

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 ☐ an amended return/report	☐ the final 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 ☐ special extension (enter description)	☐ automatic extension	☐ the DFVC program

Part II	Basic Plan Information —enter all requested information		
1a Name of plan	<u>RETIREMENT PLAN FOR HOURLY RATED EMPLOYEES OF RANDALL BEARINGS, INC. REPRESENTED BY I.U.E. (A.F.L.-C.I.O.-C.L.C.) LOCAL 742</u>	1b Three-digit plan number (PN) ►	<u>002</u>
		1c Effective date of plan	<u>01/01/1957</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>RANDALL BEARINGS, INC.</u>			
 <u>P.O. BOX 1258</u> <u>LIMA, OH 45802-1258</u>			
	2b Employer Identification Number (EIN)	<u>90-0850875</u>	
	2c Plan Sponsor's telephone number	<u>419-223-1075</u>	
	2d Business code (see instructions)	<u>332900</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>10/04/2017</u>	<u>DAVE WIERWILLE</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.

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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	5 109
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) 49
a(2) Total number of active participants at the end of the plan year	6a(2) 47
b Retired or separated participants receiving benefits.....	6b 41
c Other retired or separated participants entitled to future benefits	6c 5
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 93
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 12
f Total. Add lines 6d and 6e	6f 105
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 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:
 1B 1I 3D

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)	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	(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	b General 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	(1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</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 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
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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 <u>RETIREMENT PLAN FOR HOURLY RATED EMPLOYEES OF RANDALL BEARINGS, INC. REPRESENTED BY I.U.E. (A.F.L.-C.I.O.-C.L.C.) LOCAL 742</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>RANDALL BEARINGS, INC.</u>	D Employer Identification Number (EIN) <u>90-0850875</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>	
2 Assets:	
a Market value	2a <u>2677649</u>
b Actuarial value	2b <u>2821943</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>56</u> (2) Vested Funding Target <u>1776910</u> (3) Total Funding Target <u>1776910</u>
b For terminated vested participants.....	<u>4</u> <u>129478</u> <u>129478</u>
c For active participants.....	<u>49</u> <u>769747</u> <u>780309</u>
d Total.....	<u>109</u> <u>2676135</u> <u>2686697</u>
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 <u>6.11</u> %
6 Target normal cost.....	6 <u>22000</u>

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		<u>09/19/2017</u>
Signature of actuary		Date
<u>CARTER M. ANGELL, FSA, EA, MAAA</u>		<u>17-07855</u>
Type or print name of actuary		Most recent enrollment number
<u>NYHART</u>		<u>317-845-3577</u>
Firm name		Telephone number (including area code)
<u>8415 ALLISON POINTE BOULEVARD</u> <u>SUITE 300</u> <u>INDIANAPOLIS, IN 46250-4159</u>		
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 ☐

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

Schedule SB (Form 5500) 2016
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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)	284039	137448
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)	284039	137448
10	Interest on line 9 using prior year's actual return of <u>-0.79%</u>	-2244	-1086
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		31801
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.29%</u>		2000
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		33801
d	Portion of (c) to be added to prefunding balance		33801
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	281795	170163

Part III Funding Percentages			
14	Funding target attainment percentage	14	88.21%
15	Adjusted funding target attainment percentage	15	105.03%
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	98.89%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/31/2016	15000	0	08/23/2017	15000	0
07/05/2016	15000	0			
09/27/2016	15000	0			
12/20/2016	15000	0			
03/30/2017	15000	0			
06/29/2017	15000	0			
Totals ►			18(b)	105000	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 99138
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
0	0	0	0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost					
21	Discount rate:					
a	Segment rates:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">1st segment: 4.43%</td> <td style="width: 33%;">2nd segment: 5.91%</td> <td style="width: 33%;">3rd segment: 6.65%</td> </tr> </table>	1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65%	☐ N/A, full yield curve used
1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65%				
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	22000			
b	Excess assets, if applicable, but not greater than line 31a	31b	0			
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 22000			
	Carryover balance	Prefunding balance	Total balance			
35	Balances elected for use to offset funding requirement	0	0			
36	Additional cash requirement (line 34 minus line 35)		36 22000			
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37 99138			
38	Present value of excess contributions for current year (see instructions)					
a	Total (excess, if any, of line 37 over line 36)	38a	77138			
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0			
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39 0			
40	Unpaid minimum required contributions for all years		40 0			
Part IX	Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)					
41	If an election was made to use PRA 2010 funding relief for this plan:					
a	Schedule elected ☐ 2 plus 7 years ☐ 15 years					
b	Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011					
42	Amount of acceleration adjustment	42				
43	Excess installment acceleration amount to be carried over to future plan years	43				

SCHEDULE 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 RETIREMENT PLAN FOR HOURLY RATED EMPLOYEES OF RANDALL BEARINGS, INC. REPRESENTED BY I.U.E. (A.F.L.-C.I.O.-C.L.C.) LOCAL 742	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 RANDALL BEARINGS, INC.	D Employer Identification Number (EIN) 90-0850875

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIRST FINANCIAL BANK

433 NORTH CAPITOL AVENUE SUITE 100
INDIANAPOLIS, IN 46204

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 24 50	NONE	20727	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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) 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 RETIREMENT PLAN FOR HOURLY RATED EMPLOYEES OF RANDALL BEARINGS, INC. REPRESENTED BY I.U.E. (A.F.L.-C.I.O.-C.L.C.) LOCAL 742	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 RANDALL BEARINGS, INC.	D Employer Identification Number (EIN) 90-0850875	

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 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)	0	45000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	18846	5252
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	94655	47437
(2) U.S. Government securities	1c(2)	78277	20986
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	360324	228019
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	1009006	916787
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	1116540	1467715
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2677648	2731196

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2677648	2731196
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	105000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		105000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	526	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	15415	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		15941
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	20710	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	16030	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		36740
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	973302	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	972655	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		647
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	115956	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		115956

		(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)		1686
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		275970

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	201695	
(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)		201695
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	20727	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		20727
j Total expenses. Add all expense amounts in column (b) and enter total	2j		222422

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		53548
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: MEADEN & MOORE, LLP

(2) EIN: 34-1818258

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		1000000
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			
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 3978298. (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>RETIREMENT PLAN FOR HOURLY RATED EMPLOYEES OF RANDALL BEARINGS, INC. REPRESENTED BY I.U.E. (A.F.L.-C.I.O.-C.L.C.) LOCAL 742</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RANDALL BEARINGS, INC.</u>	D Employer Identification Number (EIN) <u>90-0850875</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	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-6243929</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>0</u>

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

RETIREMENT PLAN FOR HOURLY RATED EMPLOYEES OF RANDALL BEARINGS, INC.
REPRESENTED BY I.U.E. (A.F.L. – C.I.O. – C.L.C) LOCAL 742

FINANCIAL STATEMENTS
WITH
INDEPENDENT AUDITOR'S REPORT

December 31, 2016

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INDEPENDENT AUDITOR'S REPORT

The Plan Administrator of
Retirement Plan for Hourly Rated Employees of Randall Bearings, Inc.
Lima, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Retirement Plan for Hourly Rated Employees of Randall Bearings, Inc. Represented by I.U.E. (A.F.L. – C.I.O. – C.L.C) Local 742, which comprise the statement of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the years ended December 31, 2016 and 2015, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. 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 5, which was certified by First Financial Bank, the Trustee 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 Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of December 31, 2016 and 2015, and for the years ended December 31, 2016 and 2015, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter – Supplemental Schedules

The Schedule of Assets Held for Investment Purposes at End of Year and Schedule of Reportable Transactions, as of and for the year ended December 31, 2016 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

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

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

A handwritten signature in blue ink that reads "Meaden & Moore LTD." in a cursive, stylized font.

MEADEN & MOORE, LTD.
Cleveland, Ohio

September 20, 2017

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

Retirement Plan for Hourly Rated Employees of Randall Bearings

	December 31	
	<u>2016</u>	<u>2015</u>
ASSETS		
Cash and cash equivalents	\$ 47,437	\$ 94,655
Receivables:		
Employer contribution	45,000	-
Accrued earnings	<u>5,252</u>	<u>18,846</u>
Total receivables	50,252	18,846
Investments (at Fair Value):		
US government bonds	20,986	78,277
Corporate bonds	228,019	360,324
Common stock	944,945	1,009,006
Mutual funds	<u>1,439,556</u>	<u>1,116,540</u>
Total Investments at Fair Value	<u>2,633,506</u>	<u>2,564,147</u>
Total Assets	2,731,195	2,677,648
LIABILITIES	<u>-</u>	<u>-</u>
Net Assets Available for Benefits	<u>\$ 2,731,195</u>	<u>\$ 2,677,648</u>

See accompanying notes.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Retirement Plan for Hourly Rated Employees of Randall Bearings

	Year Ended December 31	
	<u>2016</u>	<u>2015</u>
Additions to Net Assets Attributed to:		
Contributions:		
Employer	\$ 105,000	\$ 60,000
Investment Income:		
Interest and dividend income	66,522	90,520
Other Income	-	346
Net unrealized/realized appreciation (depreciation)	<u>104,693</u>	<u>(112,078)</u>
Total Investment Income (Loss)	171,215	(21,212)
Deductions from Net Assets Attributed to:		
Benefits paid to participants	201,941	210,083
Administrative expenses	<u>20,727</u>	<u>21,436</u>
Total Deductions	<u>222,668</u>	<u>231,519</u>
Net Increase (Decrease)	53,547	(192,731)
Net Assets Available for Benefits:		
Beginning of Year	<u>2,677,648</u>	<u>2,870,379</u>
End of Year	<u>\$ 2,731,195</u>	<u>\$ 2,677,648</u>

See accompanying notes.

NOTES TO FINANCIAL STATEMENTS

Retirement Plan for Hourly Rated Employees of Randall Bearings, Inc.

1 Description of Plan

The following description of the Retirement Plan for Hourly Rated Employees of Randall Bearings, Inc. Represented by I.U.E. (A.F.L. – C.I.O. – C.L.C) Local 742 (“Plan”) provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General:

The Plan is a non-contributory defined benefit pension plan covering substantially all hourly employees of Randall Bearings, Inc. ("Company").

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Plan is administered by the Company's Benefits Committee (“Committee”), which is a committee of the officers of the Company. The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Company's Board of Directors. Effective January 1, 2013, Randall Bearings, Inc. amended the Plan to cease benefit accruals, close the Plan to new entrants, and to eliminate the reduction of benefits for participants retiring between January 1, 2013 and June 30, 2013.

Pension Benefits:

The Plan provides for benefit payments at a monthly rate equal to \$36 effective January 1, 2012 multiplied by the number of years of credited service. The minimum years of credited service for the Plan is five, at which a participant will become 100% vested. Less than five years of service results in a 0% vested interest. The normal retirement age under the Plan is 65. Specific terms of the Plan provide other retirement options with combination factors of age and years of credited service.

Death and Disability Benefits:

Normal payments are for life with no death benefits. Pre-retirement survivor annuity coverage is provided in the event of the death of an employee while eligible for early retirement. The Plan offers disability retirement benefits after ten years of credited service. The participant shall be entitled to receive the participant's accrued benefit plus \$25, less any other disability benefit the participant receives, except for disability compensation received under the Federal Social Security law and on account of silicosis.

Funding Policy:

The Plan is funded by employer contributions from the Company. The Plan does not provide for employee contributions. The Plan has met the minimum funding standards of ERISA as set forth in the actuary's report.

NOTES TO FINANCIAL STATEMENTS

Retirement Plan for Hourly Rated Employees of Randall Bearings, Inc.

2 Summary of Significant Accounting Policies

Basis of Accounting:

The Plan's transactions are reported on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Valuation of Investments:

Investments held in the trust are stated at fair value. Marketable securities are reported at fair market value as of the balance sheet date. Fair market values represent quoted market prices or, if quoted market prices are not available, estimated fair values as determined by the Plan's investment broker.

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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Use of Estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures, and actual results may differ from those estimates. It is reasonably possible that a significant change may occur in the near term for the estimates of investment valuation and actuarial present value of accumulated plan benefits.

Actuarial Present Value of Accumulated Plan Benefits:

Accumulated Plan benefits represent future periodic payments for services employees have rendered. Accumulated Plan benefits include benefits expected to be paid to:

- a) Retired or terminated employees or their beneficiaries;
- b) Beneficiaries of employees who have died;
- c) Present employees or their beneficiaries

Administrative Fees:

Certain administrative functions are performed by officers or employees of the Company. No such officers or employees receive compensation from the Plan. Administrative expenses, other than Pension Benefit Guaranty Corporation ("PBGC") premiums, are paid by the Trust.

Plan Termination:

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, to vested participants based upon an actuarial calculation.

NOTES TO FINANCIAL STATEMENTS

Retirement Plan for Hourly Rated Employees of Randall Bearings, Inc.

2 Summary of Significant Accounting Policies, Continued

Plan Termination, Continued:

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that PBGC guarantees.

Risks and Uncertainties:

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and those such changes could materially affect the amounts reported in these financial statements.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimates and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Subsequent Events:

Management evaluates subsequent events occurring subsequent to the date of the financial statements in determining and the accounting for and disclosure of transactions and events that affect the financial statements.

Subsequent events have been evaluated through September 20, 2017, which is the date the financial statements were available to be issued.

3 Tax Status

On May 8, 2012, the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended, however, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

NOTES TO FINANCIAL STATEMENTS

Retirement Plan for Hourly Rated Employees of Randall Bearings, Inc.

3 Tax Status, Continued

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken uncertain tax positions that more-likely-than-not would not be sustained upon examination by applicable taxing authorities. The Plan Administrator has analyzed tax positions taken by the Plan and has concluded that, as of December 31, 2016, there are no uncertain tax positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. However, currently no audits for any tax periods are in progress.

4 Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under Topic 820 are described as follows:

Level 1: Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.

Level 2: Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- * Quoted prices for similar assets or liabilities in active markets;
- * Quoted prices for identical assets or similar assets or liabilities in inactive markets;
- * Inputs other than quoted prices that are observable for the asset or liability;
- * Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Level 3: Inputs that are unobservable inputs for the asset or liability.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2016 and 2015.

Common Stocks and Mutual Funds:

Valued at closing price reported on the active market on which the individual securities are traded.

NOTES TO FINANCIAL STATEMENTS

Retirement Plan for Hourly Rated Employees of Randall Bearings, Inc.

4 Fair Value Measurements, Continued

Corporate and U.S. Government Bonds:

Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote, if available.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016 and 2015. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

Assets at Fair Value as of December 31, 2016				
	Level 1	Level 2	Level 3	Total
Common Stock	\$ 944,945	\$ -	\$ -	\$ 944,945
Bonds	249,005	-	-	249,005
Mutual Funds	1,439,556	-	-	1,439,556
Investments at Fair Value	<u>\$ 2,633,506</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 2,633,506</u>

Assets at Fair Value as of December 31, 2015				
	Level 1	Level 2	Level 3	Total
Common Stock	\$ 1,009,006	\$ -	\$ -	\$ 1,009,006
Bonds	438,601	-	-	438,601
Mutual Funds	1,116,540	-	-	1,116,540
Investments at Fair Value	<u>\$ 2,564,147</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 2,564,147</u>

For the years ended December 31, 2016 and 2015, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

NOTES TO FINANCIAL STATEMENTS

Retirement Plan for Hourly Rated Employees of Randall Bearings, Inc.

5 Information Prepared and Certified by Trustee

The following information included in the accompanying financial statements and supplemental schedules were obtained from data that has been prepared and certified as complete and accurate by the Trustee.

	<u>2016</u>	<u>2015</u>
Investments, cash and accrued earnings	\$ 2,731,195	\$ 2,677,648
Interest and dividends	\$ 66,522	\$ 90,520
Net appreciation (depreciation)	\$ 104,693	\$ (112,078)

6 Accumulated Plan Benefits

The significant actuarial assumptions used in the valuations as of January 1, 2016 were:

	<u>2016</u>
Asset valuation method	PPA Smoothed Value of Assets
Retirement age	Age 65
Assumed rate of return on investments	7.50%
Mortality basis	RP-2014 Blue Collar with 2015 Social Security Generation Improvement Scale

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, other assumptions and factors might be applicable in determining the actuarial present value of accumulated Plan benefits. A schedule of vested and non-vested accumulated Plan benefits is as follows:

	<u>January 1 2016</u>
Actuarial Present Value of Accumulated Plan	
Vested benefits:	
Participants currently receiving payments	\$ 1,613,045
Other vested participants	<u>750,341</u>
Total Vested Benefits	2,363,386
Non-vested benefits	<u>8,630</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u><u>\$ 2,372,016</u></u>

NOTES TO FINANCIAL STATEMENTS

Retirement Plan for Hourly Rated Employees of Randall Bearings, Inc.

6 Accumulated Plan Benefits, Continued

A schedule of changes in the actuarial present value of accumulated Plan benefits is as follows:

	January 1 2016
Actuarial Present Value of Accumulated Plan Benefits at January 1, 2015	\$ 2,417,913
Increase (Decrease) during the year attributable to:	
Change in actuarial assumptions	(1,600)
Benefits accumulated	(8,364)
Interest adjustment	173,627
Benefits paid	<u>(209,560)</u>
Net (Decrease)	<u>(45,897)</u>
Actuarial Present Value of Accumulated Plan Benefits at January 1, 2016	<u><u>\$ 2,372,016</u></u>

7 Party-in-Interest Transactions

The Plan paid certain expenses related to plan operation and investment activity to various service providers. These are party in interest transactions under ERISA.

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
Form 5500, Schedule H, Part IV, Line 4i

Retirement Plan for Hourly Rated Employees of Randall Bearings, Inc.

EIN 90-0850875
Plan Number 002

December 31, 2016

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Abbott Laboratories	Common Stock	\$ 30,551	\$ 30,382
	Accenture PLC	Common Stock	25,046	37,950
	Apple Computer Incorporated	Common Stock	25,602	30,345
	AT&T Inc.	Common Stock	29,455	37,256
	BankUnited, Inc	Common Stock	25,232	25,365
	Blackrock Inc.	Common Stock	19,979	28,160
	Blackrock Multi-Asset Income #444	Mutual Fund	111,025	105,856
	BlackRock Strategic Inc Opportunities #446	Mutual Fund	13,283	12,628
	BNP Paribas	Bond 50,000 Par 2.375% 9/14/17	51,279	50,334
	Brown Advisory Small-Cap Fundamental Value I	Mutual Fund	73,897	86,243
	Canadian National Railway	Common Stock	14,580	20,490
	Church & Dwight Inc	Common Stock	18,101	25,100
	Cisco Systems	Common Stock	31,217	32,607
	Coca-Cola	Bond 25,000 Par 2.450% 11/01/20	24,598	25,258
	Credit Suisse Comm Rel Strategy Instl	Mutual Fund	33,115	22,781
	Ecolab Inc	Common Stock	17,345	22,155
	Federated Municipal Ultrashort IS #253	Mutual Fund	150,000	149,850
	Fidelity New Markets Income Fund	Mutual Fund	8,081	8,321
	FNMA Mtn	Bond 20,000 Par 4.600% 6/05/18	22,688	20,986
	Fortune Brands Home & Security, Inc.	Common Stock	26,611	27,104
	General Electric Company	Common Stock	18,752	24,806
	Goldman Sachs Group Inc	Common Stock	17,941	22,029
	Goldman Sachs Small/Mid Cap Growth Fund	Mutual Fund	76,468	70,766
	Harbor International Institutional Fund	Mutual Fund	272,622	235,579
	iShares PHLX Semiconductor ETF	Mutual Fund	19,042	21,599
	iShares Russell 2000 Index Fd	Mutual Fund	78,372	86,034
	J P Morgan Chase & CO	Common Stock	23,668	39,089
	J P Morgan Chase & Co (2.350%)	Bond 50,000 Par 2.350% 1/18/19	51,289	50,414
	John Deere Cap Mtn	Bond 25,000 Par 5.350% 4/03/18	28,314	26,191
	Johnson & Johnson Company	Common Stock	21,959	27,996
	Lazard Intl Strategic Equity - I	Mutual Fund	120,580	103,561

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
Form 5500, Schedule H, Part IV, Line 4i

Retirement Plan for Hourly Rated Employees of Randall Bearings, Inc.

EIN 90-0850875
Plan Number 002

December 31, 2016

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Lowes Companies Incorporated	Common Stock	18,166	27,239
	Merck & Co Inc.	Common Stock	20,457	25,079
	Microsoft Corporation	Common Stock	22,984	40,702
	National Retail Pptys Inc.	Common Stock	25,368	31,515
	Nucor Corporation	Common Stock	24,557	28,034
	Occidental Petroleum Corporation	Common Stock	19,369	16,525
	Oppenheimer Developing Mkt - I	Mutual Fund	191,275	182,001
	Oshkosh Truck Corp	Common Stock	20,951	23,970
	Paychex Inc	Common Stock	17,314	26,605
	Pepsico Incorporated	Common Stock	28,100	34,214
	Pfizer Incorporated	Common Stock	29,898	28,452
	Principal Real Estate Securities Fund	Mutual Fund	77,510	80,361
	Procter & Gamble Company	Common Stock	19,345	20,347
	Ridgeworth SEIX Floating - I	Mutual Fund	33,117	32,638
	Robeco Boston Prtns Long/Short Reasearch Instl	Mutual Fund	175,702	185,679
	S&P 500 Depositary Receipts	Mutual Fund	46,438	55,659
	Schlumberger Ltd	Common Stock	16,665	16,958
	Stryker Corporation	Common Stock	19,685	34,266
	TJX Cos Inc	Common Stock	17,709	24,417
	United Parcel Service CI B	Common Stock	15,201	19,947
	United Technologies Corporation	Common Stock	23,354	24,336
	Visa Inc CI A	Common Stock	21,338	36,981
	Wal-Mart Stores Inc.	Bond 75,000 Par 5.375% 4/05/17	84,163	75,822
	Walt Disney Co.	Common Stock	16,256	27,410
	Wells Fargo & Co	Common Stock	20,989	27,114
		Total Investments	<u>\$ 2,486,603</u>	<u>\$ 2,633,506</u>

* Party-in-interest to the Plan.

SCHEDULE OF REPORTABLE TRANSACTIONS

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

Retirement Plan for Hourly Rated Employees of Randall Bearings, Inc.

EIN 90-0850875

Plan Number 002

December 31, 2016

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Federated Municipal	Ultrashort Fund	\$ 100,000	\$ -	\$ -	\$ -	\$ 100,000	\$ 100,000	\$ -
Federated Municipal	Ultrashort Fund	\$ 90,000	\$ -	\$ -	\$ -	\$ 90,000	\$ 90,000	\$ -
Federated Municipal	Ultrashort Fund	\$ -	\$ 40,000	\$ -	\$ -	\$ 40,000	\$ 40,000	\$ -
Northern Institutional	Government Select Fund	\$ 413,050	\$ -	\$ -	\$ -	\$ 413,050	\$ 413,050	\$ -
Northern Institutional	Government Select Fund	\$ -	\$ 365,613	\$ -	\$ -	\$ 365,613	\$ 365,613	\$ -
Northern Institutional	Prime Obligations Fund	\$ 52,804	\$ -	\$ -	\$ -	\$ 52,804	\$ 52,804	\$ -
Northern Institutional	Prime Obligations Fund	\$ -	\$ 122,175	\$ -	\$ -	\$ 122,175	\$ 122,175	\$ -

Active Participant Schedule

Active participant information grouped based on age and credited service.

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

Except where otherwise indicated, the following assumptions were selected by the plan sponsor with the concurrence of the actuary. Prescribed assumptions are based on the requirements of the relevant law, the Internal Revenue Code, and applicable regulation. The actuary was not able to evaluate the prescribed assumptions for reasonableness for the purpose of the measurement.

Valuation Date January 1, 2016

Participant and Asset Information Collected as of January 1, 2016

Retirement Rates (FE)	<u>Age</u>	<u>Rate</u>
	65	100%

Mortality Rates (FE)

Healthy - Prescribed

IRS 2016 Small Plan Combined Static Mortality - sex distinct RP2000 with combined rates for annuitants and non-annuitants as provided in IRC 430(h)(3). Mortality is projected 7 years past the valuation date for annuitants and 15 years past the valuation date for non-annuitants using scale AA

Disabled

Revenue Ruling 96-7 Post 12/31/1994 Disability Mortality

ASC 960

RP-2014 Blue Collar with 2015 Social Security Generational Improvement Scale from 2006

Disability Rates (FE)

<u>Age</u>	<u>Male</u>	<u>Female</u>
20	0.03%	0.03%
30	0.05%	0.08%
40	0.12%	0.21%
50	0.36%	0.53%

Withdrawal Rates (FE)

<u>Age</u>	<u>Male</u>	<u>Female</u>
20	15.0%	25.0%
30	6.9%	9.9%
40	2.8%	4.9%
50	0.4%	1.7%

Annual Pay Increases (CO) Not Applicable

Interest Rates

	1st Segment (0-5 years)	2nd Segment (5-20 years)	3rd Segment (20+ years)
Minimum Funding and Benefit Restrictions - Prescribed (CO)	4.43%	5.91%	6.65%
PBGC and Maximum Funding - Prescribed (CO)	1.34%	4.03%	5.06%
ASC 960 (CO)	7.50%	7.50%	7.50%

All segment rates are based on the sponsor's election to use a 4 month lookback. The PBGC interest rates are based on the sponsor's election to use the Alternative calculation method. The Alternative calculation method was elected in 2010.

Payment Form Election (FE)

Lump Sum	0%
Annuity	100%

Expense and/or Contingency Loading (FE)

The Target Normal Cost is increased by \$22,000 to cover anticipated administrative expenses paid from the trust for 2016

Marital Status and Ages (FE)

85% of male participants assumed to be married with wives assumed to be 0 years younger than husbands and 50% of female participants assumed to be married with husbands assumed to be 0 years younger than wives

Market Value of Assets

Equal to the fair value of assets as of the valuation date, plus the discounted value of contributions made following the valuation date and before the date of this report for the purpose of satisfying the prior year's funding requirements

Plan Asset Valuation Method

PPA Smoothed Value of Assets. Gains or losses on the Market Value of Assets are recognized over three years, subject to a 10% corridor around the Market Value of Assets

Expected Rate of Return on Assets (CO)

For determination of the Plan Asset value, the expected return on assets is equal to the Effective Interest Rate

Cost Method

PPA requires the use of the Unit Credit cost method for determining the minimum required contribution and PBGC premiums. The maximum tax deductible contribution calculation includes limited Projected Unit Credit calculations as required under IRC 404(o).

ASC 960 requires the use of the Unit Credit cost method.

FE indicates an assumption representing an estimate of future experience

MD indicates an assumption representing observations of estimates inherent in market data

CO indicates an assumption representing a combination of an estimate of future experience and observations of market data

SCHEDULE OF REPORTABLE TRANSACTIONS

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

Retirement Plan for Hourly Rated Employees of Randall Bearings, Inc.

EIN 90-0850875

Plan Number 002

December 31, 2016

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Federated Municipal	Ultrashort Fund	\$ 100,000	\$ -	\$ -	\$ -	\$ 100,000	\$ 100,000	\$ -
Federated Municipal	Ultrashort Fund	\$ 90,000	\$ -	\$ -	\$ -	\$ 90,000	\$ 90,000	\$ -
Federated Municipal	Ultrashort Fund	\$ -	\$ 40,000	\$ -	\$ -	\$ 40,000	\$ 40,000	\$ -
Northern Institutional	Government Select Fund	\$ 413,050	\$ -	\$ -	\$ -	\$ 413,050	\$ 413,050	\$ -
Northern Institutional	Government Select Fund	\$ -	\$ 365,613	\$ -	\$ -	\$ 365,613	\$ 365,613	\$ -
Northern Institutional	Prime Obligations Fund	\$ 52,804	\$ -	\$ -	\$ -	\$ 52,804	\$ 52,804	\$ -
Northern Institutional	Prime Obligations Fund	\$ -	\$ 122,175	\$ -	\$ -	\$ 122,175	\$ 122,175	\$ -

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
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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 Retirement Plan for Hourly Rated Employees of Randall Bearings, Inc. Represented by I.U.E. (A.F.L.-C.I.O.-C.L.C.) Local 742	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">B Three-digit plan number (PN) ►</td> <td style="width: 40%; text-align: center;">002</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> <tr> <td colspan="2">C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Randall Bearings, Inc.</td> </tr> <tr> <td colspan="2">D Employer Identification Number (EIN) 90-0850875</td> </tr> </table>	B Three-digit plan number (PN) ►	002			C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Randall Bearings, Inc.		D Employer Identification Number (EIN) 90-0850875	
B Three-digit plan number (PN) ►	002								
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Randall Bearings, Inc.									
D Employer Identification Number (EIN) 90-0850875									
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B									
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500									

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>			
2 Assets:			
a Market value.....	2a	2,677,649	
b Actuarial value.....	2b	2,821,943	
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.....	56	1,776,910	1,776,910
b For terminated vested participants.....	4	129,478	129,478
c For active participants.....	49	769,747	780,309
d Total.....	109	2,676,135	2,686,697
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	6.11%	
6 Target normal cost.....	6	22,000	

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

SIGN HERE	 Signature of actuary Carter M. Angell, FSA, EA, MAAA Type or print name of actuary Nyhart Firm name 8415 Allison Pointe Boulevard Suite 300 Indianapolis IN 46250-4159 Address of the firm	09/19/2017 Date 1707855 Most recent enrollment number 317-845-3577 Telephone number (including area code)
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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).....	284,039	137,448
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).....	284,039	137,448
10 Interest on line 9 using prior year's actual return of <u>-0.79%</u>	-2,244	-1,086
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		31,801
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.29%</u>		2,000
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.....		33,801
d Portion of (c) to be added to prefunding balance.....		33,801
12 Other reductions in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	281,795	170,163

Part III | Funding Percentages

14	Funding target attainment percentage	14	88.21%
15	Adjusted funding target attainment percentage.....	15	105.03%
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	98.89%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV | Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/31/2016	15,000	0			
07/05/2016	15,000	0			
09/27/2016	15,000	0			
12/20/2016	15,000	0			
03/30/2017	15,000	0			
06/29/2017	15,000	0			
08/23/2017	15,000	0			
			Totals ►	18(b)	105,000 18(c)
					0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	99,138

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
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.43 %	2nd segment: 5.91 %	3rd segment: 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	22,000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	22,000	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	22,000	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	99,138	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	77,138	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

- C.L.C.) Local 742

Plan Sponsor EIN: 90-0850875

Plan Number: 002

Schedule SB, Line 19 - Discounted Employer Contributions

Summary of Contributions

Below is a summary of historical contributions.

Effective Rate: 6.11%

Contributions for Plan Year Beginning in 2016

Contribution Date	Amount	Discounted Value
March 31, 2016	\$15,000	\$14,783
July 05, 2016	\$15,000	\$14,555
September 27, 2016	\$15,000	\$14,358
December 20, 2016	\$15,000	\$14,164
March 30, 2017	\$15,000	\$13,936
June 29, 2017	\$15,000	\$13,732
August 23, 2017	\$15,000	\$13,610
Totals	105,000.00	99,138.00

Age	Expected Actives at Age	Retirement Rate	Expected Retirements	Weighted Age
65.00	33.78	100.00%	33.78	2,195.70
66.00	0.00	100.00%	0.00	0.00
67.00	0.00	100.00%	0.00	0.00
68.00	1.00	100.00%	1.00	68.00
Total			34.78	2,263.70

Weighted Average Retirement Age = Weighted Age/Expected Retirements : 65.09

* Please note that the retirement rates are a weighted average of the rates shown in Part V for active participants eligible to retire at the age and zero for all other active participants.

Plan Effective Date

The plan was last restated effective January 1, 2012 and last amended effective August 7, 2014

Plan Status

The plan is closed to new participants and all accruals have been frozen

Eligibility for Participation

An hourly-rated employee employed by Randall Bearings, Inc. and represented by I.U.E. Local 742 shall become a participant on their date of hire.
Participation is closed as of January 1, 2013

Accrual of Benefits

A participant shall accumulate a benefit payable at normal retirement date based on benefit accrual years of service as of the date of determination. Benefit accruals were frozen as of December 31st, 2006 for salaried employees of Randall Bearings, Inc. Benefit accruals were frozen as of December 31st, 2012 for hourly employees represented by the union

Benefits

Normal Retirement

Eligibility Age 65 or fifth anniversary of plan participation, if later

Benefit

Date of Retirement	Benefit Unit Per Year of Credited Service
1/1/1989 - 12/31/1989	12.00
1/1/1990 - 12/31/1991	12.50
1/1/1992 - 12/31/1992	14.00
1/1/1993 - 12/31/1993	15.00
1/1/1994 - 12/31/1994	16.00
1/1/1995 - 12/31/1996	19.00
1/1/1997 - 12/31/1997	20.00
1/1/1998 - 12/31/2000	22.00
1/1/2001 - 12/31/2002	25.00
1/1/2003 - 12/31/2003	26.00
1/1/2004 - 12/31/2004	28.00
1/1/2005 - 12/31/2006	30.00
1/1/2007 - 12/31/2007	31.00
1/1/2008 - 12/31/2008	32.00
1/1/2009 - 12/31/2009	33.00
1/1/2010 - 12/31/2011	35.00
1/1/2012 - 12/31/2012	36.00

Benefits for employees previously covered by the Salaried plan have been frozen as of 12/31/2006. Benefits for employees covered by the Hourly plan have been frozen as of 12/31/2012

Early Retirement

Eligibility Age 55 and 10 years of eligibility service

Benefit Accrued retirement benefit reduced actuarially to reflect commencement of a participant's early retirement benefit preceding his/her normal retirement date

Late Retirement

Eligibility Participation continues after normal retirement date

Benefit Greater of accrued retirement benefit commencing as of the first day of the month following his late retirement date based on benefit service at such date or accrued benefit as of normal retirement date actuarially increased for delayed commencement

Death before Retirement

Eligibility	Married participant with vested benefit
Benefit	Beneficiary receives the Qualified Pre-Retirement Survivor Annuity or such benefit as may be payable under any optional form of benefit elected by a participant pursuant to a qualified waiver prior to his termination of employment, payable as early as the participant's 55th birthday

Disability

Eligibility	Actively employed and ten years of eligibility service
Benefit	100% of accrued retirement benefit plus \$25, reduced by other disability benefits received except for Social Security and disability benefits paid on account of silicosis

Termination Benefit

Eligibility	5 years of eligibility service
Benefit	100% of accrued retirement benefit

Credited Service

For Eligibility

A year of eligibility service is credited for each year prior to 1/1/1976 based on the terms of the plan in effect on 12/31/1975 and service earned after 1/1/1976 is credited for each calendar year in which a participant is credited with 1,000 hours of service

For Benefit Accrual

Past credited service prior to the effective date of the plan shall be the number of years (computed to completed tenths of a year) of service which the employee has completed with the company. Service after the effective date of the plan shall be credited upon completion of 1,800 hours in a calendar year and partial service will be credited in increments of 1/10th of a year for each 180 hours worked. Service accruals were frozen as of December 31, 2012 for hourly employees represented by the Union

Employee Contributions

Participants shall not be required or permitted to make contributions under the Plan

Payment Forms

Normal Form

For unmarried participants, the normal retirement benefit shall be payable as a single life annuity. For married participants, the normal retirement benefit shall be payable as an actuarially equivalent qualified joint and 50% survivor annuity

Optional Forms

Life Annuity, Social Security Adjustment Annuity, 50%, 75%, and 100% Joint and Survivor Annuity

Actuarial Equivalence

For non-decreasing annuities: Actuarial Equivalence will be computed using 7.0% interest and the UP-1984 Mortality Table set back 3 years for beneficiaries

For accelerated forms of payment: Actuarial Equivalence will be computed using the interest rate and mortality as prescribed under Code Section 417(e)(3). The interest rate will be for the month of November preceding the Plan Year that contains the annuity starting date

Plan Provisions Not Included

We are not aware of any plan provisions not included in the valuation

Adjustments Made for Subsequent Events

We are not aware of any event following the measurement date and prior to the date of this report that would materially impact the results of this report

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
Form 5500, Schedule H, Part IV, Line 4i

Retirement Plan for Hourly Rated Employees of Randall Bearings, Inc.

EIN 90-0850875
Plan Number 002

December 31, 2016

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Abbott Laboratories	Common Stock	\$ 30,551	\$ 30,382
	Accenture PLC	Common Stock	25,046	37,950
	Apple Computer Incorporated	Common Stock	25,602	30,345
	AT&T Inc.	Common Stock	29,455	37,256
	BankUnited, Inc	Common Stock	25,232	25,365
	Blackrock Inc.	Common Stock	19,979	28,160
	Blackrock Multi-Asset Income #444	Mutual Fund	111,025	105,856
	BlackRock Strategic Inc Opportunities #446	Mutual Fund	13,283	12,628
	BNP Paribas	Bond 50,000 Par 2.375% 9/14/17	51,279	50,334
	Brown Advisory Small-Cap Fundamental Value I	Mutual Fund	73,897	86,243
	Canadian National Railway	Common Stock	14,580	20,490
	Church & Dwight Inc	Common Stock	18,101	25,100
	Cisco Systems	Common Stock	31,217	32,607
	Coca-Cola	Bond 25,000 Par 2.450% 11/01/20	24,598	25,258
	Credit Suisse Comm Rel Strategy Instl	Mutual Fund	33,115	22,781
	Ecolab Inc	Common Stock	17,345	22,155
	Federated Municipal Ultrashort IS #253	Mutual Fund	150,000	149,850
	Fidelity New Markets Income Fund	Mutual Fund	8,081	8,321
	FNMA Mtn	Bond 20,000 Par 4.600% 6/05/18	22,688	20,986
	Fortune Brands Home & Security, Inc.	Common Stock	26,611	27,104
	General Electric Company	Common Stock	18,752	24,806
	Goldman Sachs Group Inc	Common Stock	17,941	22,029
	Goldman Sachs Small/Mid Cap Growth Fund	Mutual Fund	76,468	70,766
	Harbor International Institutional Fund	Mutual Fund	272,622	235,579
	iShares PHLX Semiconductor ETF	Mutual Fund	19,042	21,599
	iShares Russell 2000 Index Fd	Mutual Fund	78,372	86,034
	J P Morgan Chase & CO	Common Stock	23,668	39,089
	J P Morgan Chase & Co (2.350%)	Bond 50,000 Par 2.350% 1/18/19	51,289	50,414
	John Deere Cap Mtn	Bond 25,000 Par 5.350% 4/03/18	28,314	26,191
	Johnson & Johnson Company	Common Stock	21,959	27,996
	Lazard Intl Strategic Equity - I	Mutual Fund	120,580	103,561

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
Form 5500, Schedule H, Part IV, Line 4i

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	Lowes Companies Incorporated	Common Stock	18,166	27,239
	Merck & Co Inc.	Common Stock	20,457	25,079
	Microsoft Corporation	Common Stock	22,984	40,702
	National Retail Pptys Inc.	Common Stock	25,368	31,515
	Nucor Corporation	Common Stock	24,557	28,034
	Occidental Petroleum Corporation	Common Stock	19,369	16,525
	Oppenheimer Developing Mkt - I	Mutual Fund	191,275	182,001
	Oshkosh Truck Corp	Common Stock	20,951	23,970
	Paychex Inc	Common Stock	17,314	26,605
	Pepsico Incorporated	Common Stock	28,100	34,214
	Pfizer Incorporated	Common Stock	29,898	28,452
	Principal Real Estate Securities Fund	Mutual Fund	77,510	80,361
	Procter & Gamble Company	Common Stock	19,345	20,347
	Ridgeworlh SEIXFloating - I	Mutual Fund	33,117	32,638
	Robeco Boston Prtns Long/Short Reasearch Instl	Mutual Fund	175,702	185,679
	S&P 500 Depositary Receipts	Mutual Fund	46,438	55,659
	Schlumberger Ltd	Common Stock	16,665	16,958
	Stryker Corporation	Common Stock	19,685	34,266
	TJX Cos Inc	Common Stock	17,709	24,417
	United Parcel Service Cl B	Common Stock	15,201	19,947
	United Technologies Corporation	Common Stock	23,354	24,336
	Visa Inc Cl A	Common Stock	21,338	36,981
	Wal-Mart Stores Inc.	Bond 75,000 Par 5.375% 4/05/17	84,163	75,822
	Walt Disney Co.	Common Stock	16,256	27,410
	Wells Fargo & Co	Common Stock	20,989	27,114
		Total Investments	<u>\$ 2,486,603</u>	<u>\$ 2,633,506</u>

* Party-in-interest to the Plan.

Changes since Prior Valuation and Key Notes

There have been no changes to the plan provisions since the last valuation.

The interest rates and mortality assumptions have been updated as required under the Pension Protection Act, all subsequent legislation, and associated IRS Regulations, including the changes presented by the Bipartisan Budget Act of 2015. These changes resulted in an increase in the Funding Target.

The assumption for administrative expenses assumed to be paid from the trust has decreased from \$26,000 for 2015 to \$22,000 for 2016.

The mortality table used to measure ASC 960 liabilities has been changed from RP-2014 Blue Collar with 2014 Social Security Generational Improvement Scale from 2006 to RP-2014 Blue Collar with 2015 Social Security Generational Improvement Scale from 2006. This change resulted in a decrease in the Present Value of Accrued Benefits.

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