

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
---	--	---

Part I	Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>GILMOUR HOSE COMPANY HOURLY EMPLOYEES' PENSION PLAN</u>		1b Three-digit plan number (PN) ► <u>024</u>
			1c Effective date of plan <u>01/01/1988</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>ROBERT BOSCH TOOL CORPORATION</u> <u>2800 SOUTH 25TH AVENUE</u> <u>BROADVIEW, IL 60155-4594</u>		2b Employer Identification Number (EIN) <u>61-6025780</u> 2c Plan Sponsor's telephone number <u>708-865-5200</u> 2d Business code (see instructions) <u>332700</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.	10/13/2017	GARY GRABARCZYK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

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

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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	5 195
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	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 0 6a(2) 0 6b 65 6c 41 6d 106 6e 7 6f 113 6g 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B 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
--	--	---

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>GILMOUR HOSE COMPANY HOURLY EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>024</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ROBERT BOSCH TOOL CORPORATION</u>	D Employer Identification Number (EIN) <u>61-6025780</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>3079701</u>
b Actuarial value	2b <u>3206154</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants <u>68</u> (2) Vested Funding Target <u>1456865</u> (3) Total Funding Target <u>1456865</u>
b For terminated vested participants	<u>127</u> <u>1156149</u> <u>1156149</u>
c For active participants	<u>0</u> <u>0</u> <u>0</u>
d Total	<u>195</u> <u>2613014</u> <u>2613014</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.18 %</u>
6 Target normal cost	6 <u>124533</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>09/01/2017</u>
	Signature of actuary	Date
<u>KAREN A. HIRSCHHORN</u>	Type or print name of actuary	<u>17-04099</u>
<u>AON CONSULTING, INC.</u>	Firm name	Most recent enrollment number
<u>4 OVERLOOK POINT</u> <u>LINCOLNSHIRE, IL 60069-4302</u>	Address of the firm	<u>847-295-5000</u>
		Telephone number (including area code)

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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>-1.40</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		202536
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>6.43</u> %		13023
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		215559
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	0

Part III		Funding Percentages	
14	Funding target attainment percentage	14	122.69%
15	Adjusted funding target attainment percentage	15	122.69%
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	124.60%
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	
05/09/2017	250000	0	
		Totals ▶	18(b) 250000 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 230563
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:	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">1st segment: 4.43%</div> <div style="text-align: center;">2nd segment: 5.91%</div> <div style="text-align: center;">3rd segment: 6.65%</div> </div>	☐ N/A, full yield curve used
b	Applicable month (enter code)	21b	4
22	Weighted average retirement age		22
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	124533
b	Excess assets, if applicable, but not greater than line 31a	31b	124533
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	230563
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	230563
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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan 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 <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 2016 </div> 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 <u>GILMOUR HOSE COMPANY HOURLY EMPLOYEES' PENSION PLAN</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ►</td> <td style="width:20%; text-align: center;"><u>024</u></td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>	B Three-digit plan number (PN) ►	<u>024</u>		
B Three-digit plan number (PN) ►	<u>024</u>				
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ROBERT BOSCH TOOL CORPORATION</u>	D Employer Identification Number (EIN) <u>61-6025780</u>				

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: ROBERT BOSCH LLC MASTER RET TRUST

b Name of sponsor of entity listed in (a): ROBERT BOSCH LLC

c EIN-PN <u>36-2903176-100</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2151018</u>
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Internal Revenue Service</small> <small>Department of Labor</small> <small>Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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>GILMOUR HOSE COMPANY HOURLY EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>024</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ROBERT BOSCH TOOL CORPORATION</u>	D Employer Identification Number (EIN) <u>61-6025780</u>	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	221000	250000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	2864142	2151018
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	3085142	2401018

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	27581	38196
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	27581	38196

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3057561	2362822
---	-----------	---------	---------

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)	250000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		250000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		197469
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		447469

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1040103	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1040103
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)	102105	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		102105
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1142208

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-694739
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: PRICEWATERHOUSECOOPERS, LLP

(2) EIN: 13-4008324

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		15000000
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 3985710. (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.
---	---	--

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

A Name of plan <u>GILMOUR HOSE COMPANY HOURLY EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>024</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ROBERT BOSCH TOOL CORPORATION</u>	D Employer Identification Number (EIN) <u>61-6025780</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<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>36-3046063</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>82</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
-----------------	-------------------

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

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

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

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

Schedule R (Form 5500) 2016
v. 160205

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number .	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / / .	

Gilmour Hose Company
Hourly Employees' Pension Plan
Financial Statements
December 31, 2016 and 2015

Gilmour Hose Company
Hourly Employees' Pension Plan
Index

	Page(s)
Report of Independent Auditors	1–2
Financial Statements	
Statements of Net Assets Available for Benefits December 31, 2016 and 2015	3
Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2016 and 2015.....	4
Notes to Financial Statements December 31, 2016 and 2015	5–13
 Note: Supplemental schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have not been included herein as they are not applicable.	



Report of Independent Auditors

To the Administrator of the Gilmour Hose Company Hourly Employees' Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Gilmour Hose Company Hourly Employees' Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by The Northern Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2016 and 2015 and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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



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

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

A handwritten signature in black ink that reads "PricewaterhouseCoopers LLP". The signature is written in a cursive, flowing style.

October 9, 2017

Gilmour Hose Company
Hourly Employees' Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2016 and 2015

	2016	2015
Assets		
Plan interest in Robert Bosch LLC Master Retirement Trust, at fair value	\$ 2,151,018	\$ 2,864,142
Employer contributions receivable	<u>250,000</u>	<u>221,000</u>
	2,401,018	3,085,142
Liabilities		
Accrued expenses	<u>38,196</u>	<u>27,581</u>
Net assets available for benefits	<u>\$ 2,362,822</u>	<u>\$ 3,057,561</u>

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

Gilmour Hose Company
Hourly Employees' Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2016 and 2015

	2016	2015
Additions		
Plan interest in net investment income (loss) of Robert Bosch LLC Master Retirement Trust	\$ 197,469	\$ (36,199)
Employer contributions	<u>250,000</u>	<u>221,000</u>
Total additions	<u>447,469</u>	<u>184,801</u>
Deductions		
Benefit payments	1,040,103	379,692
Administrative expenses	<u>102,105</u>	<u>90,353</u>
Total deductions	<u>1,142,208</u>	<u>470,045</u>
Net decrease	(694,739)	(285,244)
Net assets available for benefits		
Beginning of year	<u>3,057,561</u>	<u>3,342,805</u>
End of year	<u>\$ 2,362,822</u>	<u>\$ 3,057,561</u>

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

Gilmour Hose Company
Hourly Employees' Pension Plan
Notes to Financial Statements
December 31, 2016 and 2015

1. Description of the Plan

The following description of the Gilmour Hose Company Hourly Employees' Pension Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description. The Plan is subject to the requirements of the Employee Retirement Income Security Act of 1974 ("ERISA").

The assets of the Plan are invested in the Robert Bosch LLC Master Retirement Trust ("Master Trust").

General

The Plan is a noncontributory, defined-benefit pension plan which covers substantially all of the hourly union employees of Gilmour Hose Company, a former subsidiary of Robert Bosch Tool Corporation (the "Company"). A full-time hourly employee of the Company becomes a participant in the Plan after completing one hour of service. A part-time employee of the Company becomes a participant in the Plan on January 1 or July 1 following one year of service in which he completes 1,000 hours of service.

Effective December 19, 2014, Gilmour Hose Company was purchased by Fiskars Corporation. As a result of the transaction, certain associates who were participants in the Plan, terminated employment or otherwise ceased to be employed by an Employer or a Controlled Group Member (as defined in the collective bargaining agreement) in connection with the transaction, and who have not yet attained age 65, will be treated as if they are one year older than their actual age (but not older than 65) and will be credited with one additional year of benefit service for purposes of their benefit calculation. In addition, the same participants who had less than five years of service became 100% vested in their accrued benefit.

Contributions

The Company has agreed to voluntarily contribute such amounts as are necessary to provide assets sufficient to meet the funding requirements of ERISA. The Plan has met the ERISA minimum funding requirements for 2016 and 2015.

Benefit Payments

A participant becomes fully vested in the Plan after five years of service. Other than those participants affected by the sale to Fiskars Corporation, participants who terminate prior to completing five years of service forfeit the right to receive their accumulated plan benefits. Upon retirement, employees are entitled to monthly pension benefits without reduction beginning at normal retirement age (first of the month coincident with or next following attainment of age 65) in an amount equal to the applicable benefit rate multiplied by the number of years of credited service. The Plan permits early retirement, with reduced benefits at ages 55 to 64, after attaining ten or more years of service.

Employees may elect to receive normal retirement benefits, early retirement benefits until death, or they may elect to receive their pension benefits in the form of a surviving spouse option.

The Plan provides for certain death and disability pension benefits to eligible employees in accordance with the Plan document.

During 2016, the Company offered a one-time lump sum payment opportunity to certain plan participants who terminated employment prior to January 1, 2016. As an alternative to the lump

Gilmour Hose Company
Hourly Employees' Pension Plan
Notes to Financial Statements
December 31, 2016 and 2015

sum payment, participants were offered the opportunity to commence their benefit as a life annuity or joint and survivor annuity. The election deadline for this opportunity was September 30, 2016. Total payments related to this were \$897,723.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan subject to the provisions of ERISA and as described in the Plan document. Should the Plan terminate at some future time, its net assets will generally not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on the priority of those benefits, the financial condition of the Company, and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

Administrative Expenses

Substantially all administrative expenses allowable under ERISA are paid by the Plan; all other expenses are paid by the Company.

2. Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting and in conformity with accounting principles generally accepted in the United States of America ("GAAP").

Benefit Payments

Benefits are recorded when paid.

Investment Valuation and Income Recognition

The Master Trust's investments are stated at fair value. The fair value of the participation units in the common collective trusts is based on the net asset value ("NAV") of units held on the last business day of the Plan year. The NAV as provided by the trustee is used as a practical expedient to estimate fair value. Securities such as common stock, preferred stock, and real estate investment trusts traded on a national securities exchange are valued at the last reported sales price or official closing price on the last business day of the Plan year; investments traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and ask prices. Fixed income securities such as corporate debt instruments and U.S. government securities are valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available, the bond is valued using matrix pricing or models from reputable pricing vendors.

Investment transactions of the Master Trust are recorded on the trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (Note 3) are those estimated future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries; and (b) present employees or their beneficiaries. Benefits payable under all circumstances - retirement, death, disability, and

Gilmour Hose Company
Hourly Employees' Pension Plan
Notes to Financial Statements
December 31, 2016 and 2015

termination of employment - are included to the extent they are deemed attributable to employee service rendered to the valuation date.

Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Administrative Expenses

Administrative expense includes both identified fees specific to the Plan as well as periodic fees allocated from the Master Trust. Periodic fees allocated from the Master Trust were \$5,473 and \$5,533 for 2016 and 2015, respectively.

3. Accumulated Plan Benefits

An independent actuary estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits at December 31, 2015 was as follows:

Vested benefits

Participants currently receiving payments	\$ 1,601,466
Other participants	1,508,013
Total vested benefits	<u>3,109,479</u>

Nonvested benefits

Total actuarial present value of accumulated plan benefits	<u>\$ 3,109,479</u>
--	---------------------

The following summarizes the significant components of the change in the present value of accumulated plan benefits from December 31, 2014 to 2015:

**Actuarial experience gain/loss
as of December 31, 2014**

\$ 3,392,587

Increase (decrease) during the year attributable to

Actuarial experience gain/loss	(20,670)
Interest	160,253
Benefits paid to participants	(379,692)
Assumption changes	<u>(42,999)</u>

**Actuarial present value of accumulated plan benefits
as of December 31, 2015**

\$ 3,109,479

Gilmour Hose Company
Hourly Employees' Pension Plan
Notes to Financial Statements
December 31, 2016 and 2015

Significant assumptions underlying the actuarial computations are as follows:

	December 31, 2015	December 31, 2014
Interest rate	5.00%	5.00%
Retirement rate		
Active	N/A	5% by age 55 10% by age 60 30% by age 62 100% by age 65
Term vested	Age 65	Age 65
Mortality	RP-2006 with Scale MP-2016	RP-2006 with Scale MP-2015

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

4. Certification of Investment Information

All investment information disclosed in the accompanying financial statements, including plan interest in Robert Bosch LLC Master Retirement Trust at December 31, 2016 and 2015, plan interest in net investment income of Robert Bosch LLC Master Retirement Trust for the years then ended, and the investments and investment income information of the Master Trust presented in Note 5, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by The Northern Trust Company ("Trustee"), except as noted below.

The net depreciation in the fair value of the Master Trust's previously held investment in a Partnership/JV interest for the year ended December 31, 2015 of \$(2,711,352), and the Plan's proportionate share of that net depreciation of \$(4,880), was not certified. The investment was sold during 2015.

5. Investment in Master Trust

The Plan's investments are in the Master Trust, which was established for the investment of assets of the Plan, and several other retirement plans sponsored by Robert Bosch LLC. Each participating retirement plan has an undivided interest in the Master Trust. At December 31, 2016 and 2015, the Plan's interest in the net assets of the Master Trust was approximately 0.13% and 0.18%, respectively. The value of the Plan's interest is determined on the basis of cumulative funds specifically contributed on behalf of the Plan, net of funds withdrawn for benefit payments and expenses specific to the Plan and adjusted for an allocation of investment income and investment expenses. Investment income and expenses are allocated monthly to the Plan based upon its pro rata share in the net assets of the Master Trust.

Gilmour Hose Company
Hourly Employees' Pension Plan
Notes to Financial Statements
December 31, 2016 and 2015

The following table presents the net assets of the Master Trust at December 31:

	2016	2015
Investments, at fair value		
Common collective trusts	\$ 938,538,069	\$ 883,550,938
Common stock	406,871,587	387,742,299
Preferred stock	1,780,377	1,656,160
Corporate debt instruments - Other	143,067,939	135,163,253
Corporate debt instruments - Preferred	15,602,735	27,789,475
U.S. government securities	110,330,578	95,668,665
Real estate investment trusts	5,850,046	3,611,846
Interest bearing cash	4,059,571	3,501,740
Other	1,960,963	3,310,157
Total investments	1,628,061,865	1,541,994,533
Accrued interest and dividend income	2,986,519	2,411,243
Receivable for pending sale of partnership / JV	-	42,293,911
Pending trade sales - USD	739,322	122,171
Total assets	1,631,787,706	1,586,821,858
Liabilities		
Pending trade purchases	560,171	1,690,633
Accrued expenses	760,194	602,368
Total liabilities	1,320,365	2,293,001
Net assets	\$ 1,630,467,341	\$ 1,584,528,857

The following table presents the changes in net assets of the Master Trust for the years ended December 31:

	2016	2015
Interest and dividend income	\$ 16,920,223	\$ 12,993,552
Net appreciation (depreciation) in fair value of investments	94,174,154	(29,697,669)
Investment expenses	(3,540,231)	(2,947,885)
Net investment income (loss)	107,554,146	(19,652,002)
Net transfers	(56,622,770)	(17,504,619)
Administrative expenses	(4,992,892)	(4,582,883)
Increase (decrease) in net assets	45,938,484	(41,739,504)
Net assets		
Beginning of year	1,584,528,857	1,626,268,361
End of year	\$ 1,630,467,341	\$ 1,584,528,857

Gilmour Hose Company
Hourly Employees' Pension Plan
Notes to Financial Statements
December 31, 2016 and 2015

6. Fair Value Measurements

The FASB established a framework to increase consistency and comparability in fair value measurements. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Master Trust has the ability to access.

Level 2 Inputs to the valuation methodology include:

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

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

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

The asset's 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.

For a description of the valuation methodologies used for assets measured at fair value see Investment Valuation and Income Recognition under Note 2. There have been no changes in the methodologies used at December 31, 2016 and 2015. In determining the reasonableness of the methodology, the Plan's Investment Committee evaluates a variety of factors including review of existing contracts, economic conditions, industry and market developments, and overall credit ratings. These methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Master Trust 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.

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

Gilmour Hose Company
Hourly Employees' Pension Plan
Notes to Financial Statements
December 31, 2016 and 2015

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

Investment Assets at Fair Value as of December 31, 2016				
	Level 1	Level 2	Level 3	Total
Common stock	\$ 406,871,587	\$ -	\$ -	\$ 406,871,587
Corporate debt instruments				
Corporate debt instruments - preferred	-	15,602,735	-	15,602,735
Corporate debt instruments - other	-	143,067,939	-	143,067,939
Preferred stock	1,780,377	-	-	1,780,377
U.S. government securities	-	110,330,578	-	110,330,578
Real estate investment trusts	5,850,046	-	-	5,850,046
Interest bearing cash	4,059,571	-	-	4,059,571
Other	8,613	1,952,350	-	1,960,963
Total Assets in the Fair Value Hierarchy	418,570,194	270,953,602	\$ -	689,523,796
Common collective trusts (a)				938,538,069
Total Master Trust Investment at Fair Value	\$ 418,570,194	\$ 270,953,602	\$ -	\$ 1,628,061,865

Investment Assets at Fair Value as of December 31, 2015				
	Level 2	Level 3	Total	
Common stock	\$ 387,742,299	\$ -	\$ -	\$ 387,742,299
Corporate debt instruments				
Corporate debt instruments - preferred	-	27,789,475	-	27,789,475
Corporate debt instruments - other	-	135,163,253	-	135,163,253
Preferred stock	1,656,160	-	-	1,656,160
Registered investment companies	-	-	-	-
U.S. government securities	-	95,668,665	-	95,668,665
Real estate investment trusts	3,611,846	-	-	3,611,846
Interest bearing cash	3,501,740	-	-	3,501,740
Other	79,718	3,230,439	-	3,310,157
Total Assets in the Fair Value Hierarchy	396,591,763	261,851,832	-	658,443,595
Total common collective trusts (a)				883,550,938
Total Master Trust investments at Fair Value	\$ 396,591,763	\$ 261,851,832	\$ -	\$ 1,541,994,533

- (a) In accordance with Subtopic 820-10, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The Fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Master Trust's statements of net assets.

Common collective trusts consist of pools of investments used by institutional investors to obtain equity and fixed income market exposures by investing in funds which are intended to mirror market indices. They are valued on the basis of the relative interest of each participating investor in the fair value of the underlying assets of each of the respective common collective trusts. The funds are valued using NAV as provided by the investment account manager as a practical expedient. As of December 31, 2016 and 2015, the Master Trust is not holding any unfunded commitments.

Gilmour Hose Company
Hourly Employees' Pension Plan
Notes to Financial Statements
December 31, 2016 and 2015

Common collective trusts included in the Master Trust are:

<u>December 31, 2016</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Coltv Short Term Inv Fd	\$ 67,752,887	n/a	Daily	None
FEBT Emerging Market Fund	\$ 40,507,162	n/a	Daily	15 Days
MFB NT Collective Russell 1000 Growth Index Fund - Non Lending	\$ 189,204,195	n/a	Daily	60 Days
Northern Trust Collective Short Term Government Bond Index Fund - Non-Lending	\$ 161,820,860	n/a	Daily	60 Days
MFB NT Collective Long Term Credit Bond Index Fund - Non Lending	\$ 282,568,425	n/a	Daily	60 Days
MFB NTGI-QM Coltv Daily 1-5 Yr Cr Bd Index Fd - Non Lending	\$ 148,876,696	n/a	Daily	60 Days
MFB NT Collective EAFE Index Fund - Non Lending	\$ 20,696,185	n/a	Daily	60 Days
NT Collective Developed International Small Cap Index Fund - Non Lending	\$ 27,111,659	n/a	Daily	60 Days
Total	\$ 938,538,069			

<u>December 31, 2015</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Coltv Short Term Inv Fd	\$ 38,163,112	n/a	Daily	None
FEBT Emerging Market Fund	\$ 36,035,027	n/a	Daily	15 Days
MFB NT Collective Russell 1000 Growth Index Fund - Non Lending	\$ 200,112,290	n/a	Daily	60 Days
Northern Trust Collective Short Term Government Bond Index Fund - Non-Lending	\$ 160,478,263	n/a	Daily	60 Days
MFB NT Collective Long Term Credit Bond Index Fund - Non Lending	\$ 256,843,590	n/a	Daily	60 Days
MFB NTGI-QM Coltv Daily 1-5 Yr Cr Bd Index Fd - Non Lending	\$ 145,509,678	n/a	Daily	60 Days
MFB NT Collective EAFE Index Fund - Non Lending	\$ 20,429,311	n/a	Daily	60 Days
NT Collective Developed International Small Cap Index Fund - Non Lending	\$ 25,979,667	n/a	Daily	60 Days
Total	\$ 883,550,938			

7. Risks and Uncertainties

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

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

8. Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Company in a letter dated March 15, 2017, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (the "Code"). The plan administrator and the Plan's ERISA counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code and therefore believe that the Plan is qualified and the related trust is tax-exempt.

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 asset or liability if the Plan has

Gilmour Hose Company
Hourly Employees' Pension Plan
Notes to Financial Statements
December 31, 2016 and 2015

taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2016 and 2015, there are no uncertain positions taken or expected to be taken that would require recognition of an asset or liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes the Plan is no longer subject to income tax examinations for years beginning prior to January 1, 2013.

9. Party-in-Interest Transactions

The Master Trust invests in common collective trusts managed by the Trustee or its affiliates. These transactions qualify as exempt party-in-interest transactions. Fees paid to the Trustee by the Master Trust for 2016 and 2015 were \$1,215,361 and \$844,095, respectively.

10. Subsequent Events

The Plan has evaluated the events and transactions that have occurred through October 9, 2017, the date the financial statements were available to be issued, and noted no items requiring adjustment to the financial statements or additional disclosure.

Schedule SB Attachment (Form 5500)—2016 Plan Year
 Gilmour Hose Company Hourly Employees Pension Plan
 EIN: 61-6025780 PN: 024

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2015), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.43%
2nd Segment Rate	5.91%
3rd Segment Rate	6.65%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2015), without regard to interest rate stabilization
1st Segment Rate	1.34%
2nd Segment Rate	4.03%
3rd Segment Rate	5.06%
Optional Payment Form Election Percentage	40% 5-yr certain and life 60% joint and 50% survivor annuity
Optional Payment Form Conversion Interest Rate	6.00%
Optional Payment Form Conversion Mortality	Current IRC section 417(e) table
Retirement Age	
Active Participants	N/A
Terminated Vested Participants	Age at which the participant receives unreduced benefits
Mortality Rates	
Healthy and Disabled	2016 static mortality table for annuitants and non- annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	N/A
Disability Rates	N/A
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC

Schedule SB Attachment (Form 5500)—2016 Plan Year
Gilmour Hose Company Hourly Employees Pension Plan
EIN: 61-6025780 PN: 024

section 415 maximum benefit of \$210,000.

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2014 Plan Year	6.35%
2015 Plan Year	5.00%
2016 Plan Year	5.00%

Trust Expenses Included in Target Normal Cost

Actual trust expenses limited to 5% of Fair Value of Assets. The prior year's actual administrative expenses, adjusted for anticipated significant changes are uses as a proxy for actual current year's expenses.

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2016

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information <p style="font-size: small;">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).</p> <p>▶ File as an attachment to Form 5500 or 5500-SF.</p>	<small>OMB No. 1210-0110</small> 2016 This Form is Open to Public Inspection
---	---	--

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

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

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

A Name of plan Gilmour Hose Company Hourly Employees' Pension Plan	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">B Three-digit plan number (PN) ▶</td> <td style="width: 30%; text-align: center;">024</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>	B Three-digit plan number (PN) ▶	024		
B Three-digit plan number (PN) ▶	024				
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Robert Bosch Tool Corporation	D Employer Identification Number (EIN) 61-6025780				
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	3,079,701
b Actuarial value.....			2b	3,206,154
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		68	1,456,865	1,456,865
b For terminated vested participants		127	1,156,149	1,156,149
c For active participants		0	0	0
d Total		195	2,613,014	2,613,014
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐				
a Funding target disregarding prescribed at-risk assumptions			4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor			4b	
5 Effective interest rate.....			5	6.18%
6 Target normal cost			6	124,533

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	<div style="text-align: center;"> Karen A. Hirschhorn Signature of actuary </div>	<div style="text-align: center;"> 09/01/2017 Date 1704099 Most recent enrollment number 847-295-5000 Telephone number (including area code) </div>
Karen A. Hirschhorn Type or print name of actuary Aon Consulting, Inc. Firm name 4 Overlook Point Lincolnshire IL 60069-4302 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 4
22 Weighted average retirement age				22
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	124,533
b Excess assets, if applicable, but not greater than line 31a		31b	124,533
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	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	230,563
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	230,563
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 SB Attachment (Form 5500)—2016 Plan Year
Gilmour Hose Company Hourly Employees Pension Plan
EIN: 61-6025780 PN: 024

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2016

Date	Amount	Days to Discount to 1/1/2016 at 6.18%	Interest Adjusted Contribution
May 9, 2017	<u>\$ 250,000</u>	494	<u>\$ 230,563</u>
Total Contribution	\$ 250,000		\$ 230,563

Schedule SB Attachment (Form 5500)—2016 Plan Year
 Gilmour Hose Company Hourly Employees Pension Plan
 EIN: 61-6025780 PN: 024

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2015), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor
1st Segment Rate	4.43%
2nd Segment Rate	5.91%
3rd Segment Rate	6.65%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2015), without regard to interest rate stabilization
1st Segment Rate	1.34%
2nd Segment Rate	4.03%
3rd Segment Rate	5.06%
Optional Payment Form Election Percentage	40% 5-yr certain and life 60% joint and 50% survivor annuity
Optional Payment Form Conversion Interest Rate	6.00%
Optional Payment Form Conversion Mortality	Current IRC section 417(e) table
Retirement Age	
Active Participants	N/A
Terminated Vested Participants	Age at which the participant receives unreduced benefits
Mortality Rates	
Healthy and Disabled	2016 static mortality table for annuitants and non- annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	N/A
Disability Rates	N/A
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC

Schedule SB Attachment (Form 5500)—2016 Plan Year
Gilmour Hose Company Hourly Employees Pension Plan
EIN: 61-6025780 PN: 024

section 415 maximum benefit of \$210,000.

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2014 Plan Year	6.35%
2015 Plan Year	5.00%
2016 Plan Year	5.00%

Trust Expenses Included in Target Normal Cost

Actual trust expenses limited to 5% of Fair Value of Assets. The prior year's actual administrative expenses, adjusted for anticipated significant changes are uses as a proxy for actual current year's expenses.

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2016

Schedule SB Attachment (Form 5500)—2016 Plan Year
Gilmour Hose Company Hourly Employees Pension Plan
EIN: 61-6025780 PN: 024

Schedule SB, Part V—Summary of Plan Provisions

Effective Date January 1, 1988. Amended and restated effective January 1, 2016.

Eligibility for Participation All union employees (AFL-CIO Local No. 964) of Gilmour Hose Division are eligible to participate. All full-time hourly employees (employees who work at least 30 hours per week) shall become participants in this plan on their hire date. Part-time employees shall become participants in this plan on the January 1 or July 1 coincident with or next following the date on which 1,000 hours of service is completed in a year.

Union employees who were participants in the prior Gates Retirement Plan on December 22, 1987 became participants in this plan on January 1, 1988.

Certain employees associated with the sale to Fiskars Brands, Inc. who have not reached age 65 shall be treated as if they were one year older than their actual age (but not older than 65). In addition, these employees shall be credited with an additional year of credited service.

Normal Retirement
Eligibility

Age 65.

Benefit

A monthly amount equal to the sum of (1) plus (2):

- (1) For each year of benefit service earned since January 1, 1988, the annual benefit accruals are as follows:

Benefit Service Earned in Year	Amount
1988	\$10.50
1989	\$10.75
1990–1991	\$11.00
1992–1994	\$11.50
1995–1996	\$12.00
1997–2003	\$12.50
2004–2006	\$13.50
2007	\$14.50
2008	\$15.50
2009–2011	\$16.50
2012–2013	\$17.50
2014 and after	\$18.00

Schedule SB Attachment (Form 5500)—2016 Plan Year
Gilmour Hose Company Hourly Employees Pension Plan
EIN: 61-6025780 PN: 024

(2) For prior Gates Retirement Plan participants, years of benefit service as of December 22, 1987 multiplied by \$0.30.

Early Retirement
Eligibility

(a) Age 62 and 10 years of credited service; or

(b) Age 55 and 37 years of credited service; or

(c) Age 55 and 10 years of credited service.

Benefit

Unreduced normal retirement benefit for (a) or (b) above. For (c) above, a monthly benefit equal to the normal retirement benefit reduced by 4/10 of 1% for each month the early retirement precedes age 62.

Vested Termination
Eligibility

Five years of credited service.

A partial plan termination resulted due to the sale of the company to Fiskars Brands, Inc. on December 19, 2014. Participants who were terminated due to the sale with less than five years of vesting service were 100% vested in their accrued benefit.

Benefit

The accrued benefit at the date of termination. Reduced payments may begin any time after age 55. Reduction is 4/10 of 1% for each month the commencement precedes age 65.

Disability
Eligibility

Ten years of credited service.

Benefit

The accrued benefit based on benefit service and multiplier level at the date of disability, paid immediately. In addition, the participant also receives a supplemental disability benefit that equals the accrued benefit, payable until age 65.

Surviving Spouse
Eligibility

Five years of credited service. Participant and spouse must be married at least one year prior to death.

Benefit

A monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 50% of the amount payable if the participant had retired early with a 50% joint and survivor benefit.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Gilmour Hose Company Hourly Employees Pension Plan
EIN: 61-6025780 PN: 024

Normal Form of Annuity

Without Spouse

Five-year certain and life annuity.

With Spouse

50% joint and survivor annuity reduced to be equivalent to the retirement benefit payable for employee's lifetime with five-year guarantee. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.

Optional Forms of Annuity

Five year certain and life annuity, 50% joint and survivor annuity and 75% joint and survivor annuity.

Actuarial Equivalence

Applicable mortality table per section 417(e)(3) of Internal Revenue Code and 6% interest rate.

Definitions

Plan Year

January 1 to December 31.

Benefit Service

One year of benefit service is earned if the participant works 1,000 or more hours in one plan year starting January 1, 1988.

Credited Service

One year of credited service is earned if the participant works 1,000 or more hours in one plan year.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

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

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

Schedule SB Attachment (Form 5500)—2016 Plan Year
Gilmour Hose Company Hourly Employees Pension Plan
EIN: 61-6025780 PN: 024

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2016

Date	Amount	Days to Discount to 1/1/2016 at 6.18%	Interest Adjusted Contribution
May 9, 2017	<u>\$ 250,000</u>	494	<u>\$ 230,563</u>
Total Contribution	\$ 250,000		\$ 230,563

Schedule SB Attachment (Form 5500)—2016 Plan Year
Gilmour Hose Company Hourly Employees Pension Plan
EIN: 61-6025780 PN: 024

Schedule SB, Part V—Summary of Plan Provisions

Effective Date January 1, 1988. Amended and restated effective January 1, 2016.

Eligibility for Participation All union employees (AFL-CIO Local No. 964) of Gilmour Hose Division are eligible to participate. All full-time hourly employees (employees who work at least 30 hours per week) shall become participants in this plan on their hire date. Part-time employees shall become participants in this plan on the January 1 or July 1 coincident with or next following the date on which 1,000 hours of service is completed in a year.

Union employees who were participants in the prior Gates Retirement Plan on December 22, 1987 became participants in this plan on January 1, 1988.

Certain employees associated with the sale to Fiskars Brands, Inc. who have not reached age 65 shall be treated as if they were one year older than their actual age (but not older than 65). In addition, these employees shall be credited with an additional year of credited service.

Normal Retirement
Eligibility

Age 65.

Benefit

A monthly amount equal to the sum of (1) plus (2):

- (1) For each year of benefit service earned since January 1, 1988, the annual benefit accruals are as follows:

Benefit Service Earned in Year	Amount
1988	\$10.50
1989	\$10.75
1990–1991	\$11.00
1992–1994	\$11.50
1995–1996	\$12.00
1997–2003	\$12.50
2004–2006	\$13.50
2007	\$14.50
2008	\$15.50
2009–2011	\$16.50
2012–2013	\$17.50
2014 and after	\$18.00

Schedule SB Attachment (Form 5500)—2016 Plan Year
Gilmour Hose Company Hourly Employees Pension Plan
EIN: 61-6025780 PN: 024

(2) For prior Gates Retirement Plan participants, years of benefit service as of December 22, 1987 multiplied by \$0.30.

Early Retirement
Eligibility

(a) Age 62 and 10 years of credited service; or

(b) Age 55 and 37 years of credited service; or

(c) Age 55 and 10 years of credited service.

Benefit

Unreduced normal retirement benefit for (a) or (b) above. For (c) above, a monthly benefit equal to the normal retirement benefit reduced by 4/10 of 1% for each month the early retirement precedes age 62.

Vested Termination
Eligibility

Five years of credited service.

A partial plan termination resulted due to the sale of the company to Fiskars Brands, Inc. on December 19, 2014. Participants who were terminated due to the sale with less than five years of vesting service were 100% vested in their accrued benefit.

Benefit

The accrued benefit at the date of termination. Reduced payments may begin any time after age 55. Reduction is 4/10 of 1% for each month the commencement precedes age 65.

Disability
Eligibility

Ten years of credited service.

Benefit

The accrued benefit based on benefit service and multiplier level at the date of disability, paid immediately. In addition, the participant also receives a supplemental disability benefit that equals the accrued benefit, payable until age 65.

Surviving Spouse
Eligibility

Five years of credited service. Participant and spouse must be married at least one year prior to death.

Benefit

A monthly benefit payable to the surviving spouse beginning at the employee's earliest retirement age equal to 50% of the amount payable if the participant had retired early with a 50% joint and survivor benefit.

Schedule SB Attachment (Form 5500)—2016 Plan Year
Gilmour Hose Company Hourly Employees Pension Plan
EIN: 61-6025780 PN: 024

Normal Form of Annuity

Without Spouse

Five-year certain and life annuity.

With Spouse

50% joint and survivor annuity reduced to be equivalent to the retirement benefit payable for employee's lifetime with five-year guarantee. Participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced benefit continues to surviving spouse.

Optional Forms of Annuity

Five year certain and life annuity, 50% joint and survivor annuity and 75% joint and survivor annuity.

Actuarial Equivalence

Applicable mortality table per section 417(e)(3) of Internal Revenue Code and 6% interest rate.

Definitions

Plan Year

January 1 to December 31.

Benefit Service

One year of benefit service is earned if the participant works 1,000 or more hours in one plan year starting January 1, 1988.

Credited Service

One year of credited service is earned if the participant works 1,000 or more hours in one plan year.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

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

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