

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>			
A	This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____	
B	This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ☐		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>JERVIS B. WEBB COMPANY AND AFFILIATES RETIREMENT INCOME PLAN</u>	1b	Three-digit plan number (PN) ► <u>002</u>
		1c	Effective date of plan <u>01/01/1966</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>JERVIS B. WEBB COMPANY</u> <u>C/O WILLIAM MILATZ</u> <u>30100 CABOT DRIVE</u> <u>NOVI, MI 48377</u>	2b	Employer Identification Number (EIN) <u>38-1153970</u>
		2c	Plan Sponsor's telephone number <u>248-419-7435</u>
		2d	Business code (see instructions) <u>333200</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	WILLIAM MILATZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <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 1445
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) 244 6a(2) 229 6b 620 6c 330 6d 1179 6e 166 6f 1345 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 1I 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) ☐ 0 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

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

A Name of plan <u>JERVIS B. WEBB COMPANY AND AFFILIATES RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>JERVIS B. WEBB COMPANY</u>	D Employer Identification Number (EIN) <u>38-1153970</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>168778044</u>
b Actuarial value	2b <u>178937412</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants <u>755</u> (2) Vested Funding Target <u>115817714</u> (3) Total Funding Target <u>115817714</u>
b For terminated vested participants	<u>471</u> <u>41467988</u> <u>41467988</u>
c For active participants	<u>244</u> <u>27275116</u> <u>28351200</u>
d Total	<u>1470</u> <u>184560818</u> <u>185636902</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>6.03 %</u>
6 Target normal cost	6 <u>860000</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>10/12/2017</u>
	Signature of actuary	Date
<u>JONATHAN B. WAITE</u>	Type or print name of actuary	<u>17-04806</u>
<u>SEI</u>	Firm name	Most recent enrollment number
<u>1 FREEDOM VALLEY DRIVE</u>		<u>610-676-3493</u>
<u>OAKS, PA 19456</u>	Address of the firm	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>-2.74%</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)		2012178
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>6.25%</u>		125761
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		2137939
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	96.39%
15	Adjusted funding target attainment percentage	15	96.39%
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	95.96%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2016	1553983	0			
07/15/2016	1553983	0			
10/14/2016	1553983	0			
01/13/2017	1553983	0			
09/13/2017	3127349	0			
			Totals ▶	18(b)	9343281
				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	8812744
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
0	0	0
		(4) 4th
		0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost					
21	Discount rate:					
a	Segment rates:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">1st segment: 4.43%</td> <td style="width: 33%;">2nd segment: 5.91%</td> <td style="width: 33%;">3rd segment: 6.65%</td> </tr> </table>	1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65%	☐ N/A, full yield curve used
1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65%				
b	Applicable month (enter code)	21b	4			
22	Weighted average retirement age	22	64			
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	860000			
b	Excess assets, if applicable, but not greater than line 31a	31b	0			
32	Amortization installments:	Outstanding Balance	Installment			
a	Net shortfall amortization installment	6699490	6174600			
b	Waiver amortization installment	0	0			
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33				
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	7034600			
		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	7034600			
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	8812744			
38	Present value of excess contributions for current year (see instructions)					
a	Total (excess, if any, of line 37 over line 36)	38a	1778144			
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				

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	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 JERVIS B. WEBB COMPANY AND AFFILIATES RETIREMENT INCOME PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 JERVIS B. WEBB COMPANY		D Employer Identification Number (EIN) 38-1153970

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

SEI PRIVATE TRUST COMPANY

1 FREEDOM VALLEY DRIVE
OAKS, PA 19456

23-3060382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 21 27	NONE	514452	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FINDLEY DAVIES

34-1213174

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	6900	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PLANTE MORAN

38-1357951

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	6200	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>		
A Name of plan <u>JERVIS B. WEBB COMPANY AND AFFILIATES RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>JERVIS B. WEBB COMPANY</u>	D Employer Identification Number (EIN) <u>38-1153970</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)	<u>4557969</u>	<u>4681332</u>
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	<u>104836</u>	<u>111675</u>
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	<u>159</u>	<u>73109</u>
(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)		
(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)	<u>164250856</u>	<u>167998818</u>
(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	168913820	172864934

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	165170	155583
k Total liabilities (add all amounts in lines 1g through 1j)	1k	165170	155583

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	168748650	172709351
---	-----------	-----------	-----------

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)	9343281	
(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)		9343281
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)		
(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)		13947526
c Other income.....	2c		4024
d Total income. Add all income amounts in column (b) and enter total.....	2d		23294831

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	17984585	
(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)		17984585
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)	13100	
(2) Contract administrator fees.....	2i(2)	0	
(3) Investment advisory and management fees.....	2i(3)	504865	
(4) Other	2i(4)	831580	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1349545
j Total expenses. Add all expense amounts in column (b) and enter total	2j		19334130

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3960701
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: PLANTE MORAN, PLLC

(2) EIN: 38-1357951

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		1500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 3987564. (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>JERVIS B. WEBB COMPANY AND AFFILIATES RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>JERVIS B. WEBB COMPANY</u>	D Employer Identification Number (EIN) <u>38-1153970</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>23-3060382</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>72</u>

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

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☒ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2016
v. 160205

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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: <u>62.6</u> % Investment-Grade Debt: <u>26.8</u> % High-Yield Debt: <u>5.7</u> % Real Estate: <u>0.0</u> % Other: <u>4.9</u> %	
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☒ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more	
	c What duration measure was used to calculate line 19(b)? ☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):	

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

Jervis B. Webb Company and Affiliates Retirement Income Plan

**Financial Report
December 31, 2016**

Jervis B. Webb Company and Affiliates Retirement Income Plan

Contents

Report Letter	1-2
Statement of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Statement of Accumulated Plan Benefits	5
Statement of Changes in Accumulated Plan Benefits	6
Notes to Financial Statements	7-13
Schedule of Assets Held at End of Year	14
Schedule of Reportable Transactions	15

Independent Auditor's Report

To the Plan Administrator
Jervis B. Webb Company and Affiliates
Retirement Income Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Jervis B. Webb Company and Affiliates Retirement Income Plan (the "Plan"), which comprise the statements of net assets available for benefits and accumulated plan benefits as of December 31, 2016 and 2015 and the related statements of changes in net assets available for benefits and changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by SEI Private Trust Company (the "Trustee"), 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 related transactions. The plan administrator has obtained certifications from the Trustee as of and for the years ended December 31, 2016 and 2015 that the information provided to the plan administrator is complete and accurate.

To the Plan Administrator
Jervis B. Webb Company and Affiliates
Retirement Income Plan

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of assets held at end of year as of December 31, 2016 and reportable transactions for the year ended December 31, 2016 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

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

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

Plante & Moran, PLLC

Southfield, Michigan
September 26, 2017

Jervis B. Webb Company and Affiliates

Retirement Income Plan

Statement of Net Assets Available for Benefits

	December 31, 2016	December 31, 2015
Assets		
Investments at fair value:		
Money market fund	\$ 73,109	\$ 159
Mutual funds	167,998,818	164,250,856
Total investments at fair value	168,071,927	164,251,015
Contributions receivable - Employer	4,681,332	4,557,969
Accrued income	111,675	104,836
Total assets	172,864,934	168,913,820
Liabilities - Accrued liabilities	155,583	165,170
Net Assets Available for Benefits	\$ 172,709,351	\$ 168,748,650

Jervis B. Webb Company and Affiliates

Retirement Income Plan

Statement of Changes in Net Assets Available for Benefits

	Year Ended	
	December 31, 2016	December 31, 2015
Additions to Net Assets		
Contributions - Employer	\$ 9,343,281	\$ 8,753,724
Investment income (loss):		
Interest and dividends	3,683,324	4,631,139
Net realized and unrealized gains (losses) on investments	10,268,226	(8,909,488)
Total investment income (loss)	13,951,550	(4,278,349)
Total additions - Net	23,294,831	4,475,375
Deductions from Net Assets		
Benefits paid directly to participants or beneficiaries	17,984,585	16,991,366
Administrative expenses	1,349,545	1,347,483
Total deductions	19,334,130	18,338,849
Net Increase (Decrease)	3,960,701	(13,863,474)
Net Assets Available for Benefits		
Beginning of year	168,748,650	182,612,124
End of year	<u><u>\$ 172,709,351</u></u>	<u><u>\$ 168,748,650</u></u>

Jervis B. Webb Company and Affiliates

Retirement Income Plan

Statement of Accumulated Plan Benefits

	December 31, 2016	December 31, 2015
Actuarial Present Value of Accumulated Plan Benefits		
Vested benefits:		
Participants currently receiving benefit payments	\$ 105,452,706	\$ 103,133,396
Other vested participants	45,934,813	53,710,407
Total vested benefits	151,387,519	156,843,803
Nonvested benefits	895,761	962,879
Total Actuarial Present Value of Accumulated Plan Benefits	\$ 152,283,280	\$ 157,806,682

Jervis B. Webb Company and Affiliates

Retirement Income Plan

Statement of Changes in Accumulated Plan Benefits

	Year Ended	
	December 31, 2016	December 31, 2015
Actuarial Present Value of Accumulated Plan Benefits -		
Beginning of year	\$ 157,806,682	\$ 161,917,791
Increase (decrease) during the year attributable to:		
Benefits accumulated	1,993,374	2,466,141
Interest due to the decrease in the discount period	12,277,187	12,657,324
Benefits paid	(17,984,585)	(16,991,366)
Change of assumptions	(1,809,378)	(2,243,208)
Net decrease	(5,523,402)	(4,111,109)
Actuarial Present Value of Accumulated Plan Benefits -		
End of year	<u>\$ 152,283,280</u>	<u>\$ 157,806,682</u>

Jervis B. Webb Company and Affiliates Retirement Income Plan

Notes to Financial Statements December 31, 2016 and 2015

Note 1 - Plan Description

The following description of Jervis B. Webb Company and Affiliates Retirement Income Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a defined benefit plan covering all salaried and certain hourly employees of Jervis B. Webb Company (the "Company") who, prior to the Plan being frozen, have completed 12 months of service and are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan was amended effective December 31, 2006, whereby all salaried employees ceased accruing benefits under the Plan. Hourly employees of Pellston, Harbor Springs West, Harbor Springs East, Carlisle, and Boyne City ceased accruing benefits under the Plan effective September 19, 2003, December 31, 2007, March 31, 2009, December 31, 2009, and December 31, 2010, respectively.

During 2015, the Plan was amended to offer certain participants the one-time voluntary option to receive a lump-sum payout of their accrued benefits from the Plan. Participants eligible for this option included those no longer employed who had not yet begun receiving benefit payments under the Plan and whose vested Accrued Normal Retirement Benefit was less than or equal to \$50,000, but exceeds \$5,000. Total payouts under the option were approximately \$4,200,000 and were paid in December 2015.

During 2016, the Plan was amended to offer certain participants the one-time voluntary option to receive a lump-sum payout of their accrued benefits from the Plan. Participants eligible for this option included those no longer employed who had not yet begun receiving benefit payments under the Plan and whose vested Accrued Normal Retirement Benefit was less than or equal to \$85,000, but exceeds \$50,000. Total payouts under the option were approximately \$4,800,000 and were paid in December 2016.

Plan Operations and Administration - The Company is the sponsor of the Plan. The Retirement Committee is the plan administrator and has responsibility for the administration of the Plan. During 2016, the Company hired Findley Davies to assist in the administration of the day-to-day operations of the Plan. Under a trust agreement, SEI Private Trust Company (the "Trustee") was appointed as the trustee and investment manager of the Plan. Investment management fees and trustee fees are paid by the Plan in accordance with the plan agreement.

Jervis B. Webb Company and Affiliates

Retirement Income Plan

Notes to Financial Statements

December 31, 2016 and 2015

Note 1 - Plan Description (Continued)

Eligibility and Vesting - If a participant was employed on the date at which his or her respective group's benefit accrual was frozen, the participant became fully vested in the Plan. For participants that were not employed on that date, participants became fully vested upon the earlier of normal retirement age, death, or disability. In the event that employment was terminated prior to normal retirement, death, or disability, participants became 100 percent vested in the Plan after completion of five years of vested service. Employees became participants in the Plan following completion of the eligibility requirements as described in the plan document and were fully vested for normal retirement benefits after five years of service.

Pension Benefits - Eligible employees with five or more years of service are entitled to normal annual pension benefits beginning at the participant's normal retirement age of 65 as described in the plan document. The Plan permits early retirement after age 60 and the completion of 10 years of credited service or age 62 and completion of five years of credited service. Early retirement benefits are reduced to an actuarially determined value if the benefits begin before the normal retirement age. The individual pension benefit is equal to the greater of a percentage of average annual compensation as defined in the plan document or credited service times a monthly pension basic benefit as defined in the plan document.

Death and Disability Benefits - Generally, if an active employee who has a vested interest in the Plan dies prior to his normal retirement age, a death benefit equal to the benefit the employee would have received under the qualified joint and survivor annuity form had they worked to age 65 will be paid to the surviving spouse. A participant whose employment terminates due to disability prior to normal retirement age shall be entitled to receive a benefit if the participant has at least 10 years of credited service.

Payment of Benefits - Distributions are payable upon retirement, death, disability, or termination of employment in the form of a lump-sum amount equal to the vested value of the participant's accumulated plan benefits if less than certain dollar thresholds as defined by the plan document or various installment annuities.

Funding - Contributions are made by the Company in actuarially determined amounts. The Company's policy is to make contributions necessary to satisfy ERISA funding standards. Annual contributions meet the minimum funding requirements of ERISA.

Party-in-interest Transactions - Certain plan assets are in investment funds managed by SEI Private Trust Company or its affiliates. SEI Private Trust Company is the trustee of the Plan; therefore, these transactions qualify as party-in-interest transactions as defined under ERISA guidelines.

Jervis B. Webb Company and Affiliates

Retirement Income Plan

Notes to Financial Statements

December 31, 2016 and 2015

Note 2 - Summary of Significant Accounting Policies

Investment Valuation - The Plan's investments are stated at fair value, based on quoted market values.

See Note 5 for additional information.

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

Benefit Payments - Benefits are recorded when paid.

Administrative Expenses - Various administrative costs are paid by the Plan including a required per-participant premium paid to the Pension Benefit Guaranty Corporation. Various other administrative costs are paid by the Company.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments that are attributable, under the Plan's provisions, to the service employees have rendered. These include benefits expected to be paid to the following:

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

Actuarial Assumptions - The actuarial present value of accumulated plan benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and probability of payment between the valuation date and the expected date of payment.

The \$1.8 million and \$2.2 million assumption changes in 2016 and 2015, respectively, reflect a change in the mortality table projection.

Jervis B. Webb Company and Affiliates

Retirement Income Plan

Notes to Financial Statements December 31, 2016 and 2015

Note 2 - Summary of Significant Accounting Policies (Continued)

The significant actuarial assumptions used in the valuation of the Plan at December 31, 2016 and 2015 are summarized as follows:

Actuarial cost method	- Unit credit cost method
Assumed rate of return	- 8.25 percent per annum
Mortality basis nondisability	- RP-2014 Mortality Tables projected generationally with MP-2016 Improvement Tables for 2016 and MP-2015 Improvement tables for 2015
Mortality basis disability	- RP-2014 Disability Mortality Tables projected generationally with MP-2016 Improvement Tables for 2016 and MP-2015 Improvement tables for 2015

The foregoing 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.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Risks and Uncertainties - Contributions to the Plan and the plan benefit obligations are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. 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 financial statements.

New Accounting Pronouncement - During 2016, the Plan adopted Accounting Standards Update (ASU) No. 2016-01, *Financial Instruments - Overall Recognition and Measurement of Financial Assets and Financial Liabilities*. ASU No. 2016-01 amended ASC 825, *Financial Instruments*, and eliminated the requirement to disclose the fair value of financial instruments not recorded at fair value required under ASC 825. This standard was adopted retrospectively and had no impact on the Plan's net assets or changes in net assets.

Jervis B. Webb Company and Affiliates

Retirement Income Plan

Notes to Financial Statements

December 31, 2016 and 2015

Note 2 - Summary of Significant Accounting Policies (Continued)

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including September 26, 2017, which is the date the financial statements were available to be issued.

Note 3 - Unaudited Information

SEI Private Trust Company (the "Trustee") holds the Plan's investments and executes all investment transactions. The investment balances and related investment income and losses included in the accompanying financial statements and supplemental schedules of assets held at end of year and reportable transactions are based solely on information provided by the Trustee.

Note 4 - Tax Status

The Plan has received a determination letter from the Internal Revenue Service indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Note 5 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the inputs and valuation techniques used to measure fair value.

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2016 and 2015.

Level 1 - Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

Level 2 - Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active, and inputs other than quoted prices that are observable for the asset.

Level 3 - Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

Jervis B. Webb Company and Affiliates

Retirement Income Plan

Notes to Financial Statements

December 31, 2016 and 2015

Note 5 - Fair Value Measurements (Continued)

In instances whereby inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

Assets Measured at Fair Value on a Recurring Basis at December 31, 2016

	Investments (at Fair Value)	Level I
Mutual funds	\$ 167,998,818	\$ 167,998,818
Money market fund	73,109	73,109
Total investments at fair value	<u>\$ 168,071,927</u>	<u>\$ 168,071,927</u>

Assets Measured at Fair Value on a Recurring Basis at December 31, 2015

	Investments (at Fair Value)	Level I
Mutual funds	\$ 164,250,856	\$ 164,250,856
Money market fund	159	159
Total investments at fair value	<u>\$ 164,251,015</u>	<u>\$ 164,251,015</u>

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the event of change in circumstances that caused the transfer.

Note 6 - Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Provide benefits for all participants or beneficiaries whose benefits have been, or could have been, in pay status for the entire three-year period prior to termination, based on the plan provisions in effect during the five-year period ending on such date under which such benefit would be the least
2. Provide all other benefits guaranteed under Title IV of the Employee Retirement Income Security Act of 1974 (without regard to the limitation of Section 4022(b)(3) or the limitation on benefits payable to "substantial owners" of Section 4022(b)(5))

Jervis B. Webb Company and Affiliates Retirement Income Plan

**Notes to Financial Statements
December 31, 2016 and 2015**

Note 6 - Plan Termination (Continued)

3. Provide all other vested benefits other than those becoming nonforfeitable solely on account of the termination of the Plan
4. Provide all other benefits under the Plan

The Pension Benefit Guaranty Corporation (PBGC) guarantees the payment of all nonforfeitable basic benefits subject to certain limitations prescribed by ERISA. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

Jervis B. Webb Company and Affiliates

Retirement Income Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 38-1153970, Plan No. 002

December 31, 2016

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
SEI Private Trust Company	Mutual funds:		
	Emerging Markets Equity Fund	\$ 9,102,849	\$ 8,633,446
	SEI Dynamic Asset Allocation Fund	8,627,730	10,800,646
	SEI Large Cap Disciplined Equity Fund	43,968,365	46,298,861
	SEI Small/Middle Capital Equity Fund	15,897,737	15,850,766
	SEI World Equity Ex-US Fund	25,913,678	25,124,138
	SEI Core Fixed Income Fund	14,633,684	14,197,297
	SEI Emerging Markets Debt Fund	9,129,902	8,317,439
	SEI High Yield Bond Fund	10,636,146	10,264,893
	SEI Limited Duration Bond	14,135,354	14,103,577
	SEI Opportunistic Income Fund	14,447,864	14,407,755
SEI Private Trust Company	Money Market Funds - Government Fund (SEOXX)	73,109	73,109
	Total	<u>\$ 166,566,418</u>	<u>\$ 168,071,927</u>

Jervis B. Webb Company and Affiliates Retirement Income Plan

Schedule of Reportable Transactions Form 5500, Schedule H, Line 4j EIN 38-1153970, Plan No. 002 Year Ended December 31, 2016

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:						
SEI Private Trust Company	SEI Large Cap Disciplined Equity Fund:					
	Purchases - 15	\$ 4,591,746	\$ -	\$ 4,591,746	\$ 4,591,746	\$ -
	Sales - 42	-	4,841,653	4,638,970	4,841,653	202,683

There were no Category (i), (ii), or (iv) reportable transactions during the year.

Jervis B. Webb Company & Affiliates Retirement Income Plan
EIN: 38-1153970 Plan: 002
Attachment to the 2016 Form 5500 Schedule SB

Schedule SB, line 26 - Schedule of Active Participant Data

	Attained	Years of Credited Service										Total
	Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Number
Average Age: 54.18	Under 25	0	0	0	0	0	0	0	0	0	0	0
Average Service: 16.67	25-29	0	0	0	0	0	0	0	0	0	0	0
	30-34	0	0	0	0	0	0	0	0	0	0	0
# of Males: 187	35-39	0	4	4	2	0	0	0	0	0	0	10
# of Females: 57	40-44	0	1	9	8	1	0	0	0	0	0	19
	45-49	0	2	10	13	6	4	0	0	0	0	35
	50-54	1	7	10	11	6	18	7	0	0	0	60
	55-59	0	1	11	6	7	18	19	6	0	0	68
	60-64	0	4	3	7	3	5	10	8	0	0	40
	65-69	1	0	1	2	0	1	3	1	2	0	11
	70 & Over	0	0	0	0	0	0	1	0	0	0	1
	Total	2	19	48	49	23	46	40	15	2	0	244

Jervis B. Webb Company & Affiliates Retirement Income Plan
 EIN: 38-1153970 PN: 002
 Attachment to the 2016 Form 5500 Schedule SB

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

The Unit Credit Cost Method was used to determine the target liability and target normal cost for funding purposes. Under this method, an accrued benefit is calculated as of the beginning of the year and as of the end of the year. This accrued benefit is based on the benefit accrual formula and service as of the beginning or end of the year. For benefits not based on an accrual formula, benefits are assumed to accrue on a straight-line basis over the period during which credited service is earned. The target liability is the present value of these accrued benefits as of the beginning of the year. The target normal cost is the present value of the difference between the accrued benefits as of the beginning and end of the year. The target normal cost and target liability for each individual participant in the Plan are summed to determine the normal cost and target liability of the Plan in total.

The Asset Valuation Method for funding purposes is the 2 year smoothed value as described in IRS guidance.

Interest Rates	Funding Requirements	Segment rates with 4-month lookback, subject to a minimum of the applicable rates for the 2016 plan year under HATFA: 4.43% / 5.91% / 6.65%
Cost of Living Increases	N/A	
Inflation for limits	N/A	
Mortality	Pre-ret: 2016 Non-annuitant Mortality for males and females Post-ret: 2016 Annuitant Mortality for males and females	
Retirement	Age based (see table)	
Disability	Salaried participants – 30% of the estimated disability incidence rates from Social Security Study #75. Hourly participants – 40% of the estimated disability incidence rates from Social Security Study #75.	
Disabled Mortality	2016 Annuitant Mortality for males and females	
Termination	Age based (see table)	
Form of Payment	Participants are assumed to elect the normal form.	
Expense	\$860,000	
Marriage	It was assumed that 80% of males and 70% of females of all active and terminated employees are married to an Eligible Spouse. Wives are assumed to be 3 years younger than husbands.	
Changes Since Last Valuation	The mortality was updated by one year from the prior valuation. The expense load was increased from \$800,000 to \$860,000.	

Jervis B. Webb Company & Affiliates Retirement Income Plan
 EIN: 38-1153970 PN: 002
 Attachment to the 2016 Form 5500 Schedule SB

Rates of Retirement (per 100 employees) are outlined in this table for Participants with 10 or more years of service. Other Participants (including vested terminations) retire at age 65.

<u>Age</u>	<u>Rate</u>
Before 60	0.0
60	10.0
61	10.0
62	25.0
63	15.0
64	15.0
65	60.0
66	40.0
67	40.0
68	55.0
69	75.0
70	100.0

Withdrawal Rates (per 100 employees)

<u>Age</u>	<u>Males</u> <u>Scale 255</u>	<u>Females</u> <u>Scale 255 (-5 yrs)</u>
20	15.0	25.0
25	10.0	15.0
30	7.0	10.0
35	5.0	7.0
40	3.0	5.0
45	2.0	3.0
50	1.0	2.0
55	0.0	1.0
60 and over	0.0	0.0

Jervis B. Webb Company and Affiliates Retirement Income Plan

Schedule of Reportable Transactions Form 5500, Schedule H, Line 4j EIN 38-1153970, Plan No. 002 Year Ended December 31, 2016

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:						
SEI Private Trust Company	SEI Large Cap Disciplined Equity Fund:					
	Purchases - 15	\$ 4,591,746	\$ -	\$ 4,591,746	\$ 4,591,746	\$ -
	Sales - 42	-	4,841,653	4,638,970	4,841,653	202,683

There were no Category (i), (ii), or (iv) reportable transactions during the year.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

► **Round off amounts to nearest dollar.**
 ► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan JERVIS B. WEBB COMPANY AND AFFILIATES RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF JERVIS B. WEBB COMPANY	D Employer Identification Number (EIN) 38-1153970	
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	168,778,044
b Actuarial value.....			2b	178,937,412
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		755	115,817,714	115,817,714
b For terminated vested participants		471	41,467,988	41,467,988
c For active participants		244	27,275,116	28,351,200
d Total		1,470	184,560,818	185,636,902
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	6.03%
6 Target normal cost			6	860,000

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

SIGN HERE	 Signature of actuary	<u>10/12/2017</u> Date 1704806 Most recent enrollment number 610-676-3493 Telephone number (including area code)
JONATHAN B. WAITE Type or print name of actuary		
SEI Firm name		
1 FREEDOM VALLEY DRIVE OAKS PA 19456 Address of the firm		

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>-2.74%</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).....		2,012,178
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>6.25%</u>		125,761
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.....		2,137,939
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	96.39%
15 Adjusted funding target attainment percentage.....	15	96.39%
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	95.96%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2016	1,553,983	0			
07/15/2016	1,553,983	0			
10/14/2016	1,553,983	0			
01/13/2017	1,553,983	0			
09/13/2017	3,127,349	0			
Totals ▶			18(b)	9,343,281	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	8,812,744

20 Quarterly contributions and liquidity shortfalls:**a** Did the plan have a "funding shortfall" for the prior year?..... ☒ Yes ☐ No**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?..... ☒ Yes ☐ No**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 64
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	860,000										
b Excess assets, if applicable, but not greater than line 31a	31b	0										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment.....</td> <td>6,699,490</td> <td>6,174,600</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment.....	6,699,490	6,174,600	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment.....	6,699,490	6,174,600										
b Waiver amortization installment	0	0										
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	7,034,600										
		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	7,034,600										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	8,812,744										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	1,778,144										
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		

Jervis B. Webb Company & Affiliates Retirement Income Plan
EIN # 38-1153970 Plan 002
Attachment to the 2016 Form 5500 Schedule SB

Schedule SB, line 22 – Description of Weighted Average Retirement Age

Age	qx	lx	dx	age * dx
60	0.10	10,000	1,000	60,000
61	0.10	9,000	900	54,900
62	0.25	8,100	2,025	125,550
63	0.15	6,075	911	57,409
64	0.15	5,164	775	49,572
65	0.60	4,389	2,634	171,178
66	0.40	1,756	702	46,350
67	0.40	1,053	421	28,231
68	0.55	632	348	23,638
69	0.75	284	213	14,719
70	1.00	71	71	4,977
Totals:			10,000	636,525
Weighted Average Retirement Age				<u><u>63.65</u></u>

Jervis B. Webb Company & Affiliates Retirement Income Plan
EIN: 38-1153970 Plan: 002
Attachment to the 2016 Form 5500 Schedule SB

Schedule SB, line 32 - Schedule of Amortization Bases

<u>Base Type</u>	<u>Date Established</u>	<u>Present Value of Remaining Installments</u>	<u>Remaining Amortization Period (Years)</u>	<u>Amortization Installment</u>
Shortfall	1/1/2016	\$ 4,591,761	7.000	\$ 758,667
Shortfall	1/1/2015	(2,369,157)	6.000	(443,343)
Shortfall	1/1/2014	(684,574)	5.000	(149,034)
Shortfall	1/1/2013	1,078,819	4.000	287,486
Shortfall	1/1/2012	(8,267,655)	3.000	(2,876,169)
Shortfall	1/1/2011	7,672,877	2.000	3,919,574
Shortfall	1/1/2010	4,677,419	1.000	4,677,419
Total		<u>\$ 6,699,490</u>		<u>\$ 6,174,600</u>

Jervis B. Webb Company & Affiliates Retirement Income Plan
EIN: 38-1153970 Plan: 002
Attachment to the 2016 Form 5500 Schedule SB

Schedule SB, line 26 - Schedule of Active Participant Data

	Attained Age	Years of Credited Service										Total Number
		Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Average Age: 54.18	Under 25	0	0	0	0	0	0	0	0	0	0	0
Average Service: 16.67	25-29	0	0	0	0	0	0	0	0	0	0	0
	30-34	0	0	0	0	0	0	0	0	0	0	0
# of Males: 187	35-39	0	4	4	2	0	0	0	0	0	0	10
# of Females: 57	40-44	0	1	9	8	1	0	0	0	0	0	19
	45-49	0	2	10	13	6	4	0	0	0	0	35
	50-54	1	7	10	11	6	18	7	0	0	0	60
	55-59	0	1	11	6	7	18	19	6	0	0	68
	60-64	0	4	3	7	3	5	10	8	0	0	40
	65-69	1	0	1	2	0	1	3	1	2	0	11
	70 & Over	0	0	0	0	0	0	1	0	0	0	1
	Total	2	19	48	49	23	46	40	15	2	0	244

Jervis B. Webb Company & Affiliates Retirement Income Plan
EIN: 38-1153970 PN: 002
Attachment to the 2016 Form 5500 Schedule SB

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

The Unit Credit Cost Method was used to determine the target liability and target normal cost for funding purposes. Under this method, an accrued benefit is calculated as of the beginning of the year and as of the end of the year. This accrued benefit is based on the benefit accrual formula and service as of the beginning or end of the year. For benefits not based on an accrual formula, benefits are assumed to accrue on a straight-line basis over the period during which credited service is earned. The target liability is the present value of these accrued benefits as of the beginning of the year. The target normal cost is the present value of the difference between the accrued benefits as of the beginning and end of the year. The target normal cost and target liability for each individual participant in the Plan are summed to determine the normal cost and target liability of the Plan in total.

The Asset Valuation Method for funding purposes is the 2 year smoothed value as described in IRS guidance.

Interest Rates	Funding Requirements	Segment rates with 4-month lookback, subject to a minimum of the applicable rates for the 2016 plan year under HATFA: 4.43% / 5.91% / 6.65%
Cost of Living Increases	N/A	
Inflation for limits	N/A	
Mortality	Pre-ret: 2016 Non-annuitant Mortality for males and females Post-ret: 2016 Annuitant Mortality for males and females	
Retirement	Age based (see table)	
Disability	Salaried participants – 30% of the estimated disability incidence rates from Social Security Study #75. Hourly participants – 40% of the estimated disability incidence rates from Social Security Study #75.	
Disabled Mortality	2016 Annuitant Mortality for males and females	
Termination	Age based (see table)	
Form of Payment	Participants are assumed to elect the normal form.	
Expense	\$860,000	
Marriage	It was assumed that 80% of males and 70% of females of all active and terminated employees are married to an Eligible Spouse. Wives are assumed to be 3 years younger than husbands.	
Changes Since Last Valuation	The mortality was updated by one year from the prior valuation. The expense load was increased from \$800,000 to \$860,000.	

Jervis B. Webb Company & Affiliates Retirement Income Plan
 EIN: 38-1153970 PN: 002
 Attachment to the 2016 Form 5500 Schedule SB

Rates of Retirement (per 100 employees) are outlined in this table for Participants with 10 or more years of service. Other Participants (including vested terminations) retire at age 65.

<u>Age</u>	<u>Rate</u>
Before 60	0.0
60	10.0
61	10.0
62	25.0
63	15.0
64	15.0
65	60.0
66	40.0
67	40.0
68	55.0
69	75.0
70	100.0

Withdrawal Rates (per 100 employees)

<u>Age</u>	<u>Males</u> <u>Scale 255</u>	<u>Females</u> <u>Scale 255 (-5 yrs)</u>
20	15.0	25.0
25	10.0	15.0
30	7.0	10.0
35	5.0	7.0
40	3.0	5.0
45	2.0	3.0
50	1.0	2.0
55	0.0	1.0
60 and over	0.0	0.0

Jervis B. Webb Company & Affiliates Retirement Income Plan
 EIN: 38-1153970 PN: 002
 Attachment to the 2016 Form 5500 Schedule SB

Schedule SB, Part V – Summary of Plan Provisions

Plan Name	Jervis B. Webb Company & Affiliates Retirement Income Plan
Plan Year	January 1
Most Recent Amendment	December 31, 2010
Group	Boyne City, Harbor Springs, Pellston Plants
Eligibility Requirements	All hourly employees at the Boyne City, Harbor Springs, and Pellston Plants participate on the first day of the month following the first anniversary of their employment commencement date.
Credited Service	Elapsed time from date of hire to date of termination rounded up to the next 1/12 of a year. Harbor Springs West is frozen as of 12/31/2007. Harbor Springs East is frozen as of 3/31/2009. Boyne City is frozen as of 12/31/2010.
Vesting Service	Elapsed time from date of hire to date of termination rounded up to the next 1/12 of a year.
Benefit Formula	Years of Credited Service multiplied by the benefit rate below in effect at that facility on the last day worked.

	<u>Date of Termination</u>	<u>Benefit Rate</u>
<u>Boyne City</u>	05/07/2001 – 05/06/2002	\$19.00
	05/07/2002 – 05/08/2003	20.00
	05/09/2003 – 05/06/2007	21.00
	05/07/2007 – 05/06/2008	21.25
	05/07/2008 and thereafter	21.50
<u>Harbor Springs – East</u>	01/26/1998 – 01/25/2001	\$16.00
	01/26/2001 – 01/25/2002	19.50
	01/26/2002 – 01/25/2003	21.00
	01/26/2003 – 01/25/2004	22.50
	01/26/2004 – 01/25/2005	24.00
	01/26/2005 – 01/25/2006	25.00
	01/26/2006 and thereafter	26.00
<u>Harbor Springs - West</u>	04/01/1997 – 03/31/2000	\$18.00
	04/01/2000 – 03/16/2001	19.50
	03/17/2001 – 03/16/2002	21.00
	03/17/2002 – 03/16/2003	22.50
	03/17/2003 and thereafter	26.00
<u>Pellston</u>	08/01/1997 – 08/31/2000	\$16.00
	09/01/2000 – 08/31/2001	18.00
	09/01/2001 – 08/31/2002	20.00
	09/01/2002 and thereafter	22.00

Normal Retirement Age	Age 65 and 5 years of participation in the Plan.
Normal Retirement Benefit	Accrued Benefit based on Credited Service and benefit rates in effect at termination.

Jervis B. Webb Company & Affiliates Retirement Income Plan
 EIN: 38-1153970 PN: 002
 Attachment to the 2016 Form 5500 Schedule SB

Early Retirement Age	Age 60 and 10 years of Credited Service
Early Retirement Benefit	Accrued Benefit deferred to age 65, or a reduced benefit (0.5% per month prior to age 65) payable on or after age 60.
Late Retirement Age	Any date after Normal Retirement
Late Retirement Benefit	Accrued Benefit using Credited Service and benefit rate in effect as of the late retirement date.
Disability Retirement Eligibility	10 years of Credited Service and eligible for benefits under the Federal Social Security Act.
Disability Retirement Benefit	Accrued Benefit payable as of date of disability
Vesting Requirement	5 years of Credited Service
Termination Benefit	Accrued Benefit deferred to age 65. A reduced benefit (0.5% per month prior to age 65) is available on or after age 60 provided employee had 10 years of Credited Service at date of termination
Qualified Preretirement Survivor Annuity Eligibility	5 years of Credited Service
Qualified Preretirement Survivor Annuity Benefit	The surviving spouse will receive a 50% survivor benefit computed as if the Employee had terminated employment on the date of death, survived until the benefit commencement date and elected the 50% Joint & Contingent annuity. The benefit amount is reduced for early commencement and election of the 50% Joint and Contingent annuity. The benefit commencement date is the first day of the month following the later of the date of death or the employee's age 60, or later as the spouse may elect.
Post-Retirement Death Benefit Eligibility	Eligible for a Normal or Late Retirement.
Post-Retirement Death Benefit	The following death benefit will be payable to the retiree's beneficiary:

	<u>Date of Retirement</u>	<u>Death Benefit</u>
<u>Boyne City</u>	05/07/1989 – 05/06/1990	\$ 500
	05/07/1990 – 05/06/1993	1,000
	05/07/1993 – 05/06/1997	1,500
	05/07/1997 – 05/06/2001	2,000
	05/07/2001 – 05/06/2006	3,000
	05/07/2006 and thereafter	3,500
<u>Harbor Springs - East</u>	05/07/1989 – 05/06/1990	\$ 500
	05/07/1990 – 05/06/1993	1,000
	05/07/1993 – 06/12/1997	1,500
	06/13/1997 – 01/25/2000	2,000
	01/26/2000 and thereafter	3,000
<u>Harbor Springs Foundry</u>	05/07/1989 – 05/06/1990	\$ 500

Jervis B. Webb Company & Affiliates Retirement Income Plan
 EIN: 38-1153970 PN: 002
 Attachment to the 2016 Form 5500 Schedule SB

	05/07/1990 and thereafter	1,000
<u>Harbor Springs - West</u>	04/01/2000 – 03/16/2002	\$1,500
	03/17/2002 and thereafter	3,000
<u>Pellston</u>	01/01/1996 – 07/31/1997	\$1,500
	08/01/1997 – 08/31/2000	2,000
	09/01/2000 and thereafter	3,000

Normal Form of Payment	Life Annuity, if unmarried. 50% Joint & Contingent annuity, if married. Reduction percentage for election of 50% Joint & Survivor annuity shall be 90% (84% Disability Retirements) lowered 0.5% for each full year the spouse is younger than the employee and increased 0.5% for each full year up to 16 years that the spouse is older than the employee.
Optional Forms of Payment	Surviving Spouse Option with 50% payable to spouse at death of retiree; lump sum payments available for values under \$10,000.
Changes Since Last Valuation	None.

Jervis B. Webb Company & Affiliates Retirement Income Plan
 EIN: 38-1153970 PN: 002
 Attachment to the 2016 Form 5500 Schedule SB

Group	Carlisle Plant														
Eligibility Requirements	All hourly employees at the Carlisle Plant who have completed one year of service.														
Credited Service	Elapsed time from date of hire to date of termination rounded up to the next 1/12 of a year. Frozen as of 12/31/2009.														
Vesting Service	Elapsed time from date of hire to date of termination rounded up to the next 1/12 of a year.														
Benefit Formula	Years of Credited Service (maximum 30) multiplied by the benefit rate below in effect on the last day worked.														
	<table> <tr> <th><u>Date of Termination</u></th><th><u>Benefit Rate</u></th></tr> <tr> <td>09/27/2001 – 09/26/2002</td><td>\$ 13.00</td></tr> <tr> <td>09/27/2002 – 09/26/2003</td><td>13.50</td></tr> <tr> <td>09/27/2003 – 09/26/2004</td><td>14.50</td></tr> <tr> <td>09/27/2004 – 09/26/2005</td><td>15.50</td></tr> <tr> <td>09/27/2005 – 09/26/2006</td><td>15.75</td></tr> <tr> <td>09/27/2006 and thereafter</td><td>16.00</td></tr> </table>	<u>Date of Termination</u>	<u>Benefit Rate</u>	09/27/2001 – 09/26/2002	\$ 13.00	09/27/2002 – 09/26/2003	13.50	09/27/2003 – 09/26/2004	14.50	09/27/2004 – 09/26/2005	15.50	09/27/2005 – 09/26/2006	15.75	09/27/2006 and thereafter	16.00
<u>Date of Termination</u>	<u>Benefit Rate</u>														
09/27/2001 – 09/26/2002	\$ 13.00														
09/27/2002 – 09/26/2003	13.50														
09/27/2003 – 09/26/2004	14.50														
09/27/2004 – 09/26/2005	15.50														
09/27/2005 – 09/26/2006	15.75														
09/27/2006 and thereafter	16.00														
Normal Retirement Age	Age 65 and 5 years participation in the Plan.														
Normal Retirement Benefit	Accrued Benefit based on Credited Service and benefit rates in effect at termination.														
Early Retirement Age	Age 60 and 10 years of Credited Service.														
Early Retirement Benefit	Accrued Benefit deferred to age 65, or a reduced benefit (0.5% per month prior to age 65) payable on or after age 60.														
Late Retirement Age	Any date after Normal Retirement														
Late Retirement Benefit	Accrued Benefit using Credited Service and benefit rate in effect as of the late retirement date.														
Disability Retirement Eligibility	10 years of Credited Service and eligible for benefits under the Federal Social Security Act.														
Disability Retirement Benefit	Accrued Benefit payable as of date of disability.														
Vesting Requirement	5 years of Credited Service														
Termination Benefit	Accrued Benefit deferred to age 65. A reduced benefit (0.5% per month prior to 65) is payable on or after age 60 provided employee had at least 10 years of Credited Service at date of termination.														

Jervis B. Webb Company & Affiliates Retirement Income Plan
EIN: 38-1153970 PN: 002
Attachment to the 2016 Form 5500 Schedule SB

Qualified Preretirement Survivor Annuity Eligibility	5 years of Credited Service
Qualified Preretirement Survivor Annuity Benefit	The surviving spouse will receive a 50% survivor benefit computed as if the Employee had terminated employment on the date of death, survived until the benefit commencement date and elected the 50% Joint & Contingent annuity. The benefit amount is reduced for early commencement and election of the 50% Joint and Contingent annuity. The benefit commencement date is the first day of the month following the later of the date of death or the employee's age 60, or later as the spouse may elect.
Normal Form of Payment	Life Annuity, if unmarried. 50% Joint & Survivor annuity, if married. Reduction percentage shall be 90% (84% Disability Retirements) lowered 0.50% for each full year that the spouse is younger than the employee and increased 0.50% for each full year up to 16 that the spouse is older than the employee.
Optional Forms of Payment	Surviving Spouse Option with 50% payable to spouse at death of retiree; lump sum payments available for values under \$10,000.
Changes Since Last Valuation	None.

Jervis B. Webb Company & Affiliates Retirement Income Plan
EIN: 38-1153970 PN: 002
Attachment to the 2016 Form 5500 Schedule SB

Group	Salaried Participants
Eligibility Requirements	All salaried employees who are at least age 21 (age 25 prior to January 1, 1985) and who have completed 1 year of Vesting Service and are not covered by a collective bargaining agreement. Participation for salaried participants was frozen effective December 31, 2006.
Benefit Service	Elapsed time from date of hire to date of termination. Benefit Service was frozen effective December 31, 2006.
Vesting Service	Elapsed time from date of hire to date of termination.
Compensation	All remuneration paid during a Plan Year including salary, bonuses, other amounts reflected on Form W-2, and any amounts contributed to a cafeteria plan, or a cash or deferred arrangement, but excluding commissions, car allowance, life insurance, and any other amount not includible on Form W-2.
Final Average Compensation	The average of the 3 highest complete calendar years of compensation before January 1, 2004. The averaging period lengthens one year each year after 2003. If a participant does not have 3 complete years of compensation as of December 31, 2003, the average will be based on the entire period of service. Average annual compensation was frozen effective December 31, 2006.
Covered Compensation	Covered Compensation is an average of the Social Security wage bases for the 35 years through the year the Employee attains Social Security retirement age.
Benefit Formula	<p>The annual accrued benefit frozen as of December 31, 2006 is the greater of (a), (b), or (c):</p> <ul style="list-style-type: none">(a) The sum of 1.7% of Average Annual Compensation plus 0.6% of Average Annual Compensation in excess of the individual's Covered Compensation, multiplied by years of Benefit Service not in excess of 30 years.(b) Minimum Pension Benefit: \$240 multiplied by years of Benefit Service not in excess of 30 years.(c) The benefit calculated under (a) above as of December 31, 1993 based on the Benefit Service, Average Annual Compensation and Covered Compensation determined at December 31, 1993 plus the amount calculated under (a) above recognizing the Benefit Service earned after December 31, 1993.
Normal Retirement Age	Age 65
Normal Retirement Benefit	Accrued Benefit at the Normal Retirement Date.

Jervis B. Webb Company & Affiliates Retirement Income Plan
 EIN: 38-1153970 PN: 002
 Attachment to the 2016 Form 5500 Schedule SB

Early Retirement Age	Age 60 and at least 10 years of Benefit Service or age 62 and at least 5 years of Benefit Service for employees who retire on or after October 1, 1998.
Early Retirement Benefit	Accrued Normal Retirement Benefit reduced by 0.5% per month prior to age 65, payable on or after Early Retirement Age.
Late Retirement Age	Any date after Normal Retirement
Late Retirement Benefit	Accrued Benefit using Benefit Service and Final Average Compensation as of the late retirement date.
Disability Retirement Eligibility	Benefit Service of at least 10 years and receiving Federal Social Security Disability Benefits.
Disability Retirement Benefit	Prospective Normal Retirement Benefit the participant would have expected to receive had he continued to work to age 65.
Vesting Requirement	5 years of Vesting Service
Termination Benefit	Accrued Benefit deferred to age 65. A reduced benefit (0.5% per month prior to age 65) is available on or after age 60 provided employee had 10 years of Benefit Service at date of termination.
Death Benefit Eligibility (In service, prior to retirement)	At least 10 years of Benefit Service
Death Benefit (In service, prior to retirement)	<p>The spouse (or designated beneficiary if the employee has no spouse) shall receive 120 monthly payments of the participant's prospective Normal Retirement Benefit, based on the average annual compensation and covered compensation on the January 1st preceding the participant's last day worked. If the spouse is age 50 or over, or if the employee was eligible for Normal or Early Retirement, at death the spouse may elect to convert 120 monthly payments to actuarial equivalent lifetime benefit.</p> <p>In lieu of the above benefit, the spouse of a vested employee may elect to receive the Qualified Preretirement Survivor Annuity Benefit payable at the Participant's earliest retirement date.</p>
Qualified Preretirement Survivor Annuity Eligibility	5 years of service and not electing the Death in Service Benefit.
Qualified Preretirement Survivor Annuity Benefit	The surviving spouse will receive a 60% survivor benefit (continuation percentage reduced 0.5% for each year in excess of 5 years the spouse is younger than he employee) computed as if the Employee had terminated employment on the date of death, survived until the benefit commencement date and elected the 60% Joint & Survivor annuity. The benefit commencement date is the first day of the month following the later of the date of death or the employee's age 60, or later as the spouse may elect.

Jervis B. Webb Company & Affiliates Retirement Income Plan
EIN: 38-1153970 PN: 002
Attachment to the 2016 Form 5500 Schedule SB

Post-Retirement Death Eligibility Eligible for an Early, Normal or Late Retirement and has at least 10 years of Vesting Service.

Post-Retirement Death Benefit	<u>Vesting Service</u>	<u>Lump Sum Amount</u>
	10 - 14	\$ 3,000
	15 - 24	5,000
	25 & over	10,000

Normal Form of Payment Life Annuity with 10 years certain, if unmarried. 60% Joint & Contingent annuity unreduced, if married. Continuation percentage lowered 0.5% for each full year in excess of five that spouse is younger than the employee.

Optional Forms of Payment Surviving Spouse Option with 100% of actuarially equivalent benefit payable to spouse at death of retiree; lump sum payments for values under \$10,000.

Changes Since Last Valuation None.

Jervis B. Webb Company & Affiliates Retirement Income Plan
EIN # 38-1153970 Plan 002
Attachment to the 2016 Form 5500 Schedule SB

Schedule SB, line 24 – Change in Actuarial Assumptions

The administrative expense load on the target normal cost was increased from \$800,000 to \$860,000 to better estimate administrative expenses to be paid from plan assets during the year.

Jervis B. Webb Company & Affiliates Retirement Income Plan
EIN # 38-1153970 Plan 002
Attachment to the 2016 Form 5500 Schedule SB

Schedule SB, line 22 – Description of Weighted Average Retirement Age

Age	qx	lx	dx	age * dx
60	0.10	10,000	1,000	60,000
61	0.10	9,000	900	54,900
62	0.25	8,100	2,025	125,550
63	0.15	6,075	911	57,409
64	0.15	5,164	775	49,572
65	0.60	4,389	2,634	171,178
66	0.40	1,756	702	46,350
67	0.40	1,053	421	28,231
68	0.55	632	348	23,638
69	0.75	284	213	14,719
70	1.00	71	71	4,977

Totals: 10,000 636,525

Weighted Average Retirement Age 63.65

Jervis B. Webb Company & Affiliates Retirement Income Plan
 EIN: 38-1153970 PN: 002
 Attachment to the 2016 Form 5500 Schedule SB

Schedule SB, Part V – Summary of Plan Provisions

Plan Name	Jervis B. Webb Company & Affiliates Retirement Income Plan
Plan Year	January 1
Most Recent Amendment	December 31, 2010
Group	Boyne City, Harbor Springs, Pellston Plants
Eligibility Requirements	All hourly employees at the Boyne City, Harbor Springs, and Pellston Plants participate on the first day of the month following the first anniversary of their employment commencement date.
Credited Service	Elapsed time from date of hire to date of termination rounded up to the next 1/12 of a year. Harbor Springs West is frozen as of 12/31/2007. Harbor Springs East is frozen as of 3/31/2009. Boyne City is frozen as of 12/31/2010.
Vesting Service	Elapsed time from date of hire to date of termination rounded up to the next 1/12 of a year.
Benefit Formula	Years of Credited Service multiplied by the benefit rate below in effect at that facility on the last day worked.

	<u>Date of Termination</u>	<u>Benefit Rate</u>
<u>Boyne City</u>	05/07/2001 – 05/06/2002	\$19.00
	05/07/2002 – 05/08/2003	20.00
	05/09/2003 – 05/06/2007	21.00
	05/07/2007 – 05/06/2008	21.25
	05/07/2008 and thereafter	21.50
<u>Harbor Springs – East</u>	01/26/1998 – 01/25/2001	\$16.00
	01/26/2001 – 01/25/2002	19.50
	01/26/2002 – 01/25/2003	21.00
	01/26/2003 – 01/25/2004	22.50
	01/26/2004 – 01/25/2005	24.00
	01/26/2005 – 01/25/2006	25.00
	01/26/2006 and thereafter	26.00
<u>Harbor Springs - West</u>	04/01/1997 – 03/31/2000	\$18.00
	04/01/2000 – 03/16/2001	19.50
	03/17/2001 – 03/16/2002	21.00
	03/17/2002 – 03/16/2003	22.50
	03/17/2003 and thereafter	26.00
<u>Pellston</u>	08/01/1997 – 08/31/2000	\$16.00
	09/01/2000 – 08/31/2001	18.00
	09/01/2001 – 08/31/2002	20.00
	09/01/2002 and thereafter	22.00

Normal Retirement Age	Age 65 and 5 years of participation in the Plan.
Normal Retirement Benefit	Accrued Benefit based on Credited Service and benefit rates in effect at termination.

Jervis B. Webb Company & Affiliates Retirement Income Plan
 EIN: 38-1153970 PN: 002
 Attachment to the 2016 Form 5500 Schedule SB

Early Retirement Age	Age 60 and 10 years of Credited Service
Early Retirement Benefit	Accrued Benefit deferred to age 65, or a reduced benefit (0.5% per month prior to age 65) payable on or after age 60.
Late Retirement Age	Any date after Normal Retirement
Late Retirement Benefit	Accrued Benefit using Credited Service and benefit rate in effect as of the late retirement date.
Disability Retirement Eligibility	10 years of Credited Service and eligible for benefits under the Federal Social Security Act.
Disability Retirement Benefit	Accrued Benefit payable as of date of disability
Vesting Requirement	5 years of Credited Service
Termination Benefit	Accrued Benefit deferred to age 65. A reduced benefit (0.5% per month prior to age 65) is available on or after age 60 provided employee had 10 years of Credited Service at date of termination
Qualified Preretirement Survivor Annuity Eligibility	5 years of Credited Service
Qualified Preretirement Survivor Annuity Benefit	The surviving spouse will receive a 50% survivor benefit computed as if the Employee had terminated employment on the date of death, survived until the benefit commencement date and elected the 50% Joint & Contingent annuity. The benefit amount is reduced for early commencement and election of the 50% Joint and Contingent annuity. The benefit commencement date is the first day of the month following the later of the date of death or the employee's age 60, or later as the spouse may elect.
Post-Retirement Death Benefit Eligibility	Eligible for a Normal or Late Retirement.
Post-Retirement Death Benefit	The following death benefit will be payable to the retiree's beneficiary:

	<u>Date of Retirement</u>	<u>Death Benefit</u>
<u>Boyne City</u>	05/07/1989 – 05/06/1990	\$ 500
	05/07/1990 – 05/06/1993	1,000
	05/07/1993 – 05/06/1997	1,500
	05/07/1997 – 05/06/2001	2,000
	05/07/2001 – 05/06/2006	3,000
	05/07/2006 and thereafter	3,500
<u>Harbor Springs - East</u>	05/07/1989 – 05/06/1990	\$ 500
	05/07/1990 – 05/06/1993	1,000
	05/07/1993 – 06/12/1997	1,500
	06/13/1997 – 01/25/2000	2,000
	01/26/2000 and thereafter	3,000
<u>Harbor Springs Foundry</u>	05/07/1989 – 05/06/1990	\$ 500

Jervis B. Webb Company & Affiliates Retirement Income Plan
 EIN: 38-1153970 PN: 002
 Attachment to the 2016 Form 5500 Schedule SB

	05/07/1990 and thereafter	1,000
<u>Harbor Springs - West</u>	04/01/2000 – 03/16/2002	\$1,500
	03/17/2002 and thereafter	3,000
<u>Pellston</u>	01/01/1996 – 07/31/1997	\$1,500
	08/01/1997 – 08/31/2000	2,000
	09/01/2000 and thereafter	3,000

Normal Form of Payment	Life Annuity, if unmarried. 50% Joint & Contingent annuity, if married. Reduction percentage for election of 50% Joint & Survivor annuity shall be 90% (84% Disability Retirements) lowered 0.5% for each full year the spouse is younger than the employee and increased 0.5% for each full year up to 16 years that the spouse is older than the employee.
Optional Forms of Payment	Surviving Spouse Option with 50% payable to spouse at death of retiree; lump sum payments available for values under \$10,000.
Changes Since Last Valuation	None.

Jervis B. Webb Company & Affiliates Retirement Income Plan
 EIN: 38-1153970 PN: 002
 Attachment to the 2016 Form 5500 Schedule SB

Group	Carlisle Plant														
Eligibility Requirements	All hourly employees at the Carlisle Plant who have completed one year of service.														
Credited Service	Elapsed time from date of hire to date of termination rounded up to the next 1/12 of a year. Frozen as of 12/31/2009.														
Vesting Service	Elapsed time from date of hire to date of termination rounded up to the next 1/12 of a year.														
Benefit Formula	Years of Credited Service (maximum 30) multiplied by the benefit rate below in effect on the last day worked.														
	<table> <tr> <th><u>Date of Termination</u></th><th><u>Benefit Rate</u></th></tr> <tr> <td>09/27/2001 – 09/26/2002</td><td>\$ 13.00</td></tr> <tr> <td>09/27/2002 – 09/26/2003</td><td>13.50</td></tr> <tr> <td>09/27/2003 – 09/26/2004</td><td>14.50</td></tr> <tr> <td>09/27/2004 – 09/26/2005</td><td>15.50</td></tr> <tr> <td>09/27/2005 – 09/26/2006</td><td>15.75</td></tr> <tr> <td>09/27/2006 and thereafter</td><td>16.00</td></tr> </table>	<u>Date of Termination</u>	<u>Benefit Rate</u>	09/27/2001 – 09/26/2002	\$ 13.00	09/27/2002 – 09/26/2003	13.50	09/27/2003 – 09/26/2004	14.50	09/27/2004 – 09/26/2005	15.50	09/27/2005 – 09/26/2006	15.75	09/27/2006 and thereafter	16.00
<u>Date of Termination</u>	<u>Benefit Rate</u>														
09/27/2001 – 09/26/2002	\$ 13.00														
09/27/2002 – 09/26/2003	13.50														
09/27/2003 – 09/26/2004	14.50														
09/27/2004 – 09/26/2005	15.50														
09/27/2005 – 09/26/2006	15.75														
09/27/2006 and thereafter	16.00														
Normal Retirement Age	Age 65 and 5 years participation in the Plan.														
Normal Retirement Benefit	Accrued Benefit based on Credited Service and benefit rates in effect at termination.														
Early Retirement Age	Age 60 and 10 years of Credited Service.														
Early Retirement Benefit	Accrued Benefit deferred to age 65, or a reduced benefit (0.5% per month prior to age 65) payable on or after age 60.														
Late Retirement Age	Any date after Normal Retirement														
Late Retirement Benefit	Accrued Benefit using Credited Service and benefit rate in effect as of the late retirement date.														
Disability Retirement Eligibility	10 years of Credited Service and eligible for benefits under the Federal Social Security Act.														
Disability Retirement Benefit	Accrued Benefit payable as of date of disability.														
Vesting Requirement	5 years of Credited Service														
Termination Benefit	Accrued Benefit deferred to age 65. A reduced benefit (0.5% per month prior to 65) is payable on or after age 60 provided employee had at least 10 years of Credited Service at date of termination.														

Jervis B. Webb Company & Affiliates Retirement Income Plan
EIN: 38-1153970 PN: 002
Attachment to the 2016 Form 5500 Schedule SB

Qualified Preretirement Survivor Annuity Eligibility	5 years of Credited Service
Qualified Preretirement Survivor Annuity Benefit	The surviving spouse will receive a 50% survivor benefit computed as if the Employee had terminated employment on the date of death, survived until the benefit commencement date and elected the 50% Joint & Contingent annuity. The benefit amount is reduced for early commencement and election of the 50% Joint and Contingent annuity. The benefit commencement date is the first day of the month following the later of the date of death or the employee's age 60, or later as the spouse may elect.
Normal Form of Payment	Life Annuity, if unmarried. 50% Joint & Survivor annuity, if married. Reduction percentage shall be 90% (84% Disability Retirements) lowered 0.50% for each full year that the spouse is younger than the employee and increased 0.50% for each full year up to 16 that the spouse is older than the employee.
Optional Forms of Payment	Surviving Spouse Option with 50% payable to spouse at death of retiree; lump sum payments available for values under \$10,000.
Changes Since Last Valuation	None.

Jervis B. Webb Company & Affiliates Retirement Income Plan
EIN: 38-1153970 PN: 002
Attachment to the 2016 Form 5500 Schedule SB

Group	Salaried Participants
Eligibility Requirements	All salaried employees who are at least age 21 (age 25 prior to January 1, 1985) and who have completed 1 year of Vesting Service and are not covered by a collective bargaining agreement. Participation for salaried participants was frozen effective December 31, 2006.
Benefit Service	Elapsed time from date of hire to date of termination. Benefit Service was frozen effective December 31, 2006.
Vesting Service	Elapsed time from date of hire to date of termination.
Compensation	All remuneration paid during a Plan Year including salary, bonuses, other amounts reflected on Form W-2, and any amounts contributed to a cafeteria plan, or a cash or deferred arrangement, but excluding commissions, car allowance, life insurance, and any other amount not includible on Form W-2.
Final Average Compensation	The average of the 3 highest complete calendar years of compensation before January 1, 2004. The averaging period lengthens one year each year after 2003. If a participant does not have 3 complete years of compensation as of December 31, 2003, the average will be based on the entire period of service. Average annual compensation was frozen effective December 31, 2006.
Covered Compensation	Covered Compensation is an average of the Social Security wage bases for the 35 years through the year the Employee attains Social Security retirement age.
Benefit Formula	<p>The annual accrued benefit frozen as of December 31, 2006 is the greater of (a), (b), or (c):</p> <ul style="list-style-type: none">(a) The sum of 1.7% of Average Annual Compensation plus 0.6% of Average Annual Compensation in excess of the individual's Covered Compensation, multiplied by years of Benefit Service not in excess of 30 years.(b) Minimum Pension Benefit: \$240 multiplied by years of Benefit Service not in excess of 30 years.(c) The benefit calculated under (a) above as of December 31, 1993 based on the Benefit Service, Average Annual Compensation and Covered Compensation determined at December 31, 1993 plus the amount calculated under (a) above recognizing the Benefit Service earned after December 31, 1993.
Normal Retirement Age	Age 65
Normal Retirement Benefit	Accrued Benefit at the Normal Retirement Date.

Jervis B. Webb Company & Affiliates Retirement Income Plan
EIN: 38-1153970 PN: 002
Attachment to the 2016 Form 5500 Schedule SB

Early Retirement Age	Age 60 and at least 10 years of Benefit Service or age 62 and at least 5 years of Benefit Service for employees who retire on or after October 1, 1998.
Early Retirement Benefit	Accrued Normal Retirement Benefit reduced by 0.5% per month prior to age 65, payable on or after Early Retirement Age.
Late Retirement Age	Any date after Normal Retirement
Late Retirement Benefit	Accrued Benefit using Benefit Service and Final Average Compensation as of the late retirement date.
Disability Retirement Eligibility	Benefit Service of at least 10 years and receiving Federal Social Security Disability Benefits.
Disability Retirement Benefit	Prospective Normal Retirement Benefit the participant would have expected to receive had he continued to work to age 65.
Vesting Requirement	5 years of Vesting Service
Termination Benefit	Accrued Benefit deferred to age 65. A reduced benefit (0.5% per month prior to age 65) is available on or after age 60 provided employee had 10 years of Benefit Service at date of termination.
Death Benefit Eligibility (In service, prior to retirement)	At least 10 years of Benefit Service
Death Benefit (In service, prior to retirement)	<p>The spouse (or designated beneficiary if the employee has no spouse) shall receive 120 monthly payments of the participant's prospective Normal Retirement Benefit, based on the average annual compensation and covered compensation on the January 1st preceding the participant's last day worked. If the spouse is age 50 or over, or if the employee was eligible for Normal or Early Retirement, at death the spouse may elect to convert 120 monthly payments to actuarial equivalent lifetime benefit.</p> <p>In lieu of the above benefit, the spouse of a vested employee may elect to receive the Qualified Preretirement Survivor Annuity Benefit payable at the Participant's earliest retirement date.</p>
Qualified Preretirement Survivor Annuity Eligibility	5 years of service and not electing the Death in Service Benefit.
Qualified Preretirement Survivor Annuity Benefit	The surviving spouse will receive a 60% survivor benefit (continuation percentage reduced 0.5% for each year in excess of 5 years the spouse is younger than the employee) computed as if the Employee had terminated employment on the date of death, survived until the benefit commencement date and elected the 60% Joint & Survivor annuity. The benefit commencement date is the first day of the month following the later of the date of death or the employee's age 60, or later as the spouse may elect.

Jervis B. Webb Company & Affiliates Retirement Income Plan
EIN: 38-1153970 PN: 002
Attachment to the 2016 Form 5500 Schedule SB

Post-Retirement Death Eligibility Eligible for an Early, Normal or Late Retirement and has at least 10 years of Vesting Service.

Post-Retirement Death Benefit	<u>Vesting Service</u>	<u>Lump Sum Amount</u>
	10 - 14	\$ 3,000
	15 - 24	5,000
	25 & over	10,000

Normal Form of Payment Life Annuity with 10 years certain, if unmarried. 60% Joint & Contingent annuity unreduced, if married. Continuation percentage lowered 0.5% for each full year in excess of five that spouse is younger than the employee.

Optional Forms of Payment Surviving Spouse Option with 100% of actuarially equivalent benefit payable to spouse at death of retiree; lump sum payments for values under \$10,000.

Changes Since Last Valuation None.

Jervis B. Webb Company and Affiliates

Retirement Income Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 38-1153970, Plan No. 002

December 31, 2016

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
SEI Private Trust Company	Mutual funds:		
	Emerging Markets Equity Fund	\$ 9,102,849	\$ 8,633,446
	SEI Dynamic Asset Allocation Fund	8,627,730	10,800,646
	SEI Large Cap Disciplined Equity Fund	43,968,365	46,298,861
	SEI Small/Middle Capital Equity Fund	15,897,737	15,850,766
	SEI World Equity Ex-US Fund	25,913,678	25,124,138
	SEI Core Fixed Income Fund	14,633,684	14,197,297
	SEI Emerging Markets Debt Fund	9,129,902	8,317,439
	SEI High Yield Bond Fund	10,636,146	10,264,893
	SEI Limited Duration Bond	14,135,354	14,103,577
	SEI Opportunistic Income Fund	14,447,864	14,407,755
SEI Private Trust Company	Money Market Funds - Government Fund (SEOXX)	73,109	73,109
	Total	<u>\$ 166,566,418</u>	<u>\$ 168,071,927</u>

Jervis B. Webb Company & Affiliates Retirement Income Plan
EIN: 38-1153970 Plan: 002
Attachment to the 2016 Form 5500 Schedule SB

Schedule SB, line 32 - Schedule of Amortization Bases

<u>Base Type</u>	<u>Date Established</u>	<u>Present Value of Remaining Installments</u>	<u>Remaining Amortization Period (Years)</u>	<u>Amortization Installment</u>
Shortfall	1/1/2016	\$ 4,591,761	7.000	\$ 758,667
Shortfall	1/1/2015	(2,369,157)	6.000	(443,343)
Shortfall	1/1/2014	(684,574)	5.000	(149,034)
Shortfall	1/1/2013	1,078,819	4.000	287,486
Shortfall	1/1/2012	(8,267,655)	3.000	(2,876,169)
Shortfall	1/1/2011	7,672,877	2.000	3,919,574
Shortfall	1/1/2010	4,677,419	1.000	4,677,419
Total		<u>\$ 6,699,490</u>		<u>\$ 6,174,600</u>

Jervis B. Webb Company & Affiliates Retirement Income Plan
EIN # 38-1153970 Plan 002
Attachment to the 2016 Form 5500 Schedule SB

Schedule SB, line 24 – Change in Actuarial Assumptions

The administrative expense load on the target normal cost was increased from \$800,000 to \$860,000 to better estimate administrative expenses to be paid from plan assets during the year.