

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>MAGELLAN AEROSPACE, MIDDLETOWN PENSION PLAN & TRUST</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
		1c Effective date of plan	<u>01/01/1974</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>MAGELLAN AEROSPACE, MIDDLETOWN, INC.</u> <u>2320 WEDEKIND DRIVE</u> <u>MIDDLETOWN, OH 45042</u>		
	2b Employer Identification Number (EIN)	<u>31-0196650</u>	
	2c Plan Sponsor's telephone number	<u>513-422-2751</u>	
	2d Business code (see instructions)	<u>336410</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	<u>10/12/2017</u>	<u>TABATHA MILLER</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

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	5 353
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 3 6a(2) 3 6b 230 6c 66 6d 299 6e 37 6f 336 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>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>MAGELLAN AEROSPACE, MIDDLETOWN PENSION PLAN & TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MAGELLAN AEROSPACE, MIDDLETOWN, INC.</u>	D Employer Identification Number (EIN) <u>31-0196650</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>7247626</u>
b Actuarial value	2b <u>7247626</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants <u>269</u> (2) Vested Funding Target <u>6008191</u> (3) Total Funding Target <u>6008191</u>
b For terminated vested participants	<u>74</u> <u>840682</u> <u>840682</u>
c For active participants	<u>3</u> <u>24608</u> <u>24608</u>
d Total	<u>346</u> <u>6873481</u> <u>6873481</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>5.80 %</u>
6 Target normal cost	6 <u>74495</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>09/18/2017</u>
Signature of actuary		Date
<u>ANDREW ZIMNY, MAAA MSPA</u>		<u>17-03960</u>
Type or print name of actuary		Most recent enrollment number
<u>CREATIVE PLAN DESIGNS LTD.</u>		<u>516-742-6123</u>
Firm name		Telephone number (including area code)
<u>90 MERRICK AVENUE</u> <u>SUITE 102</u> <u>EAST MEADOW, NY 11554</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
v. 160205**

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	300000
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	300000
10	Interest on line 9 using prior year's actual return of <u>-2.55</u> %	0	-7650
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		703772
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>6.02</u> %		42367
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		746139
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	292350

Part III Funding Percentages			
14	Funding target attainment percentage	14	101.19%
15	Adjusted funding target attainment percentage	15	105.44%
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	100.80%
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
12/15/2016	200000	0			
03/15/2017	200000	0			
06/20/2017	200000	0			
09/15/2017	200000	0			
Totals ►			18(b)	800000	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 742187
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:	

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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	1st segment: 4.43% 2nd segment: 5.91% 3rd segment: 6.65%	☐ N/A, full yield curve used
b	Applicable month (enter code)	21b	0
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	74495
b	Excess assets, if applicable, but not greater than line 31a	31b	74495
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	0	0
b	Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0
		Carryover balance	Prefunding balance
35	Balances elected for use to offset funding requirement	0	0
36	Additional cash requirement (line 34 minus line 35)	36	0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	742187
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	742187
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 MAGELLAN AEROSPACE, MIDDLETOWN PENSION PLAN & TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MAGELLAN AEROSPACE, MIDDLETOWN, INC.	D Employer Identification Number (EIN) 31-0196650

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)

PENSION BENEFIT GUARANTY CORP

P.O. BOX 77000
DETROIT, MI 48277-0430

(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?
23 50	NONE	41492	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LPL FINANCIAL LLC - RPCP

RPCP COMPENSATION PROCESSING
P.O. BOX 502533
SAN DIEGO, CA 92150-2533

(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?
27 28 51	NONE	27506	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CREATIVE PLAN DESIGNS, LTD

90 MERRICK AVENUE
SUITE 102
EAST MEADOW, NY 11554

11-2515970

(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?
11 17 14 15	NONE	27000	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)

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-4156830

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 28 37 38 51 64 67	NONE	4623	Yes ☒ No ☐	Yes ☒ No ☐	3046	Yes ☒ No ☐

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

GALLO & COMPANY CPAS LLP

420 JERICHO TPKE
SUITE 101
JERICHO, NY 11753

20-2019885

(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?
10	NONE	7500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASSURED SKCG, INC.

128 MAIN STREET
14TH FLOOR
WHITE PLAINS, NC 10601

13-3866919

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	1694	Yes ☒ No ☐	Yes ☒ No ☐	94	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 <u>MAGELLAN AEROSPACE, MIDDLETOWN PENSION PLAN & TRUST</u>	B Three-digit plan number (PN) <u>001</u>	
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MAGELLAN AEROSPACE, MIDDLETOWN, INC.</u>	D Employer Identification Number (EIN) <u>31-0196650</u>	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	600000	600000
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	52333	312066
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	409210	226855
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans.....	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	4070111	4322470
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other.....	1c(15)	2131797	2252475

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	7263451	7713866

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
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	7263451	7713866
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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)	800000	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		800000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	77636	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		77636
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	58602	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		58602
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	-31931	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-31931

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		287137
c Other income.....	2c		140528
d Total income. Add all income amounts in column (b) and enter total.....	2d		1331972

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

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	772252	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		772252
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	40917	
(2) Contract administrator fees.....	2i(2)	0	
(3) Investment advisory and management fees.....	2i(3)	26896	
(4) Other	2i(4)	41492	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		109305
j Total expenses. Add all expense amounts in column (b) and enter total	2j		881557

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		450415
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		0

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: GALLO & CO., CPAS LLP

(2) EIN: 20-2019885

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
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 3994111. (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>MAGELLAN AEROSPACE, MIDDLETOWN PENSION PLAN & TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MAGELLAN AEROSPACE, MIDDLETOWN, INC.</u>	D Employer Identification Number (EIN) <u>31-0196650</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>31-1592130</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>1</u>

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

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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

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

Schedule R (Form 5500) 2016
v. 160205

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

Part VII	IRS Compliance Questions
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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 / / .	

MAGELLAN AEROSPACE,
MIDDLETOWN PENSION PLAN & TRUST
FINANCIAL STATEMENTS
DECEMBER 31, 2016 AND 2015

MAGELLAN AEROSPACE, MIDDLETOWN PENSION PLAN & TRUST

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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
of the Magellan Aerospace, Middletown Pension Plan & Trust

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Magellan Aerospace, Middletown Pension Plan & Trust which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, the related statement of changes in net assets available for benefits for the year ended December 31, 2016 and 2015, the statement of accumulated plan benefits as of January 1, 2016 and 2015, the statement of changes in accumulated plan benefits for the periods ended January 1, 2016 and 2015, the related notes to the financial statements, and the supplemental schedules of assets held for investment, assets bought and sold within the plan year, and reportable transactions for the year ended December 31, 2016.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation of 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 2016 and 2015 financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matters 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 on the 2016 and 2015 financial statements.

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 investments summarized in Note 11, which were certified by Nationwide Life Insurance Company, the custodians for the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We were informed by the plan administrator that Nationwide Life Insurance Company held the Plan's investment assets from January 1, 2016 to December 31, 2016; and Creative Plan Designs, Ltd. executed plan transactions from January 1, 2016 to December 31, 2016. The Plan administrator obtained a certification from Nationwide Life Insurance Company 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 custodian was complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the 2016 and 2015 Financial Statements paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2016 and 2015 financial statements. Accordingly, we do not express an opinion on the 2016 and 2015 financial statement.

Other Matters

The supplemental schedules as of or for the year ended December 31, 2016 and 2015, 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 required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the 2016 and 2015 Financial Statements 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 2016 and 2015 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.


Gallo & Company, CPA's, LLP
Jericho, New York

October 3, 2017

MAGELLAN AEROSPACE, MIDDLETOWN PENSION PLAN & TRUST

Statement of Net Assets Available for Plan Benefits

as of December 31, 2016 and 2015

ASSETS	<u>2016</u>	<u>2015</u>
Cash & cash equivalents (interest bearing)	\$ 312,066	\$ 52,333
Investments, at fair value	<u>6,801,800</u>	<u>6,611,119</u>
Total Investments	<u>7,113,866</u>	<u>6,663,452</u>
Receivables		
Employer contributions	<u>600,000</u>	<u>600,000</u>
Total Receivables	<u>600,000</u>	<u>600,000</u>
TOTAL ASSETS	<u>7,713,866</u>	<u>7,263,452</u>
LIABILITIES		
Total Liabilities	<u>-0-</u>	<u>-0-</u>
NET ASSET AVAILABLE FOR PLAN BENEFITS	<u>\$ 7,713,866</u>	<u>\$ 7,236,452</u>

See Notes to Financial Statements.

MAGELLAN AEROSPACE, MIDDLETOWN PENSION PLAN & TRUST

Statement of Changes in Net Assets Available for Plan Benefits

For the Years Ended December 31, 2016 and 2015

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	<u>2016</u>	<u>2015</u>
Investment Income		
Interest, dividends, and capital gains	\$ 77,636	\$ 60,170
Realized and unrealized gains (loss)	454,335	(202,146)
Other income	<u>-0-</u>	<u>-0-</u>
Total Investment Income (Loss)	<u>531,971</u>	<u>(141,976)</u>
Contributions		
Employer	<u>800,000</u>	<u>800,000</u>
Total Contributions	<u>800,000</u>	<u>800,000</u>
TOTAL ADDITIONS	<u>1,331,971</u>	<u>658,024</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Deductions		
Benefits paid to participants	772,252	785,108
Asset management charge	26,896	25,399
Administrative expenses	40,917	32,000
PBGC premium	<u>41,492</u>	<u>42,495</u>
TOTAL DEDUCTIONS	<u>881,557</u>	<u>885,002</u>
NET INCREASE (DECREASE)	<u>450,414</u>	<u>(226,978)</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS AT THE BEGINNING OF THE YEAR	<u>7,263,452</u>	<u>7,490,430</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS AT THE END OF THE YEAR	<u>\$ 7,713,866</u>	<u>\$ 7,263,452</u>

See Notes to Financial Statements.

MAGELLAN AEROSPACE, MIDDLETOWN PENSION PLAN & TRUST

Statement of Accumulated Plan Benefits

January 1, 2016 and 2015

	<u>2016</u>	<u>2015</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Note 4)		
Vested benefits:		
Participants currently receiving payments	\$6,919,888	\$7,181,542
Other participants	<u>1,141,524</u>	<u>1,438,084</u>
	8,061,412	8,619,626
Non-vested benefits:	<u>-0-</u>	<u>-0-</u>
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	<u>\$8,061,412</u>	<u>\$8,619,626</u>

See Notes to Financial Statements.

MAGELLAN AEROSPACE, MIDDLETOWN PENSION PLAN & TRUST

Statement of Changes in Accumulated Plan Benefits

January 1, 2016 and 2015

	<u>2016</u>	<u>2015</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT JANUARY 1 OF PREVIOUS YEAR	<u>\$8,619,626</u>	<u>\$9,209,843</u>
Increase (Decrease) during the year attributable to:		
Change in actuarial assumptions (Note 4)	-0-	-0-
Benefits accumulated	-0-	-0-
Increase for investment income	226,894	244,745
Benefits paid	<u>(785,108)</u>	<u>(834,962)</u>
Net Decrease	<u>(558,214)</u>	<u>(590,217)</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT JANUARY 1 OF CURRENT YEAR	<u>\$8,061,412</u>	<u>\$8,619,626</u>

See Notes to Financial Statements.

MAGELLAN AEROSPACE, MIDDLETOWN PENSION PLAN & TRUST

Notes to Financial Statements

December 31, 2016 and 2015

Note 1 - DESCRIPTION OF PLAN

The following brief description of the Magellan Aerospace, Middletown Pension Plan & Trust (the Plan) is provided for general information purposes. Prior to a name change amendment effective January 1, 2013, the Plan was formerly known as the Aeronca, Inc. Pension Plan. Participants should refer to the *Summary Plan Description*, which is available from the Company, for more complete information.

General

The plan is a noncontributory defined benefit pension plan, which provides retirement, disability and death benefits to eligible employees of Magellan Aerospace, Middletown, Inc. (Company) and of the Engineered Magnetics, Inc. Retirement Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

The Company has agreed to voluntarily contribute such additional amounts as are necessary to provide assets sufficient to fund the benefits to be paid to plan participants. The Company's present intention is to make annual contributions in amounts sufficient to fund the Plan's accrued liability. The Plan has met the ERISA minimum funding requirements.

Frozen Plan

Effective January 1, 1994, the Board of Directors of the Company amended the Plan to fully vest all employees in their benefits and freeze those benefits. Additional benefits will not accrue for future service rendered by employees participating in the Plan. The amendment did not terminate the Plan, nor is it intended that the Plan will be liquidated. Rather, it is anticipated that benefit payments will be made out of Plan assets in the normal time frame indicated in the Plan's provisions when employees meet certain eligibility requirements.

Payment of Benefits

Benefit payments are typically a single-life annuity commencing on the normal retirement date at age 65 (early retirement may be elected after age 55 with reduced benefits) which is payable for the life of the participant. Optional forms of payment are also available. Benefits are based upon the length of service and earnings patterns prior to retirement.

Plan Merger

Effective September 30, 2002, the Engineered Magnetics, Inc. Retirement Plan merged into, and became a part of, the Plan, with all accrued benefits, assets and liabilities of the Engineered Magnetics, Inc. Retirement Plan becoming accrued benefits, assets and liabilities of the Plan. The total assets transferred amounted to \$767,940 and the actuarial present value of accumulated plan benefits as of October 1, 2001 calculated using the same assumptions as the Plan amounted to \$1,062,667. The Engineered Magnetics, Inc. Retirement Plan was a frozen plan sponsored by the Company that had a September 30 fiscal year end.

MAGELLAN AEROSPACE, MIDDLETOWN PENSION PLAN & TRUST

Notes to Financial Statements

December 31, 2016 and 2015

Note 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual basis of accounting.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires that the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. If available, quoted market prices are used to value investments. Shares of mutual funds are valued at the net asset value of shares held by the plan at year end. Participant loans are valued at amortized cost, which represent fair value. The stock is valued at its quoted market price. Dividend income is accrued on the ex-dividend rate. Purchases and sales of securities are recorded on a trade-date basis. Realized gains and losses from security transactions are reported on the average cost method.

Note 3 - TAX STATUS OF PLAN

The Internal Revenue Service has determined and informed the Company by a letter dated November 29, 1995 that the Plan is qualified and the related trust established under the Plan is tax-exempt, under the appropriate sections of the Code. An advisory letter was issued on December 2, 2002 through the Volume Submitter program. On June 29, 2012, the Plan received an updated, favorable determination letter from the IRS.

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 (or asset) if the Plan has taken an uncertain position that more likely than not, wouldn't be sustained upon examination by the applicable authorities. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2016, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset), or disclosures in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. The Plan Administrator believes it is no longer subject to income examination for years prior to 2012.

Note 4 - ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service that employees have rendered up until the date the Plan was frozen. The actuarial present value of accumulated plan benefits is determined by the Company's consulting actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected payment date.

The significant actuarial assumptions used to determine the actuarial present value of accumulated plan benefits include a retirement age of 65, and segment interest rates of 1.76%, 4.15%, and 5.13%; with life expectancy of participants based on the 2016 Applicable Mortality Table.

MAGELLAN AEROSPACE, MIDDLETOWN PENSION PLAN & TRUST

Notes to Financial Statements

December 31, 2016 and 2015

Note 4 - ACCUMULATED PLAN BENEFITS (continued)

The actuarial present value of accumulated plan benefits as of the most recent actuarial valuation date is summarized as follows:

	January 1, 2016
Vested benefits:	
Participants currently receiving payments	\$ 6,919,888
Deferred vested terminees	1,104,379
Active employees	<u>37,145</u>
	8,061,412
Non-Vested Benefits	-0-
Other Vested Benefits	<u>-0-</u>
	<u>\$ 8,061,412</u>

For 2016, the amount of accumulated plan benefits decreased by approximately \$558,000 from 2015.

NOTE 5 - FAIR VALUE MEASUREMENT

The Financial Accounting Standards Board's Accounting Standards Codification ("FASB ASC") defines fair value as the price that would be received upon sale of an asset or paid upon transfer of liability in orderly transaction between market participants at the measurement date and in the principal or most advantageous market for the asset or liability. The fair value should be calculated based on assumptions that market participants would use in pricing the asset or liability, not on assumptions specific to the entity.

The FASB ASC specifies a hierarchy of valuation techniques based upon whether the inputs to those valuation techniques reflect assumptions other market participants would use based upon market data obtained from independent sources (observable inputs). In accordance with the codification under GAAP, the following summarizes the fair value hierarchy:

Level 1 Inputs - Unadjusted quoted market prices for identical assets and liabilities in an active market that the Company has the ability to access.

Level 2 Inputs - Inputs, other than the quoted prices in active markets that are observable either directly or indirectly.

Level 3 Inputs - Inputs based on prices or valuation techniques that are both unobservable and significant to the overall fair value measurements.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

MAGELLAN AEROSPACE, MIDDLETOWN PENSION PLAN & TRUST

Notes to Financial Statements

December 31, 2016 and 2015

NOTE 5 – FAIR VALUE MEASUREMENT (continued)

Mutual Funds - are valued at the quote net asset value ("NAV") of shares held by the Plan at year end, which is based on the fair market value of the underlying securities or investments in the funds. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common Collective Trust - is valued at the NAV of shares held by the Plan at year end. The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchase and sales) may occur daily. There are no redemption notice period for the individual participant level; however there is up to a 12 month redemption notice period or the Plan level. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The methods described above may produce fair value calculation that may not be indicative of net realized value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Transfers of investment between different levels of the fair value hierarchy are recorded as of the end of the reporting period. The following table sets forth, by level within the fair value hierarchy, a summary of the Plan's investments that were measured at fair value on a recurring basis as of December 31, 2016 and 2015.

The fair value disclosures include this change.

2016

	Level 1	Level 2	Level 3	Total
Cash & Cash Equivalents	\$ 312,066	\$ -0-	\$ -0-	\$ 312,066
Equities & Options	226,855	-0-	-0-	226,855
Mutual Funds	4,322,470	-0-	-0-	4,322,470
Other Investments	<u>2,252,475</u>	<u>-0-</u>	<u>-0-</u>	<u>2,252,475</u>
	<u>\$ 7,113,866</u>	<u>\$ -0-</u>	<u>\$ -0-</u>	<u>\$ 7,113,866</u>

2015

	Level 1	Level 2	Level 3	Total
Cash & Cash Equivalents	\$ 52,333	\$ -0-	\$ -0-	\$ 52,333
Equities & Options	409,210	-0-	-0-	409,210
Mutual Funds	4,070,112	-0-	-0-	4,070,112
Other Investments	<u>2,131,797</u>	<u>-0-</u>	<u>-0-</u>	<u>2,131,797</u>
	<u>\$ 6,663,452</u>	<u>\$ -0-</u>	<u>\$ -0-</u>	<u>\$ 6,663,452</u>

MAGELLAN AEROSPACE, MIDDLETOWN PENSION PLAN & TRUST

Notes to Financial Statements
December 31, 2016 and 2015

Note 6 - INVESTMENTS AND INFORMATION CERTIFIED BY THE CUSTODIAN

The Plan's investments are held by Nationwide Trust Company and LPL Financial.

The Plan administrator has elected the method of compliance as permitted by CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2016 and 2015. According to Nationwide, the custodian of the Plan has certified to the completeness and accuracy of all investments reported in the accompanying Schedule of Net Assets Available for Benefits as of December 31, 2016 and 2015 and the supplemental Schedule H Line4(i) Schedule of Asset (Held at End of Year) as of December 31, 2016 and the related investment activity reported in the Statement of Change in Net Assets Available for the year ended December 31, 2016.

Note 7 - ADMINISTRATION OF PLAN ASSETS

Certain administrative functions are performed by officers or employees of the Company or its affiliates. No such officer or employee receives compensation from the Plan. Administrative expenses for the Custodian's fees are paid directly by the Plan.

Note 8 - RISKS AND UNCERTANTIES

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

Note 9 - PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are shares of mutual funds managed by Nationwide. Nationwide is the custodian as defined by the plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the plan for the investment management services amounted to \$26,896 and \$25,399 for the plan year ended December 31, 2016, and December 31, 2015 respectfully.

MAGELLAN AEROSPACE, MIDDLETOWN PENSION PLAN & TRUST

Notes to Financial Statements
December 31, 2016 and 2015

Note 10 - PLAN TERMINATION

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. To that portion of each individual's accrued benefit derived from the participants voluntary contributions, if any.
- b. To benefits which commenced prior to the third anniversary preceding the date of termination of the Plan to the extent the benefits are based on the provisions of the Plan as in effect during the five year period preceding the date of termination of the Plan under which the benefit would be the least.
- c. To benefits which would have commenced prior to the third anniversary preceding the date of termination of the Plan had the participant retired on the day before said anniversary to the extent the benefits are based on the provisions of the Plan as in effect during the five year period preceding the date of termination of the Plan under which the benefit would be the least.
- d. To benefits which are guaranteed by the Pension Benefit Guaranty Corporation (PBGC).
- e. To benefits which would have been guaranteed by the Pension Benefit Guaranty Corporation (PBGC) had the participant not been a substantial owner as defined under ERISA.
- f. To all other non-forfeitable benefits.
- g. To all other benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the 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, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2016 that ceiling is \$5,011 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

MAGELLAN AEROSPACE, MIDDLETOWN PENSION PLAN & TRUST

Notes to Financial Statements

December 31, 2016 and 2015

Note 11 - MAJOR INVESTMENTS

The Plan has had investments whose current value individually represent 10% or more of the Plan's total net assets. For the year-ended December 31, 2016 and 2015, no one fund accounted for 10% or more of net assets.

Note 12- RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

There are no material differences between the financial statements and the Form 5500.

Note 13 - SUBSEQUENT EVENTS

Management has evaluated the need for disclosures and/or agreements resulting from subsequent events through October 3, 2017. Based on this evaluation, no adjustments were required to the Financial Statements as of December 31, 2016.

MAGELLAN AEROSPACE, MIDDLETOWN PENSION PLAN & TRUST

Supplemental Schedule of Plan Assets Held for Investment (Schedule H, Line 4i)

December 31, 2016

EIN : 31-0196650

Plan #: 001

(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
	Black Rock Equity Dividend Inst.	136,206.951 Shares	\$ 131,894	\$ 221,765
	Black Rock Global Allocation Inst.	160,260.595 Shares	154,387	199,974
	Black Rock Int'l Oppr Inst.	137,283.318 Shares	133,883	131,012
	Natixis Loomis Invmtgrbd A	75,406.837 Shares	91,377	103,051
	JPM Mid Cap Value Inst.	54,447.472 Shares	51,125	98,298
	Oppenheimer Developing Market A	48,273.513 Shares	45,334	48,793
	T Rowe Price Equity Income	146,324.020 Shares	141,939	239,860
	Pimco Total Return Inst.	80,177.515 Shares	122,426	129,283
	T Rowe Price Growth Stock	153,833.202 Shares	148,421	259,905
	T Rowe Small Cap Value	53,932.039 Shares	52,256	93,669
	Vanguard Mid Cap Growth Investment	56,483.303 Shares	50,941	82,922
	Loomis Bond Inst.	174,276.472 Shares	190,579	207,553
	Wfa Prmr. Co. Growth Inst.	120,151.814 Shares	116,545	169,347
	Fed Gov Oblgtns Prmr	267,170.253 Shares	-0-	267,043

* Indicates a fund from a known party-in-interest.

MAGELLAN AEROSPACE, MIDDLETOWN PENSION PLAN & TRUST
Supplemental Schedule of Plan Assets Held for Investment (Schedule H, Line 4i) - continued
December 31, 2016

EIN : 31-0196650
Plan #: 001

(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
	Money Market Funds	312,066 Shares	\$ 312,066	312,066
	Johnson & Johnson	300 Shares	18,613	34,563
	United Parcel Service	300 Shares	21,843	34,392
	Artisan Global Value	13,657.72 Shares	211,314	208,280
	Artisan Int'l Value	7,894.21 Shares	269,909	255,930
	Blackrock Strategic Income	31,661.571 Shares	321,038	311,233
	IShares S & P 100 Index	1,500 Shares	134,622	148,950
	Loomis Sayles Bond	28,853.447 Shares	427,790	391,253
	T Rowe Price Small-Cap	4,799.481 Shares	190,447	215,641
	SPDR Dow Jones	1,000 Shares	150,467	197,510
	Tweedy Browne Global Value	7,480.191 Shares	183,161	187,304
	Vanguard Mega Cap 300	2,500 Shares	193,255	217,775
	Wells Fargo Absolute	21,729.222 Shares	243,011	225,115
	Loomis Sayles Core Plus Bond	19,151.299 Shares	251,605	244,371
	Rydex Guggenheim S&P 500	4,000 Shares	322,974	346,560
	Vanguard Mid Cap ETF VO	1,900 Shares	236,452	250,097
	Vanguard Total Stock Mkt ETF VTI	2,000 Shares	208,235	230,640
	Gilead Sciences Inc.	1,000 Shares	103,335	71,610
	JP Morgan Chase	1,000 Shares	61,431	86,290
	Dodge & Cox	1,728.982 Shares	288,710	318,651
	Gateway	3,491.119 Shares	102,399	107,631
	IShares Technology	1,000 Shares	118,395	120,250
	Prime Cap Odyssey	12,055.818 Shares	325,703	345,279

* Indicates a fund from a known party-in-interest.

MAGELLAN AEROSPACE, MIDDLETOWN PENSION PLAN & TRUST

Supplemental Schedule of Investments Assets Acquired and Disposed of Within Plan Year (Schedule H, Line 4i)
December 31, 2016

EIN: 31-0196650

Plan #: 001

(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 of Acquisitions	(e) Proceeds of Disposition
		No Transactions		

MAGELLAN AEROSPACE, MIDDLETOWN PENSION PLAN & TRUST

Supplemental Schedule of Reportable Transactions (Schedule H, Line 4j)

December 31, 2016

EIN: 31-0196650

Plan #: 001

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (include interest rate and maturity in case of loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
	** No Reportable Transactions **							

MAGELLAN AEROSPACE, MIDDLETOWN
PENSION PLAN AND TRUST

Schedule SB, line 26

Schedule of Active

Participant Data

Employer Identification Number 31-0196650

Plan Number 001

As of January 1, 2016

Attained Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Under 25	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0	0	1	0	0
50 to 54	0	0	0	0	0	0	0	2	0	0
55 to 59	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0
65 to 69	0	0	0	0	0	0	0	0	0	0
70 & Up	0	0	0	0	0	0	0	0	0	0
Average Age	52	Average Service			31					

MAGELLAN AEROSPACE, MIDDLETOWN
PENSION PLAN AND TRUST

Schedule SB, Part V
Statement of Actuarial
Assumptions/Methods

Employer Identification Number 31-0196650 Plan Number 001
As of January 1, 2016

Assumption	For Funding	Per Plan	For 417(e)
Interest lookback months	0		2
Interest Discount Rates	First Segment Rate 4.43%	Preretirement 3.75%	First Segment Rate 1.76%
	Second Segment Rate 5.91%	Postretirement 3.75%	Second Segment Rate 4.15%
	Third Segment Rate 6.65%		Third Segment Rate 5.13%
Effective rate	5.80%		
Maximum Deduction Discount Rates	First Segment Rate 1.41%		
	Second Segment Rate 3.96%	Postretirement 3.75%	
	Third Segment Rate 4.97%		
Effective rate	3.83%		
PBGC Discount Rates	First Segment Rate 1.82%		
	Second Segment Rate 4.12%	Postretirement 3.75%	
	Third Segment Rate 5.01%		
Turnover	None	N/A	N/A
Preretirement Mortality	Male - 16MBLN Female - 16FBLN	None	None
Disability	None	N/A	N/A
Future Salary Increases	None	N/A	N/A
Assumed Retirement Age	Normal Retirement	N/A	N/A
Assumed Benefit Form	Percent Assumed Plan Normal Form 100%		
	Percent Assumed Lump Sum 0%		
	Percent Assumed Life Only 0%		

MAGELLAN AEROSPACE, MIDDLETOWN
PENSION PLAN AND TRUST

Schedule SB, Part V
Statement of Actuarial
Assumptions/Methods

Employer Identification Number 31-0196650 Plan Number 001
As of January 1, 2016

	Percent Assumed Joint and Survivor 0%		
Postretirement Mortality	Male - 16MBLN Female - 16FBLN	UP-84	2016417e
Actuarial Value of Assets	Market Value	N/A	N/A
Expenses	74495	N/A	N/A

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 Magellan Aerospace, Middletown Pension Plan & Trust	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Magellan Aerospace, Middletown, Inc.	D Employer Identification Number (EIN) 31-0196650	
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	7,247,626	
b Actuarial value.....	2b	7,247,626	
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.....	269	6,008,191	6,008,191
b For terminated vested participants.....	74	840,682	840,682
c For active participants.....	3	24,608	24,608
d Total.....	346	6,873,481	6,873,481
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	5.80%	
6 Target normal cost.....	6	74,495	

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	Andrew Zimny AZ _____ Signature of actuary	09/18/2017 _____ Date
Andrew Zimny, MAAA MSPA _____ Type or print name of actuary		1703960 _____ Most recent enrollment number
Creative Plan Designs Ltd. _____ Firm name		516-742-6123 _____ Telephone number (including area code)
90 Merrick Avenue Suite 102 East Meadow NY 11554 _____ 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
v. 160205

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 0
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	74,495
b Excess assets, if applicable, but not greater than line 31a		31b	74,495
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 00 Day Year) and the waived amount		33	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)		34	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)		36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	742,187
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	742,187
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

MAGELLAN AEROSPACE, MIDDLETOWN
PENSION PLAN AND TRUST

Schedule SB, line 22
Description of Weighted
Average Retirement Age
Employer Identification Number 31-0196650 Plan Number 001
As of January 1, 2016

All participants are assumed to retire at the later of their Normal Retirement Age, or the end of the current plan year

MAGELLAN AEROSPACE, MIDDLETOWN
PENSION PLAN AND TRUST

Schedule SB, line 19
Discounted Employer Contributions
Employer Identification Number 31-0196650 Plan Number 001
As of January 1, 2016

Code	Date	Contribution Amount	Effective Rate	For Months	Quarterly Due	Effective Rate Plus 5%	For Months	Discounted Contribution
C	12/15/2016	200,000.00	5.80	11.45				189,523.60
C	3/15/2017	200,000.00	5.80	14.45				186,870.99
C	6/20/2017	200,000.00	5.80	17.61				184,115.93
C	9/15/2017	200,000.00	5.80	20.45				181,676.62
Total		800,000.00						742,187.13

Code 'C' is a contribution, 'B' is a balance reduction

MAGELLAN AEROSPACE, MIDDLETOWN
PENSION PLAN AND TRUST

Schedule SB, Part V
Summary of Plan Provisions
Employer Identification Number 31-0196650 Plan Number 001
As of January 1, 2016

Plan effective date	January 1, 1974
Last amendment effective date	January 1, 2013
Plan Year	January 1 to December 31
Eligibility	Employees are eligible to enter on the January 1 or July 1 that is coincident with or next following the date the participant completes 12 months of service with 1 hours and attains the age of 21 Employees covered by a collective bargaining agreement are excluded by class
Normal Retirement	All participants are eligible to retire upon attainment of age 65
Normal Retirement Benefit	Upon retirement a participant will be entitled to a benefit payable in the normal form which is equal to the accrued benefit as of December 31, 1993, which is the Freeze Date under the plan. In no event is the benefit greater than (a) 100% of final average compensation Reduced for years of service less than 10 or, if greater, (b) \$17,500/month reduced for years of participation less than 10. with the dollar limit reduced for payment prior to 62, and increased for payment after 65
Early Retirement Benefit	Accrued Benefit payable at age 65, reduced for immediate commencement by 1/56 th for each of the first 36 months prior to age 65, and by 1/312 th for each of the next 60 months that payments begin prior to Normal Retirement. Prior to age 57, the benefits are further reduced actuarially. See Plan for special provisions for 509 Plan Benefits and for benefits for participants who worked for Engineered Magnetics, Inc.

MAGELLAN AEROSPACE, MIDDLETOWN
PENSION PLAN AND TRUST

Schedule SB, Part V
Summary of Plan Provisions
Employer Identification Number 31-0196650 Plan Number 001
As of January 1, 2016

Normal Form A monthly benefit payable for the life of the participant

Accrued Benefit The sum of a Participant's Past Service and his Future Service Pension where:

- a) Past Service Pension is the monthly pension earned under the prior plan for the service prior to January 1, 1974, and
- b) Future Service Pension is the greater of:
 - (i) 1.1% of average monthly compensation times Benefit Service after January 1, 1974, plus .65% of average monthly compensation in excess of Social Security Covered Compensation multiplied by Benefit Service after January 1, 1974, subject to a maximum of 35 years.
 - (ii) \$10 per month times Benefit Service after January 1, 1974.

All Accrued Benefits were frozen as of December 31st, 1993.

Termination Benefit Upon termination for any reason other than death, disability or retirement, a participant shall be entitled to a portion of their accrued benefit, in accordance with the following schedule:

Years of Credit	Percent Vested
1	0
2	0
3	0
4	0
5	100

Credited years are measured in months starting with the year of hire.

MAGELLAN AEROSPACE, MIDDLETOWN PENSION PLAN & TRUST

Supplemental Schedule of Plan Assets Held for Investment (Schedule H, Line 4i)

December 31, 2016

EIN : 31-0196650

Plan #: 001

(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
	Black Rock Equity Dividend Inst.	136,206.951 Shares	\$ 131,894	\$ 221,765
	Black Rock Global Allocation Inst.	160,260.595 Shares	154,387	199,974
	Black Rock Int'l Oppr Inst.	137,283.318 Shares	133,883	131,012
	Natixis Loomis Invmtgrbd A	75,406.837 Shares	91,377	103,051
	JPM Mid Cap Value Inst.	54,447.472 Shares	51,125	98,298
	Oppenheimer Developing Market A	48,273.513 Shares	45,334	48,793
	T Rowe Price Equity Income	146,324.020 Shares	141,939	239,860
	Pimco Total Return Inst.	80,177.515 Shares	122,426	129,283
	T Rowe Price Growth Stock	153,833.202 Shares	148,421	259,905
	T Rowe Small Cap Value	53,932.039 Shares	52,256	93,669
	Vanguard Mid Cap Growth Investment	56,483.303 Shares	50,941	82,922
	Loomis Bond Inst.	174,276.472 Shares	190,579	207,553
	Wfa Prmr. Co. Growth Inst.	120,151.814 Shares	116,545	169,347
	Fed Gov Oblgtns Prmr	267,170.253 Shares	-0-	267,043

* Indicates a fund from a known party-in-interest.

MAGELLAN AEROSPACE, MIDDLETOWN PENSION PLAN & TRUST
Supplemental Schedule of Plan Assets Held for Investment (Schedule H, Line 4i) - continued
December 31, 2016

EIN : 31-0196650
Plan #: 001

(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
	Money Market Funds	312,066 Shares	\$ 312,066	312,066
	Johnson & Johnson	300 Shares	18,613	34,563
	United Parcel Service	300 Shares	21,843	34,392
	Artisan Global Value	13,657.72 Shares	211,314	208,280
	Artisan Int'l Value	7,894.21 Shares	269,909	255,930
	Blackrock Strategic Income	31,661.571 Shares	321,038	311,233
	IShares S & P 100 Index	1,500 Shares	134,622	148,950
	Loomis Sayles Bond	28,853.447 Shares	427,790	391,253
	T Rowe Price Small-Cap	4,799.481 Shares	190,447	215,641
	SPDR Dow Jones	1,000 Shares	150,467	197,510
	Tweedy Browne Global Value	7,480.191 Shares	183,161	187,304
	Vanguard Mega Cap 300	2,500 Shares	193,255	217,775
	Wells Fargo Absolute	21,729.222 Shares	243,011	225,115
	Loomis Sayles Core Plus Bond	19,151.299 Shares	251,605	244,371
	Rydex Guggenheim S&P 500	4,000 Shares	322,974	346,560
	Vanguard Mid Cap ETF VO	1,900 Shares	236,452	250,097
	Vanguard Total Stock Mkt ETF VTI	2,000 Shares	208,235	230,640
	Gilead Sciences Inc.	1,000 Shares	103,335	71,610
	JP Morgan Chase	1,000 Shares	61,431	86,290
	Dodge & Cox	1,728.982 Shares	288,710	318,651
	Gateway	3,491.119 Shares	102,399	107,631
	IShares Technology	1,000 Shares	118,395	120,250
	Prime Cap Odyssey	12,055.818 Shares	325,703	345,279

* Indicates a fund from a known party-in-interest.

MAGELLAN AEROSPACE, MIDDLETOWN PENSION PLAN & TRUST

Supplemental Schedule of Investments Assets Acquired and Disposed of Within Plan Year (Schedule H, Line 4i)
December 31, 2016

EIN: 31-0196650

Plan #: 001

(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 of Acquisitions	(e) Proceeds of Disposition
		No Transactions		