 4 |
| **22** Weighted average retirement age | **22** | 65 |

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

## Part VI Miscellaneous Items

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

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

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

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

## Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

## Part VIII Minimum Required Contribution For Current Year

**31** Target normal cost and excess assets (see instructions):

| | | |
|---|---|---|
| **a** Target normal cost (line 6) | **31a** | 8,987 |
| **b** Excess assets, if applicable, but not greater than line 31a | **31b** | 8,987 |

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

| | | |
|---|---|---|
| **33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount | **33** | |
| **34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) | **34** | 0 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances elected for use to offset funding requirement | | | 0 |

| | | |
|---|---|---|
| **36** Additional cash requirement (line 34 minus line 35) | **36** | 0 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | **37** | 223,579 |
| **38** Present value of excess contributions for current year (see instructions) | | |
| **a** Total (excess, if any, of line 37 over line 36) | **38a** | 223,579 |
| **b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | **38b** | |
| **39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | **39** | 0 |
| **40** Unpaid minimum required contributions for all years | **40** | 0 |

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

**41** If an election was made to use PRA 2010 funding relief for this plan:

**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years

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

| | | |
|---|---|---|
| **42** Amount of acceleration adjustment | **42** | |
| **43** Excess installment acceleration amount to be carried over to future plan years | **43** | |

# Schedule SB Attachment (Form 5500)—2016 Plan Year
# Nordco Inc. Hourly Employees' Pension Plan
# EIN: 39-1569204 PN: 002

## Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2016

| Date | Amount | Days to Discount to 1/1/2015 at 6.14% | Interest Adjusted Contribution |
|---|---|---|---|
| March 26, 2015 | $ 25,000 | 84 | $ 24,660 |
| July 6, 2015 | 25,000 | 186 | 24,252 |
| October 14, 2015 | 25,000 | 286 | 23,860 |
| January 14, 2016 | 25,000 | 378 | 23,504 |
| Total Contribution | $ 100,000 | | $ 96,276 |

# Schedule SB Attachment (Form 5500)—2016 Plan Year
# Nordco Inc. Hourly Employees' Pension Plan
# EIN: 39-1569204  PN: 002

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

All active participants are assumed to retire at age 65; Age 62 with 30 years of service.

# Schedule SB Attachment (Form 5500)—2016 Plan Year
# Nordco Inc. Hourly Employees' Pension Plan
# EIN: 39-1569204 PN: 002

## Schedule SB, Part V—Summary of Plan Provisions

The following summary describes principal plan provisions assumed in calculating the cost of your pension plan.

### General Information

| | |
|---|---|
| Original Effective Date: | May 4, 1987 |
| Plan Year: | January 1st to December 31st |
| Employer Fiscal Year | January 1st to December 31st |
| Employer ID Number: | 39-1569204 |
| Plan Number: | 002 |
| Plan Administrator's ID Number: | 39-1569204 |

### Eligibility

Hourly employees covered by a collective bargaining unit represented by a union under a collective bargaining agreement with the Company will enter on their date of employment with the Company. No new entrants will be permitted to enter the plan after July 2003.

### Service

Vesting Service - A participant shall accrue one year of service for each accrual period in which he has 1,000 or more hours of work.

Credited Service - A participant shall receive one year of credited service for each year in which he is credited with 2,080 hours of work. If a participant does not receive a year of credited service, he will receive a partial year equal to a fraction of a year of credited service, the numerator of which is the actual number of hours of work credited (but not less than 1,000 hours except during the participant's last accrual period) and the denominator of which is 2,080.

Credited service for those employee's hired after April 1, 1997 was frozen effective July 2003.

Accrual period - Accrual period means the twelve month consecutive period commencing on the participant's date
of employment and each anniversary thereof.

### Retirement Dates

Normal Retirement Date- Later of age 65 and the completion of five years of vesting service.

Early Retirement Date- Earlier of age 60 and 10 years of vesting service or age 55 with 30 years of vesting service.

Disability Retirement Date- Upon disability and completion of 10 years of vesting service.

## Normal Retirement Benefit

The excess of (a) over (b);

(a) The monthly benefit equal to years of credited service multiplied by the appropriate benefit level as shown in the table below:

| Benefit Level | Retirement Date on or After |
|---|---|
| $22.50 | April 1, 1996 |
| $23.50 | April 1, 1997 |
| $24.00 | April 1, 1998 |
| $24.50 | April 1, 1999 |
| $25.50 | April 1, 2000 |
| $26.50 | April 1, 2001 |
| $32.00 | April 1, 2003 |

(b) The monthly amount payable to the participant under the prior plan sponsored by Rexnord, Inc. (The monthly benefit equal to $17.00 multiplied by years of credited service up to May 4, 1987).

Benefit accruals for those participants hired after April 1, 1997 were frozen July 2003.

## Accrued Benefit

The Accrued Benefit at any time prior to a participant's Normal Retirement Date shall be the Normal Retirement Benefit calculated using average compensation and Credited Service as of the accrual date.

## Early Retirement Benefit

The Normal Retirement Benefit, computed as of the early retirement date but reduced by 1/2% per month for each month that commencement precedes the first day of the month coincident with or next following his 62nd birthday. No reduction is made for commencement dates after age 55 and 30 years of vesting service.

## Disability Retirement Benefit

The Normal Retirement Benefit, computed as of the disability date using a minimum of 20 years of credited service. Benefits commence immediately with no reduction.

## Lump Sum Initial Retirement Benefit

Each participant who is eligible to receive a normal or early retirement benefit and who was an active or laid-off employee on May 1, 1984 shall receive, in lieu of the first three monthly retirement benefit payments, a lump sum equal to 13 weeks of vacation pay and shall be paid on the date he otherwise would have received his first monthly retirement benefit.

## Death Benefit

The monthly benefit commencing the month after the participant's death, equal to the greater of (a), (b), and (c) below:

(a) The benefit provided under the Qualified Joint and Survivor Annuity as if the participant had retired on his date of death.

(b) $200

(c) 40% of the monthly accrued benefit which the participant would have been entitled to receive based on the benefit rate in effect and credited service on the date of his death assuming he had attained age 65 on that date. If the spouse's age is more than five years less than the participant's, the benefit will be actuarially reduced.

The month after the participant would have attained his earliest retirement age, the benefit shall recommence to be paid to the spouse based on credited service accrued as of the date of death and assuming the participant had survived to his earliest retirement age.

## Severance Benefit

Upon the termination of employment after 5 or more Years of Service a participant shall have a vested interest in his Accrued Benefit which will be payable at Normal Retirement Date. The percentage vested shall be:

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

In the event that a participant has met the service requirements for Early Retirement at the date of termination, he may elect to receive his vested interest at age 55. Such benefit will be reduced as described under Early Retirement Benefit.

## Normal Form of Payment

The Normal Form of Payment is an annuity paid in monthly installments for life.

## Optional Methods of Settlement

All Optional Methods of Settlement are actuarially equivalent to the Normal Form of Payment. If a married participant does not elect the Normal Form of Payment or does not elect one of the Optional Methods of Settlement described below, then the participant's Retirement Benefit shall automatically be paid under the first option listed below. The options are:

- A reduced benefit to be paid during the participant's lifetime with one-half of the reduced benefit to be continued to his spouse for her lifetime after his death.
- A reduced benefit to be paid during the participant's lifetime with 3/4th of the reduced benefit to be continued to his spouse for her lifetime after his death.
- A reduced benefit to be paid during the participant's lifetime with the same reduced benefit to be continued to his spouse for her lifetime after his death.
- A reduced benefit to be paid for 120-Months Certain and thereafter for life.

## Amendment or Termination of Plan

The Employer reserves the right to amend or terminate the Plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the Plan if the Employer fails to meet the minimum funding standards or is unable to pay benefits when due.
If the Plan is terminated, the Plan assets will be distributed among the Plan participants based upon a priority allocation procedure, and the Employer shall be liable for any unfunded vested benefits to the extent required by law.

## Parties to the Plan

This is a single Plan covering the employees of these Companies subject to the eligibility rules outlined above. Trust Fund assets are available to pay plan benefits for participants employed by any one of these Companies.

## Additional Information

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

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

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