Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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.)
- [X] 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. . . . . ▶ [X]

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
WYMAN-GORDON COMPANY RETIREMENT INCOME PLAN

1b Three-digit plan number (PN) ▶ 007

1c Effective date of plan 07/01/1946

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)
WYMAN-GORDON COMPANY

10825 TELGE RD
HOUSTON, TX 77095-5038

2b Employer Identification Number (EIN) 04-1992780

2c Plan Sponsor's telephone number 281-856-9900

2d Business code (see instructions) 332110

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	JEFFREY MEYERS
	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

PENSION COMMITTEE
WYMAN-GORDON COMPANY
10825 TELGE RD
HOUSTON, TX 77095-5038

3b Administrator's EIN: 04-1992780

3c Administrator's telephone number: 281-856-9900

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**	6710
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	1511
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1426
b	Retired or separated participants receiving benefits	**6b**	2786
c	Other retired or separated participants entitled to future benefits	**6c**	1772
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	5984
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	646
f	Total. Add lines **6d** and **6e**.	**6f**	6630
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	15
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A 3F 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)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] 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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
WYMAN-GORDON COMPANY RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 007

C Plan sponsor's name as shown on line 2a of Form 5500
WYMAN-GORDON COMPANY

D Employer Identification Number (EIN)
04-1992780

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
42-0127290	61271	363548	107	01/01/2016	12/31/2016

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	446940
5	Current value of plan's interest under this contract in separate accounts at year end	5	978771

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	438971
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	16203		
	(4) Transferred from separate account	7c(4)	1220067		
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	1236270
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	1675241
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1217608		
	(2) Administration charge made by carrier	7e(2)	13174		
	(3) Transferred to separate account	7e(3)	2459		
	(4) Other (specify below) ▶	7e(4)	9295		
	(5) Total deductions			7e(5)	1242536
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	432705

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

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

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

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

A Name of plan
WYMAN-GORDON COMPANY RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 007

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
WYMAN-GORDON COMPANY

D Employer Identification Number (EIN)
04-1992780

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	461942749
b Actuarial value	**2b**	455742212

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	3390	211962622	211962622
b For terminated vested participants	1809	65986289	65986289
c For active participants	1511	107543330	109469314
d Total	6710	385492241	387418225

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**	6.06 %
6 Target normal cost	**6**	5721463

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 — Date: 09/21/2017

WILLIAM H. CLARK-SHIM — Type or print name of actuary

17-06863 — Most recent enrollment number

MILLIMAN, INC. — Firm name

503-227-0634 — Telephone number (including area code)

111 SW FIFTH AVENUE, SUITE 3700
PORTLAND, OR 97204-3654

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	75113384
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	7478088
9	Amount remaining (line 7 minus line 8)	0	67635296
10	Interest on line 9 using prior year's actual return of 6.92%	0	4680362
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.25 %		0
	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		0
	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	72315658

Part III Funding Percentages

14	Funding target attainment percentage	14	98.96%
15	Adjusted funding target attainment percentage	15	117.63%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	98.69%
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
			Totals ► 18(b)		18(c)

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	
	b Contributions made to avoid restrictions adjusted to valuation date	19b	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

20 Quarterly contributions and liquidity shortfalls:

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

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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:

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

b Applicable month (enter code)	**21b**	0
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**	
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**	5721463
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	3991671	754621
b Waiver amortization installment		

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**	6476084

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	6476084	6476084

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

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

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

a Schedule elected	☐ 2 plus 7 years	☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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	**B** Three-digit plan number (PN) ▶	
WYMAN-GORDON COMPANY RETIREMENT INCOME PLAN		007
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
WYMAN-GORDON COMPANY	04-1992780	

Part I Service Provider Information (see instructions)

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

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)

MILLIMAN, INC

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17	N/A	279481	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

BNY MELLON ASSET SERVICING

13-5160382

(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?
18 21 25 59 62	N/A	109712	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

STOEL RIVES

93-0408771

(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?
29	N/A	20474	Yes [ ] No [X]	Yes [ ] No [ ]	0	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)

DELOITTE & TOUCHE LLP

13-3891517

(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	N/A	18228	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 50 64	N/A	13174	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
WYMAN-GORDON COMPANY RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 007

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
WYMAN-GORDON COMPANY

D Employer Identification Number (EIN)
04-1992780

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

a Name of MTIA, CCT, PSA, or 103-12 IE: PCC MSTR TRST-DEF BEN RET PLANS

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-7073477-006	M	503846968

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN GOOVT & HQ BOND SA-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-007	P	882228

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN MONEY MARKET SEP ACCT-R6

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-024	P	96544

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

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 01/01/2016 and ending 12/31/2016

A Name of plan
WYMAN-GORDON COMPANY RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 007

C Plan sponsor's name as shown on line 2a of Form 5500
WYMAN-GORDON COMPANY

D Employer Identification Number (EIN)
04-1992780

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	995766	978772
(11) Value of interest in master trust investment accounts	1c(11)	460387645	503846968
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	559338	538131
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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**	461942749	505363871
	Liabilities			
g	Benefit claims payable	**1g**		
h	Operating payables	**1h**	98829	65599
i	Acquisition indebtedness	**1i**		
j	Other liabilities	**1j**		
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	98829	65599
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	461843920	505298272

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)**		
	(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)**		0
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)**	19367	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		19367
	(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)**	-5194	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		-5194

		(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)		70582964
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		70597137
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	26067774	
(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)		26067774
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)	395957	
(2) Contract administrator fees	2i(2)	13174	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	665880	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1075011
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		27142785
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		43454352
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: DELOITTE & TOUCHE **(2)** EIN: 13-3891517

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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
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.)	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		10000000
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 4010210. (See instructions.)

Part V Trust Information

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

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

A Name of plan
WYMAN-GORDON COMPANY RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 007

C Plan sponsor's name as shown on line 2a of Form 5500
WYMAN-GORDON COMPANY

D Employer Identification Number (EIN)
04-1992780

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** 0

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): 13-7073477 13-7073448

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** 0

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

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: 42.7 % Investment-Grade Debt: 13.6 % High-Yield Debt: 6.8 % Real Estate: 0.0 % Other: 36.9 %

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☒ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☒ Modified duration ☐ Other (specify):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter ____/____/____ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter ____/____/____.

Wyman-Gordon Company
Retirement Income Plan

Employer ID No: 04-1992780
Plan Number: 007

Financial Statements as of and for the
Years Ended December 31, 2016 and 2015,
Supplemental Schedule as of December 31, 2016,
and Independent Auditors' Report

WYMAN-GORDON COMPANY RETIREMENT INCOME PLAN

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NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

Deloitte & Touche LLP
U.S. Bancorp Tower
111 Southwest Fifth Avenue
Suite 3900
Portland, OR 97204-3642
USA

Tel:+1 503 222 1341
Fax:+1 503 224 2172
www.deloitte.com

INDEPENDENT AUDITORS' REPORT

To the Administrative Committee,
The Master Trust Investment Committee, and
Participants of Wyman-Gordon Company Retirement Income Plan
Portland, Oregon

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Wyman-Gordon Company Retirement Income Plan (the "Plan") as of December 31, 2016 and 2015, and for the years then ended, listed in the foregoing Table of Contents.

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.

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Bank of New York Mellon and Principal Life Insurance Company, the trustees of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustees hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained certifications from the trustees as of December 31, 2016 and 2015, and for the years then ended, that the information provided to the Plan administrator by the trustees is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule listed in the Table of Contents is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is 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 the supplemental schedule.

Report on Form and Content in Compliance with Department of Labor Rules and Regulations

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

Deloitte & Touche LLP

October 11, 2017

WYMAN-GORDON COMPANY RETIREMENT INCOME PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2016 AND 2015

	2016	2015
ASSETS:		
Investments—at fair value:		
Plan interest in Master Trust with Bank of New York Mellon (Note 6)	$ 503,846,968	$ 460,387,645
Plan assets held by Principal (Note 6):		
General investment fund	538,131	559,338
Pooled separate accounts:		
Liquid assets account	96,544	96,499
Government securities account	882,228	899,267
Total assets	505,363,871	461,942,749
LIABILITIES:		
Accrued expenses	65,599	98,829
NET ASSETS AVAILABLE FOR BENEFITS	$ 505,298,272	$ 461,843,920

See notes to the financial statements

WYMAN-GORDON COMPANY RETIREMENT INCOME PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS AS OF DECEMBER 31, 2016 AND 2015

	2016	2015
ADDITIONS:		
Net investment income (loss):		
Plan interest in Master Trust with Bank of New York Mellon (Note 6)	$ 70,582,964	$ 30,459,947
Net depreciation in fair value of investments (Note 6)	(5,194)	(11,184)
Interest and dividends (Note 6)	19,367	21,988
Total additions	70,597,137	30,470,751
DEDUCTIONS:		
Benefits paid directly to participants	26,067,774	22,737,172
Administrative expenses	1,075,011	913,970
Total deductions	27,142,785	23,651,142
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	43,454,352	6,819,609
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	461,843,920	455,024,311
End of year	$ 505,298,272	$ 461,843,920

See notes to the financial statements

WYMAN-GORDON COMPANY RETIREMENT INCOME PLAN

NOTES TO FINANCIAL STATEMENTS
AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2016 AND 2015

1. **DESCRIPTION OF THE PLAN**

The following brief description of the Wyman-Gordon Retirement Income Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General-The Plan was created to provide pension benefits for eligible employees of Wyman-Gordon Company and PCC Specialty Products, Inc. (the "Companies"), wholly owned subsidiaries of Precision Castparts Corp. (PCC). The Plan is a single employer, noncontributory (with the exception of those participants of PCC Specialty Products, Inc.), defined-benefit plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Effective April 1, 1995, PCC established a master trust arrangement (the "Master Trust") to hold and invest amounts under the PCC Retirement Plan and the PCC Specialty Products, Inc. Contributory Retirement Plan. The assets of the Master Trust are held by the Bank of New York Mellon (the "Trustee"). Effective April 3, 2000, the Wyman-Gordon Company Retirement Income Plan transferred its assets to the Bank of New York Mellon and began participation in the Master Trust. Each participating retirement plan has an undivided interest in the Master Trust. Accordingly, the financial statements of the Plan have been prepared to show the Plan's share of the Master Trust assets and net investment income.

The PCC Specialty Products, Inc. Contributory Retirement Plan merged into the Wyman-Gordon Retirement Income Plan effective December 31, 2007, resulting in a transfer of net assets to the Plan. Assets of the PCC Specialty Products, Inc. Contributory Retirement Plan were held in the Precision Castparts Corp. Master Trust, as well as with Principal Life Insurance Company ("Principal") at December 31, 2007. In 2009, the Plan froze accruals for participants in the PCC Specialty Products, Inc. Contributory Retirement Plan component of the Plan.

In 2011, the Plan closed plan participation to members of United Steelworkers of America Local No. 2285 hired on or after December 11, 2011. The Plan further closed plan participation to all nonbargaining unit employees hired after June 30, 2012. In 2014, the Plan closed plan participation to members of the International Association of Machinists and Aerospace Workers hired on or after September 1, 2014 and to members of the International Brotherhood of Electrical Workers hired on or after October 1, 2014. Therefore, effective October 1, 2014, the Plan has closed plan participation to all employees of the Companies.

Plan Amendments-Effective January 1, 2016, the Plan was restated to incorporate the First, Third and Fourth Amendments to the 2013 Restatement and to make other clarifying changes. The Second Amendment to the 2013 Restatement, which was part of the Plan's Voluntary Compliance Program ("VCP") application (see Note 10), was adopted on October 7, 2016. The first amendment to the Plan restatement was adopted on December 7, 2016, which incorporated changes required by the IRS as part of the VCP compliance statement. A favorable IRS determination letter was issued on June 23, 2017.

Wyman-Gordon Company Eligibility-Except as indicated above, generally, a salaried employee of Wyman-Gordon Company is covered under the Plan beginning on any January 1 or July 1 after the employee has completed at least one thousand hours of service during the 12-month period beginning on his or her date of hire or any calendar year beginning after such date.

A weekly or monthly salaried employee of Wyman-Gordon Forgings LP ("Forgings"), formerly known as Cameron Forged Products Company ("Cameron"), who was covered under the Salaried Employees' Retirement Plan of Cooper Industries, Inc. or an employee of Forgings who is a member of the bargaining unit and was an active participant on May 27, 1994, is covered under the Plan effective May 28, 1994. Except as indicated above, coverage begins for all other weekly and monthly salaried employees of Forgings as stated in the preceding paragraph.

Except as indicated above, an employee who is a member of the collective bargaining unit who has at least 1,000 hours of employment in a plan year or during the 12-month period commencing on the employee's date of hire will be covered under the Plan on the first day of the month coincident with or next following the employee's date of hire.

Effective February 1, 2007, former employees of GSC Foundries, Inc. were excluded from eligibility.

Effective April 6, 2007, employees of the McWilliams Forge Division of Wyman-Gordon Forging, Inc. were excluded from eligibility.

Effective December 31, 2010, employees of McWilliams Forge Company, Inc. were excluded from eligibility.

PCC Specialty Products, Inc. Eligibility-The Plan covers certain current and former employees of PCC Specialty Products, Inc., including members of Lodge 264 of District 38, International Association of Machinists and Aerospace Workers, AFL-CIO; members of Local 106, International Molders and Allied Workers Union, AFL-CIO; and former salaried employees of the Merriman Division, together with all employees of the Holden location of Reed Rico and Eldorado Division of PCC Specialty Products, Inc. All eligible employees began participation on their respective dates of employment.

Wyman-Gordon Company Retirement Dates-Generally, retirement dates are the first day of the employee's birthday month or the first of the following month at which full entitlement to social security retirement benefits is applicable, or the fifth anniversary of employment, whichever occurs later. A participant may elect to retire early on the first of any month coincident with or following their 55th birthday provided they have completed five years of credited service.

PCC Specialty Products, Inc. Retirement Dates-Under the general terms of the Plan, participants who have reached age 65 are entitled to normal annual pension benefits. Nonsalaried participants of the Eldorado Division who have reached age 65 and have completed 10 years of service may elect early retirement after completing 10 years of service and receive their normal retirement benefits reduced by certain ages for the early retirement period as defined by the Plan.

Benefits-Benefit payments are reduced by any required tax withholdings. All Plan benefits are subject to the limitations prescribed by the Internal Revenue Code (the "Code"), which includes provisions that limit the amount of retirement income which may be paid to an individual participant.

Benefit payment amounts recorded in the financial statements have been reduced by amounts received from insurance companies for reimbursement of benefit payments. Additionally, benefits paid to certain retirees include the refunding of Medicare Part B payments, which are reimbursed by PCC Specialty Products, Inc. Accordingly, the amount of benefit payments recorded in the financial statements has been reduced by $565,815 and $545,890 during 2016 and 2015, respectively.

Salaried Participants of Wyman-Gordon Company-The Plan normally pays benefits to weekly and monthly salaried participants in the form of a life annuity. Participants who are not married on their annuity commencement date shall be paid benefits in the form of a life annuity unless the participant elects another form of retirement income pursuant to the terms of the Plan. Participants who are married on their annuity commencement date shall be paid benefits in the form of a joint and survivor annuity unless another form of retirement income is elected pursuant to the terms of the Plan. Benefits paid under a joint and survivor annuity are less than benefits paid under a life annuity.

Weekly and monthly salaried participants generally receive retirement benefits based on credited service, final average earnings, and the average noncontributory wage base, as defined. In general, annual income is equal to the sum of: (1) 1.1% of the final average earnings up to the average noncontributory wage base multiplied by years of credited service (not to exceed 35 years) and (2) 1.5% of the final average earnings in excess of the average noncontributory wage base multiplied by years of credited service (not to exceed 35 years, or in some cases, years of participation). Early retirement benefits are less. With respect to eligible employees of Forgings, who became participants on May 28, 1994, earnings shall exclude any compensation paid to the participants by Cameron before May 28, 1994. The monthly pension benefit shall not be less than years of credited service (not to exceed 35 years) multiplied by $9.

Hourly Participants of Wyman-Gordon Company-The Plan covers two groups of hourly participants as follows:

Steelworkers Local #2285-Participants that are members of a bargaining unit receive monthly benefits based upon the provisions of their particular bargaining agreement. The Plan normally pays benefits in the form of a ten-year period certain and life annuity. Married participants' benefits are subject to an automatic option, revocable by election in

accordance with the terms of the Plan, whereby the surviving spouse receives 50% of his or her retirement income in the form of a joint and survivor annuity. In the event of death of a participant with five or more years of credited service or a vested former participant after age 55, benefits are paid to the participant's beneficiary in an amount equal to the participant's early retirement benefit for ten years.

Participants will receive a monthly benefit of $26 per year of credited service. Participants born before April 1, 1944, will also receive a Supplemental Benefit of $10 for each year of credited service for periods ending on or before December 31, 2006. Effective January 1, 2007, all participants will receive a monthly benefit of $36 per year of credited service. Effective April 1, 2007, a participant who retires on or after April 1, 2007, but on or before March 31, 2012, shall receive a monthly benefit of $40 per year of credited service. In addition, for those participants who retire on an Early Retirement Date that occurs on or after April 1, 2007, and on or before March 31, 2012, the $40 monthly benefit per year of credited service will be reduced by a fraction in accordance with the amended table at A.3.2 of the Plan document.

Participants who become permanently and totally disabled and have at least five years of credited service will receive benefits calculated as though they had worked up to age 65.

Bargaining Units for Forgings-The monthly normal retirement benefit payable to an eligible employee shall be an amount equal to 1.5% of their average monthly compensation multiplied by their years of benefit service. The monthly early retirement benefit is equal to the accrued portion of the normal retirement benefit on the date of retirement reduced by 0.3% per each full month by which benefits commence prior to the month the employee would attain age 65.

PCC Specialty Products, Inc. Participants-Normal annual pension benefits are equal to the greater of 60% of total career deposits to the Plan, or the benefit provided under the terms of the Plan prior to January 1, 1989. Normal annual pension benefits, net of lump-sum withdrawals of participants' discretionary deposits, are payable over the lifetime of the participants, except for salaried participants of the Eldorado Division and participants of the Reed Rolled Thread Die Division; those benefits are payable in the form of a 10-year certain and continuous annuity. Nonsalaried participants of the Eldorado Division who have reached age 65 and have completed 10 years of service are entitled to a normal annual pension benefit equal to an amount which is calculated using a formula defined in the Plan document. Total annual benefits under the Plan may not exceed ERISA limitations or 100% of the participant's average annual compensation for the three highest years while employed with PCC Specialty Products, Inc.

Effective January 1 of each year, the "defined benefit dollar limitation" is $160,000. The "maximum permissible benefit" is the lesser of the defined benefit dollar limitation or the defined benefit compensation limitation.

If a vested participant dies before normal or early retirement age and is not eligible for the surviving spouse benefit, then on the date of death the participant's beneficiary will receive the total deposits and discretionary deposits made by the participant to the Plan, plus interest through the date of death.

If a vested participant dies before normal or early retirement age and was married for at least one year at the time of death, a death benefit equal to the actuarial equivalent of 50% of the value of the participant's accumulated retirement benefits is paid to the surviving spouse. Active employees who become totally disabled after reaching age 55 and completing at least 10 years of service are entitled to elect early retirement and receive the corresponding benefits.

Wyman-Gordon Company Vesting-Participants who retired prior to January 1, 1989, are 100% vested in their benefits after ten years of service in accordance with the provisions of the Plan. Participants who retire after December 31, 1988, are 100% vested after five years of service. Any years of vesting service, which were credited to a participant under the Salaried Employees' Retirement Plan of Cooper Industries, Inc. as of May 27, 1994, will also count as years of vesting under the Plan.

PCC Specialty Products, Inc. Vesting-Participants become 100% vested in the employer contributions after completing five years of service.

Effective November 15, 2002, for employees affected by layoffs at Eldorado, Reed Rico and Merriman Divisions of PCC Specialty Products, Inc. who had not returned to active employment by the later of November 15, 2002, or 90 days after layoffs became 100% vested.

Participants from the Eldorado, Reed Rico and Merriman divisions who were laid off on or after January 1, 1998, and before November 15, 2002, and who did not return to active employment became 100% vested in the participant's company-purchased retirement benefit regardless of years of service earned.

Participants from the Eldorado division became 100% vested in the company-purchased retirement benefit regardless of years of service earned if their termination was in connection with the closure of the division.

Effective November 15, 2002, employees who were affected by the Sale of the Tooling Business of the Eldorado division of PCC Specialty Products, Inc. ceased to participate in the Plan as of the Closing Date of the sale and became 100% vested.

Effective September 30, 2002, employees affected by the termination of the Machine Business of the Eldorado division at its Milford, Connecticut facility on September 30, 2002, became 100% vested.

Plan Administration-The Plan is administered by an Administrative Committee comprised of members who are appointed by the Chief Executive Officer of Wyman-Gordon Company.

Administrative Expenses-Most legal, audit, administrative and custodial expenses are paid by the Plan. Those not paid by the Plan are paid by the Companies. No expenses are paid by the Plan to employees of the Plan Sponsor or affiliates who perform services on behalf of the Plan.

2. SUMMARY OF ACCOUNTING POLICIES

The following are the significant accounting policies followed by the Plan:

Basis of Accounting-The accompanying financial statements are prepared on the accrual basis of accounting, and in accordance with accounting principles generally accepted in the United States of America (US GAAP).

Use of Estimates-The preparation of financial statements in conformity with US GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits and changes therein at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition-Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for a discussion of fair value measurements.

The Plan's interest in the Master Trust is based on the beginning of the year value of the Plan's interest in the trust plus actual contributions and allocated investment income or loss less actual distributions and allocated administrative expenses.

Purchases and sales are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Risks and Uncertainties-The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Contributions to the Plan and the actuarial present value of accumulated plan benefits are prepared based on certain assumptions pertaining to interest rates, inflation rates and employee compensation and demographics. Due to the changing nature of these assumptions, it is reasonably possible that changes in these estimates and assumptions will occur in the near term and the effect of such changes could be material to the financial statements.

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 rendered by employees and include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Vested benefits are benefits to which participants are entitled regardless of future service with the Companies. Non-vested benefits are dependent upon future service.

The actuarial present value of accumulated plan benefits is estimated by independent actuaries based upon the latest actuarial determination, as of January 1, 2016. The amount is determined by applying actuarial assumptions to adjust the accumulated benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected payment date. The significant actuarial assumptions used in the valuation as of January 1, 2016, were as follows:

Discount rate	7.50%
Mortality	The RP-2014 Mortality Tables with Blue Collar adjustment, projected to 2024 using scale BB (adopted January 1, 2016)
Actuarial method	Unit credit actuarial cost method
Asset valuation	Market value

Retirement - Eligible employees were assumed to retire according to the following table:

Age	Steelworkers and PCC Specialty Products	Houston Hourly
55–58	1.0%	1.0%
59	2.0%	2.0%
60	3.0%	5.0%
61	15.0%	5.0%
62	25.0%	15.0%
63	20.0%	10.0%
64	30.0%	10.0%
65	35.0%	25.0%
66	35.0%	20.0%
67–68	40.0%	20.0%
69	50.0%	30.0%
70	100.0%	100.0%

Different rates for Salaried Forgings and Salaried Castings participants were assumed to follow the table below. Different retirement rates were assumed to apply based on the participant's social security normal retirement age.

	Social Security Normal Retirement Age	
Age	66	67
55–59	2.0%	2.0%
60	7.5%	7.5%
61	7.5%	7.5%
62	12.0%	12.0%
63	15.0%	12.0%
64	10.0%	15.0%
65	35.0%	10.0%
66	40.0%	35.0%
67	30.0%	40.0%
68	30.0%	30.0%
69	30.0%	30.0%
70	100.0%	100.0%

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. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that certain changes in these estimates and assumptions could be material to the financial statements.

Accumulated plan benefits as of January 1, 2016, the date of the most recent actuarial report available, are summarized as follows:

Vested benefits:		
Retired	$	164,374,181
Disabled		10,302,693
Beneficiaries		20,385,040
Terminated vested		50,488,788
Active participants		86,721,073
Deferred beneficiaries		5,774,941
Total vested benefits		338,046,716
Non-vested benefits		2,585,815
Total actuarial present value of accumulated plan benefits	$	340,632,531

The changes in accumulated plan benefits from January 1, 2015 through January 1, 2016, are as follows:

Actuarial present value of accumulated plan benefits— January 1, 2015	$	327,142,160
Increase (decrease) during the year attributable to:		
Benefits accumulated		5,222,052
Reduction in discount period		24,488,891
Benefits paid		(22,737,172)
Change in actuarial assumptions		8,549,665
Actuarial gain		(2,033,065)
Net increase		13,490,371
Actuarial present value of accumulated plan benefits— January 1, 2016	$	340,632,531

Payment of Benefits-Benefit payments to participants are recorded upon distribution.

Recent Accounting Pronouncements-In February 2017, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2017-06, *Plan Accounting: Employee Benefit Plan Master Trust Reporting,* which clarifies presentation requirements for a plan's interest in a master trust and requires more detailed disclosures of the plan's interest in the master trust. The amendments in this update are effective for fiscal years beginning after December 15, 2018, with early adoption permitted. A reporting entity should apply the amendments retrospectively to all periods presented. Although early adoption is permitted, the Plan will apply the amendments in this update to the financial statements for the year ending December 31, 2019. Plan management is currently evaluating the impact of ASU 2017-06 on the Plan's financial statements.

In May 2015, the FASB issued ASU 2015-07, *Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*, which removes the requirement to present certain investments for which the practical expedient is used to measure fair value at net asset value within the fair value hierarchy table. Instead, a Plan would be required to include those investments as a reconciling item so that the total fair value amount of investments in the disclosure is consistent with the fair value investment balance on the statement of net assets available for benefits. The amendments in this update are effective for fiscal years beginning after December 15, 2016, with early adoption permitted. A reporting entity should apply the amendments retrospectively to all periods presented. The Plan has elected to early adopt the amendments in the update as of December 31, 2016, as permitted, and has applied the provisions of ASU 2015-07 retrospectively. Therefore, certain historical disclosures as of December 31, 2015 were restated for comparative purposes, as required.

Disclosure of Evaluation of Subsequent Events-The Plan has evaluated subsequent events through October 11, 2017, the date the financial statements were available to be issued.

3. **FUNDING POLICY**

The Companies' contributions are based on actuarial calculations as determined under the Unit Credit Actuarial Cost Method with amortization of past service cost over the period of time required to satisfy minimum funding requirements. The Companies make contributions no later than the date of filing its income tax return for each fiscal year. The Companies are under no obligation to make any contributions, which are not deductible for income tax purposes in the applicable fiscal year. In 2016 and 2015, the Company satisfied the ERISA minimum funding requirements of $6,476,084 and $7,478,088, respectively, by using excess contributions from prior years.

4. **PLAN TERMINATION**

Although it has not expressed any intention to do so, the Companies have the right under the Plan to discontinue its contributions at any time and 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. Benefits attributable to participant contributions, taking into account those paid out before termination.
2. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
3. Other vested benefits insured by the Pension Benefit Guaranty Corporation up to the applicable limitations.
4. All other vested benefits not insured by the Pension Benefit Guaranty Corporation.
5. All non-vested benefits.
6. If any assets remain after all accrued benefits have been provided for in full and all expenses have been paid, they will be returned to the Companies.

5. **FAIR VALUE MEASUREMENTS**

FASB ASC 820, *Fair Value Measurements and Disclosures*, provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

Level 2-Inputs to the valuation methodology include:

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

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Investments classified within Level 3 whose fair value measurements consider several inputs may include Level 1 or Level 2 inputs as components of the overall fair value measurement.

Valuation of Investments in Master Trust-The Master Trust asset allocation strategy is designed with the objective of achieving the asset return assumption consistently over the long-term in order to fund future payment obligations, while

minimizing contributions and plan sponsor economic risk. The asset categories are described below, along with the valuation methodologies and investment level classifications. There have been no changes in the methodologies used at December 31, 2016 and 2015.

Public Equity Securities (Long/Hedged)-Long equity investments consist of publicly traded equity securities, while hedged equity investments typically add short positions in equities or equity futures in order to generate absolute returns regardless of equity market direction. Public equity investments made directly through managed (separate) account structures and valued based upon closing prices reported in active trading markets are classified as Level 1. Other fund investments are valued using the most recent net asset value ("NAV") of the fund.

Private Equity-Private equity investments consist of investments in non-public companies made directly or through limited partnerships or commingled vehicles with managers who purchase interests in non-public companies. Sub-categories of private equity may include venture capital, early stage, special situations or restructuring funds. Private equity typically has low liquidity, a 10 year or longer investment commitment, and valuation methodologies that require the use of significant unobservable inputs. Direct private equity investments are classified as Level 3, while investments made through funds are typically valued at the most recent NAV of the fund, unless management believes an adjustment is warranted as described above. For the years ended December 31, 2016 and 2015, no material adjustments were made to fund NAVs. As of December 31, 2016 and 2015, unfunded capital commitments to private equity investments were approximately $17 million and $22 million, respectively.

Absolute Return-Absolute return strategies are investments with managers who seek specified levels of absolute returns with minimal correlation to market movements. Absolute return managers typically invest in futures, forwards or options on a variety of asset classes. Investments are typically made in limited partnerships with values stated at fund NAVs. As of December 31, 2016 and 2015, unfunded capital commitments to absolute return investments were approximately $1 million and $3 million, respectively.

Royalty Investments-Royalty investments are made through limited partnerships which purchase income-producing royalties derived from sales of pharmaceutical products. Valuations are determined from an independent appraisal process whereby significant observable inputs are used in determining the fund's NAV. Liquidity is typically arranged in the secondary market with trades occurring at the most recent NAV.

Fixed Income (Investment/Non-Investment Grade)-Fixed income investments consist of public and private fixed income securities of U.S. and non-U.S. government and corporate issuers, fixed income mutual funds and interest rate derivatives intended to hedge a portion of the pension plan's sensitivity to interest changes. Fixed income investments made directly through managed (separate) account structures and valued based upon closing prices reported in the active trading markets are classified as Level 1, while those reported in inactive markets are classified as Level 2. Other investments are valued using the most recent fund NAV. As of December 31, 2016 and 2015, unfunded capital commitments to fixed income investments were approximately $6 million.

Cash/Other-Cash and other investments include highly liquid money market securities, demand deposits and other cash equivalents. Cash and other investments are classified as Level 1.

Valuation of Investments Held by Principal-The Plan holds unallocated IPG insurance contracts with Principal Life Insurance Company. The net assets underlying the IPG contracts are invested in the general account of the insurance company and are valued by the insurance company at contract value. The IPG contracts are classified as Level 2 and the Plan also holds pooled separate accounts which are valued at net asset value. Such investments can be redeemed immediately without notice at the current net asset value per share based on the fair value of the underlying asset.

Please refer to Note 7 for assessment of the fair value of investments in the Master Trust with the Bank of New York Mellon and Principal at December 31, 2016 and 2015, using the fair value hierarchy.

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

6. INFORMATION CERTIFIED BY THE TRUSTEES

The Bank of New York Mellon and Principal, the trustees, hold all investments and execute all transactions on behalf of the Plan. The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Plan administrator has obtained certifications from the Plan trustees that information regarding the fair value and cost of all investments, plus all investment interest and dividend income and net appreciation (depreciation) in fair value of investments and gains and losses, is complete and accurate December 31, 2016 and 2015, and for the years then ended. In addition, certain investment information included in Note 7 and information included in the Supplemental Schedule of Assets (held at end of year) is provided by or compiled from information certified by the Bank of New York Mellon or Principal.

7. INVESTMENTS

Interest in the Master Trust with the Bank of New York Mellon-A portion of the Plan's investments are in the Master Trust, which was established for the investment of assets of the Plan and several other retirement plans sponsored by PCC. Each participating retirement plan has an undivided interest in the Master Trust. The value of the Plan's interest in the Master Trust with the Bank of New York Mellon is based on the beginning of year value of the Plan's interest in the trust, plus actual contributions and allocated investment income (loss), less actual distributions and allocated administrative expenses. At December 31, 2016 and 2015, the Plan's interest in the net assets of the Master Trust was 32.39% and 32.70%, respectively. Investment income (loss) and administrative expenses relating to the Master Trust are allocated to the individual plans based upon average monthly balances invested by each plan.

The following table presents the fair values of net assets at December 31, 2016 and 2015, for the Master Trust:

	2016	2015
Net assets at fair value:		
Equity:		
Long	$ 940,096,331	$ 242,966,018
Hedged	18,759,644	162,384,182
Private	193,072,623	198,240,802
Total equity	1,151,928,598	603,591,002
Absolute return:		
Market sectors	—	111,118,979
Arbitrage	1,640,146	74,307,957
Total absolute return	1,640,146	185,426,936
Royalties	268,347,926	288,514,336
Fixed income:		
Investment grade	—	189,459,988
Non-investment grade	66,969,900	95,636,066
Total fixed income	66,969,900	285,096,054
Cash/other	66,525,643	45,270,739
Net assets at fair value	$ 1,555,412,213	$ 1,407,899,067

Net investment income for the Master Trust is as follows for the years ended December 31, 2016 and 2015:

	2016	2015
Net appreciation in fair value of investments	$ 183,590,798	$ 48,339,462
Interest and dividends	35,775,705	47,649,118
Total investment income	219,366,503	95,988,580
Investment management fees	(2,131,058)	(3,038,890)
Net investment income	$ 217,235,445	$ 92,949,690

The following table presents the change in net assets at December 31, 2016 and 2015, for the Master Trust:

	2016	2015
Change in net assets:		
Net investment income	$ 217,235,445	$ 92,949,690
Administrative expenses	(408,491)	(223,558)
Net transfers	(69,313,808)	(32,226,688)
Total change in net assets	147,513,146	60,499,444
Beginning of year net assets	1,407,899,067	1,347,399,623
End of year net assets	$ 1,555,412,213	$ 1,407,899,067

The following table sets forth by level, within the fair value hierarchy, the Master Trust assets at fair value at December 31, 2016:

	Fair Value Measurements Using				
	Level 1	Level 2	Level 3	Measured at NAV	Total
Equity:					
Long	$ 940,096,331	$ —	$ —	$ —	$ 940,096,331
Hedged	—	—	—	18,759,644	18,759,644
Private	—	—	80,458,160	112,614,463	193,072,623
Total equity	940,096,331	—	80,458,160	131,374,107	1,151,928,598
Absolute return arbitrage	—	—	—	1,640,146	1,640,146
Royalties	—	—	—	268,347,926	268,347,926
Fixed income non-investment grade	—	—	28,878,131	38,091,769	66,969,900
Cash/other	66,525,643	—	—	—	66,525,643
Total assets at fair value	$ 1,006,621,974	$ —	$ 109,336,291	$ 439,453,948	$ 1,555,412,213

The following table sets forth by level, within the fair value hierarchy, the Master Trust assets at fair value at December 31, 2015:

	Fair Value Measurements Using				
	Level 1	Level 2	Level 3	Measured at NAV	Total
Equity:					
Long	$ 222,368,644	$ —	$ —	$ 20,597,374	$ 242,966,018
Hedged	24,979,190	—	—	137,404,992	162,384,182
Private	—	—	85,699,458	112,541,344	198,240,802
Total equity	247,347,834	—	85,699,458	270,543,710	603,591,002
Absolute return:					
Market sectors	23,544,790	—	—	87,574,189	111,118,979
Arbitrage	—	—	—	74,307,957	74,307,957
Total absolute return	23,544,790	—	—	161,882,146	185,426,936
Royalties	—	—	—	288,514,336	288,514,336
Fixed income:					
Investment grade	189,459,988	—	—	—	189,459,988
Non-investment grade	—	17,997,687	27,466,708	50,171,671	95,636,066
Total fixed income	189,459,988	17,997,687	27,466,708	50,171,671	285,096,054
Cash/other	45,270,739	—	—	—	45,270,739
Total assets at fair value	$ 505,623,351	$ 17,997,687	$ 113,166,166	$ 771,111,863	$ 1,407,899,067

The table below sets forth a summary of changes in the fair value of the Master Trust's level 3 assets for the year ended December 31, 2016:

	Private Equity	Fixed Income Non-Investment Grade	Total
Beginning of year	$ 85,699,458	$ 27,466,708	$ 113,166,166
Unrealized (losses) gains	(4,398,475)	983,314	(3,415,161)
Realized gains	—	170,156	170,156
Purchases	—	428,110	428,110
Sales	(842,823)	(170,157)	(1,012,980)
End of year	$ 80,458,160	$ 28,878,131	$ 109,336,291

The table below sets forth a summary of changes in the fair value of the Master Trust's level 3 assets for the year ended December 31, 2015:

	Private Equity	Fixed Income Non-Investment Grade	Total
Beginning of year	$ 81,463,222	$ 28,000,398	$ 109,463,620
Unrealized losses	(9,870,597)	(533,690)	(10,404,287)
Realized gains	—	306,744	306,744
Purchases	15,023,260	—	15,023,260
Sales	(916,427)	(306,744)	(1,223,171)
End of year	$ 85,699,458	$ 27,466,708	$ 113,166,166

Transfers Between Levels-The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

We evaluate the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2016 and 2015, there were no transfers between levels.

Principal Investments-The following table sets forth by level, within the fair value hierarchy, the assets held with Principal at fair value at December 31, 2016:

	Fair Value Measurements Using				
	Level 1	Level 2	Level 3	Measured at NAV	Total
General investment fund	$ —	$ 538,131	$ —	$ —	$ 538,131
Pooled separate accounts	—	—	—	978,772	978,772
Total assets at fair value	$ —	$ 538,131	$ —	$ 978,772	$ 1,516,903

The following table sets forth by level, within the fair value hierarchy, the assets held with Principal at fair value at December 31, 2015:

	Fair Value Measurements Using				
	Level 1	Level 2	Level 3	Measured at NAV	Total
General investment fund	$ —	$ 559,338	$ —	$ —	$ 559,338
Pooled separate accounts	—	—	—	995,766	995,766
Total assets at fair value	$ —	$ 559,338	$ —	$ 995,766	$ 1,555,104

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

8. TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Companies by letter dated June 23, 2017, that the Plan is designed in accordance with applicable sections of the Code for Wyman-Gordon Company and PCC Specialty Products, Inc., respectively. The Plan administrator believes that the Plan, as amended, is designed and currently being operated in compliance with the applicable requirements of the IRC, thereby continuing to exempt the Plan from federal income taxes.

US GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2016, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

9. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Principal and the Bank of New York Mellon, respectively, trustees of the Plan. As such, these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund. Fees paid by the Plan for the investment management services were not significant for the years ended December 31, 2016 and 2015.

10. VOLUNTARY COMPLIANCE RESOLUTION

In November 2013, the Company filed an application for a compliance statement from the IRS under the Voluntary Compliance Program. The compliance statement was sought with respect to the following operational failures:

- Failing to specify correct actuarial tables and actuarial assumptions for specified participants;
- Failing to provide actuarial increases to participants who continued to work past age 65;
- Failing to document the correct benefit formula in the Forgings Plan component;
- Failing to amend the plan to include a Social Security level income option for certain participants;
- Erroneously crediting certain participants with pre-break service;
- Failing to calculate certain benefits in accordance with the plan formula;
- Incorrectly starting benefits for certain participants who were still working;
- Failing to start benefits for certain participants by the required beginning date;
- Failing to protect a higher interest rate on retroactive annuity date calculations;
- Failing to timely amend the Plan to increase negotiated benefits;
- Failing to notify eligible employees of an alternative death benefit; and
- Failing to permit the deferral of a pre-retirement survivor annuity to normal retirement age.

The Plan received a compliance statement on July 19, 2016 and all corrections were completed during 2016, as required by the VCP. The total amount of corrective payments made on behalf of the VCP was $2,294,395.

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SUPPLEMENTAL SCHEDULE

WYMAN-GORDON COMPANY RETIREMENT INCOME PLAN
EIN:04-1992780
PN:007

FORM 5500, SCHEDULE H, LINE 4I—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2016

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, par on Maturity Value	(d) Cost	(e) Current Value
*	Bank of New York Mellon	Interest in Master Trust	$ 503,846,968	$ 503,846,968
*	Principal General Investment Fund	U.S. Government Securities General Investment	521,010	538,131
*	Principal Liquid Assets Account	Pooled separate accounts	96,544	96,544
*	Principal Government Securities Account	Pooled separate accounts	863,796	882,228

** Represents a party-in-interest*

See accompanying Independent Auditors' Report

DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

	Participant Counts	Retirement Age	Weight	Weighted Retirement Age
Salaried Forgings and Salaried Castings Plans				
Soc. Sec. Retirement Age = 66	102	63.95	0.0675	4.32
Soc. Sec. Retirement Age = 67	707	64.25	0.4679	30.06
Grafton Hourly Plan & PCC Specialty Products	331	63.41	.2191	13.89
Houston Hourly	333	65.00	0.2204	14.33
Long-Term Disabled	38	65.00	0.0251	1.63
Combined Plan	1,511			64.23
Nearest Whole Age				64

The assumed retirement ages are weighted by the active participant counts for each component plan.

DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

SALARIED FORGINGS AND SALARIED CASTINGS

Social Security Retirement Age = 66

AGE	RETIREMENT RATES	PROBABILITY OF NOT RETIRING BEFORE AGE	WEIGHTED RETIREMENT AGE
55	0.0200	1.0000	1.1000
56	0.0200	0.9800	1.0976
57	0.0200	0.9604	1.0949
58	0.0200	0.9412	1.0918
59	0.0200	0.9224	1.0884
60	0.0750	0.9039	4.0676
61	0.0750	0.8361	3.8253
62	0.1200	0.7734	5.7542
63	0.1500	0.6806	6.4317
64	0.1000	0.5785	3.7025
65	0.3500	0.5207	11.8451
66	0.4000	0.3384	8.9346
67	0.3000	0.2031	4.0815
68	0.3000	0.1421	2.8997
69	0.3000	0.0995	2.0596
70	1.0000	0.0696	4.8755
WEIGHTED AVERAGE RETIREMENT AGE			63.9500
ROUNDED WEIGHTED AVERAGE RETIREMENT AGE			63.95

The weighted average retirement age was calculated by multiplying the rate of retirement at each age by the probability of not retiring before that age and by that retirement age. The sum of these products is the weighted average retirement age.

DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

SALARIED FORGINGS AND SALARIED CASTINGS

Social Security Retirement Age = 67

AGE	RETIREMENT RATES	PROBABILITY OF NOT RETIRING BEFORE AGE	WEIGHTED RETIREMENT AGE
55	0.0200	1.0000	1.1000
56	0.0200	0.9800	1.0976
57	0.0200	0.9604	1.0949
58	0.0200	0.9412	1.0918
59	0.0200	0.9224	1.0884
60	0.0750	0.9039	4.0676
61	0.0750	0.8361	3.8253
62	0.1200	0.7734	5.7542
63	0.1200	0.6806	5.1454
64	0.1500	0.5989	5.7498
65	0.1000	0.5091	3.3091
66	0.3500	0.4582	10.5841
67	0.4000	0.2978	7.9816
68	0.3000	0.1787	3.6453
69	0.3000	0.1251	2.5892
70	1.0000	0.0876	6.1291
WEIGHTED AVERAGE RETIREMENT AGE			64.2534
ROUNDED WEIGHTED AVERAGE RETIREMENT AGE			64.25

The weighted average retirement age was calculated by multiplying the rate of retirement at each age by the probability of not retiring before that age and by that retirement age. The sum of these products is the weighted average retirement age.

DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

GRAFTON HOURLY & PCC SPECIALTY PRODUCTS

AGE	RETIREMENT RATES	PROBABILITY OF NOT RETIRING BEFORE AGE	WEIGHTED RETIREMENT AGE
55	0.0100	1.0000	0.5500
56	0.0100	0.9900	0.5544
57	0.0100	0.9801	0.5587
58	0.0100	0.9703	0.5628
59	0.0200	0.9606	1.1335
60	0.0300	0.9414	1.6945
61	0.1500	0.9131	8.3553
62	0.2500	0.7762	12.0307
63	0.2000	0.5821	7.3348
64	0.3000	0.4657	8.9415
65	0.3500	0.3260	7.4163
66	0.3500	0.2119	4.8948
67	0.4000	0.1377	3.6912
68	0.4000	0.0826	2.2478
69	0.5000	0.0496	1.7106
70	1.0000	0.0248	1.7354
WEIGHTED AVERAGE RETIREMENT AGE			63.4122
ROUNDED WEIGHTED AVERAGE RETIREMENT AGE			63.41

The weighted average retirement age was calculated by multiplying the rate of retirement at each age by the probability of not retiring before that age and by that retirement age. The sum of these products is the weighted average retirement age.

DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

HOUSTON HOURLY

AGE	RETIREMENT RATES	PROBABILITY OF NOT RETIRING BEFORE AGE	WEIGHTED RETIREMENT AGE
55	0.0100	1.0000	0.5500
56	0.0100	0.9900	0.5544
57	0.0100	0.9801	0.5587
58	0.0100	0.9703	0.5628
59	0.0200	0.9606	1.1335
60	0.0500	0.9414	2.8242
61	0.0500	0.8943	2.7277
62	0.1500	0.8496	7.9013
63	0.1000	0.7222	4.5496
64	0.1000	0.6499	4.1596
65	0.2500	0.5849	9.5054
66	0.2000	0.4387	5.7910
67	0.2000	0.3510	4.7030
68	0.2000	0.2808	3.8185
69	0.3000	0.2246	4.6496
70	1.0000	0.1572	11.0064
WEIGHTED AVERAGE RETIREMENT AGE			64.9957
ROUNDED WEIGHTED AVERAGE RETIREMENT AGE			65.00

The weighted average retirement age was calculated by multiplying the rate of retirement at each age by the probability of not retiring before that age and by that retirement age. The sum of these products is the weighted average retirement age.

DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

LONG-TERM DISABLED

AGE	RETIREMENT RATES	PROBABILITY OF NOT RETIRING BEFORE AGE	WEIGHTED RETIREMENT AGE
55	0.0000	1.0000	0.0000
56	0.0000	1.0000	0.0000
57	0.0000	1.0000	0.0000
58	0.0000	1.0000	0.0000
59	0.0000	1.0000	0.0000
60	0.0000	1.0000	0.0000
61	0.0000	1.0000	0.0000
62	0.0000	1.0000	0.0000
63	0.0000	1.0000	0.0000
64	0.0000	1.0000	0.0000
65	1.0000	1.0000	65.0000
WEIGHTED AVERAGE RETIREMENT AGE			65.0000
ROUNDED WEIGHTED AVERAGE RETIREMENT AGE			65.00

The weighted average retirement age was calculated by multiplying the rate of retirement at each age by the probability of not retiring before that age and by that retirement age. The sum of these products is the weighted average retirement age.

Schedule SB, line 26 – Schedule of Active Participant Data
Wyman-Gordon Company Retirement Income Plan
EIN/PN: 04-1992780/007

ACTIVE PARTICIPANTS
(January 1, 2016)

YEARS OF CREDITED SERVICE

	UNDER 1		1 TO 4		5 TO 9		10 TO 14	
AGE	NO.	AVERAGE EARNINGS	NO.	AVERAGE EARNINGS	NO.	AVERAGE EARNINGS	NO.	AVERAGE EARNINGS
Under 25	-	-	7	$ -	-	$ -	-	$ -
25 to 29	4	-	49	62,051	18	-	-	-
30 to 34	2	-	45	68,991	49	68,293	10	-
35 to 39	-	-	34	71,783	46	71,053	29	69,290
40 to 44	1	-	24	73,094	44	73,686	28	78,655
45 to 49	4	-	25	74,375	45	72,335	26	63,145
50 to 54	4	-	23	81,094	36	79,296	26	60,496
55 to 59	3	-	17	-	31	82,997	16	-
60 to 64	1	-	9	-	23	76,230	20	48,776
65 to 69	-	-	4	-	4	-	4	-
70 & Up	-	-	-	-	-	-	-	-
Totals	19	-	237	$ 69,876	296	$ 73,534	159	$ 64,546

YEARS OF CREDITED SERVICE

	15 TO 19		20 TO 24		25 TO 29		30 TO 34	
AGE	NO.	AVERAGE EARNINGS	NO.	AVERAGE EARNINGS	NO.	AVERAGE EARNINGS	NO.	AVERAGE EARNINGS
Under 25	-	$ -	-	$ -	-	$ -	-	$ -
25 to 29	-		-	-	-	-	-	-
30 to 34	-	-	-	-	-	-	-	-
35 to 39	12	-	-	-	-	-	-	-
40 to 44	40	64,112	4	-	-	-	-	-
45 to 49	62	65,243	6	-	13	-	-	-
50 to 54	43	69,008	12	-	39	64,847	12	-
55 to 59	52	71,023	32	83,134	51	69,664	45	85,717
60 to 64	21	58,463	38	73,729	19	-	27	91,456
65 to 69	11	-	9	-	12	-	6	-
70 & Up	2	-	2	-	1	-	1	-
Totals	243	$ 66,338	103	$ 75,732	135	$ 68,124	91	$ 88,466

YEARS OF CREDITED SERVICE

	35 TO 39		40 & UP		ALL YEARS	
AGE	NO.	AVERAGE EARNINGS	NO.	AVERAGE EARNINGS	NO.	AVERAGE EARNINGS
Under 25	-	$ -	-	$ -	7	$ -
25 to 29	-	-	-	-	71	64,441
30 to 34	-	-	-	-	106	68,824
35 to 39	-	-	-	-	121	70,754
40 to 44	-	-	-	-	141	71,672
45 to 49	-	-	-	-	181	70,646
50 to 54	1	-	-	-	196	75,959
55 to 59	80	101,081	-	-	327	83,130
60 to 64	42	99,536	22	92,395	222	77,981
65 to 69	11	101,455	25	60,124	86	71,170
70 & Up	-	-	9	-	15	-
Totals	134	$ 101,039	56	$ 70,739	1,473	$ 74,564

Excludes 38 former employees currently on Long-Term Disability who continue to earn Credited Service under the Plan but who received no earnings for 2015.

2016 Schedule SB, Line 32 Schedule of Amortization Bases
Wyman-Gordon Company Retirement Income Plan
EIN/PN: 04-1992780/007

SHORTFALL BASES

The shortfall amortization charge is the sum of the shortfall base amortization for each plan year covered under PPA. Although a shortfall base can be negative, the combined shortfall amortization charge cannot be negative.

Year Established	Outstanding Balance	Years Remaining	Installment
2015	$ 4,341,103	6	$ 812,355
2016	$ (349,432)	7	$ (57,734)
Total	$ 3,991,671		$ 754,621

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

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

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

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

A Name of plan
WYMAN-GORDON COMPANY RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 007

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
WYMAN-GORDON COMPANY

D Employer Identification Number (EIN)
04-1992780

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	461942749
b Actuarial value	**2b**	455742212

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	3390	211962622	211962622
b For terminated vested participants	1809	65986289	65986289
c For active participants	1511	107543330	109469314
d Total	6710	385492241	387418225

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**	6.06 %
6 Target normal cost	**6**	5721463

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

09/21/2017
Date

WILLIAM H. CLARK-SHIM
Type or print name of actuary

17-06863
Most recent enrollment number

MILLIMAN, INC.
Firm name

503-227-0634
Telephone number (including area code)

111 SW FIFTH AVENUE, SUITE 3700
PORTLAND, OR 97204-3654
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	75113384
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	7478088
9	Amount remaining (line 7 minus line 8)	0	67635296
10	Interest on line 9 using prior year's actual return of 6.92%	0	4680362
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.25 %		0
	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		0
	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	72315658

Part III Funding Percentages

14	Funding target attainment percentage	14	98.96%
15	Adjusted funding target attainment percentage	15	117.63%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	98.69%
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
			Totals ▶ 18(b)		18(c)

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	
	b Contributions made to avoid restrictions adjusted to valuation date	19b	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

20 Quarterly contributions and liquidity shortfalls:

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

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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**	0
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**	
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**	5721463
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	3991671	754621
b Waiver amortization installment		

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**	6476084

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	6476084	6476084

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
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**	

ACTUARIAL ASSUMPTIONS AND ACTUARIAL COST METHOD

Discount Rates

The following discount rates were used for calculating the present value of accumulated plan benefits for the purposes listed below. As selected by PCC, the rates for calculating the PPA Funding Target are the January 2016 segment rates. As prescribed by Segment Rate Stabilization legislation, in 2016 these rates must be between 90% and 110% of the 25-year average rates published by the IRS.

- Segment 1 payments under 5 years 4.43%
- Segment 2 payments between 5 and 20 years 5.91%
- Segment 3 payments after 20 years 6.65%
- Effective Interest Rate 6.06%

Mortality

For calculating the Funding Target and PBGC variable premium, mortality follows the RP-2000 annuitant and non-annuitant mortality tables for 2016 as prescribed by the IRS.

Future Salaries

Salaries for Houston Hourly participants are assumed to increase at 3% per annum. (Adopted January 1, 2014)

Salaries for Salaried Forgings and Salaried Castings participants were assumed to increase according to the following rates based on Years of Service. (Adopted January 1, 2004)

Years of Service	Salary Increase
1-4	6.25%
5-12	4.00%
13-20	3.75%
21-25	3.50%
26-30	3.25%
31+	3.00%

Withdrawal (Adopted January 1, 2014)

Annual rates of termination are shown below.

Years of Vesting Service	Salaried Participants	Houston Hourly Participants	Steelworkers Participants and PCC Specialty Products
0	28%	25%	25%
1	28%	25%	25%
2	22%	7%	25%
3	22%	7%	12%
4	17%	4%	6%
5	11%	4%	6%
6-14	11%	4%	4%
15	7%	4%	1%
16-19	7%	1%	1%
20-29	4%	1%	1%
30+	0%	1%	1%

Disability

Employees at Salaried locations are assumed to become disabled in accordance with 60% of the United Auto Workers Disability Study Table for males. Employees at Houston Hourly locations are assumed to become disabled in accordance with the 1964 Social Security Rate of Disability Table. Employees at Steelworkers and PCC Specialty Products locations are assumed to become disabled in accordance with 60 percent of the 1964 Social Security Rate of Disability Table. Annual rates of disablement are shown below. (Adopted January 1, 2014)

Age	Salaried Participants	Houston Hourly Participants	Steelworkers Participants
30	0.024%	0.076%	0.046%
40	0.042%	0.175%	0.105%
50	0.108%	0.463%	0.278%
60	0.540%	1.367%	0.820%

Retirement (Adopted January 1, 2014)

Annual rates of retirement from active employment are shown below.

Age	Steelworkers and PCC Specialty Products	Houston Hourly
55-58	1%	1%
59	2%	2%
60	3%	5%
61	15%	5%
62	25%	15%
63	20%	10%
64	30%	10%
65	35%	25%
66	35%	20%
67-68	40%	20%
69	50%	30%
70	100%	100%

Retirement rates for Salaried Forgings and Salaried Castings participants were assumed to follow the table below. Different retirement rates were assumed to apply based on the participant's social security normal retirement age.

	Social Security Normal Retirement Age	
Age	66	67
55-59	2.0%	2.0%
60	7.5%	7.5%
61	7.5%	7.5%
62	12.0%	12.0%
63	15.0%	12.0%
64	10.0%	15.0%
65	35.0%	10.0%
66	40.0%	35.0%
67	30.0%	40.0%
68	30.0%	30.0%
69	30.0%	30.0%
70	100.0%	100.0%

Benefit Commencement Age For Inactive Participants With A Vested Deferred Benefit
(Adopted January 1, 2000)

Salaried Forgings participants are assumed to commence pension payments three years prior to Normal Retirement Age (age 62, 63 or 64, depending on the participant's Normal Retirement Age).

Salaried Castings participants are assumed to commence pension payments at age 65.

Participants from Steelworkers, Houston Hourly and other closed Hourly locations are assumed to commence benefits at age 62.

Participants from Johnston Pump/General Valve are assumed to commence benefits at age 62 if eligible for Early Retirement; otherwise, they are assumed to retire at Normal Retirement Age.

For PCC Specialty Products, participants from Olofsson Union or Non-Union are assumed to commence benefits at age 60 if eligible for Early Retirement; otherwise, they are assumed to retire at age 62. Participants from other divisions are assumed to commence benefits at age 65.

Future Participation and Service

It was assumed that each active participant would earn one year of participation and one year of service in each future plan year prior to the year of retirement, death, or withdrawal.

Probability of Marriage (Adopted January 1, 2014)

75% of non-retired participants are assumed to be married. A three-year age differential between spouses is assumed with the males being older.

Expenses (Adopted January 1, 2015)

Administrative expenses paid from the Trust are assumed to be $750,000 annually, payable at the beginning of year.

Social Security (Adopted January 1, 2000)

The Social Security taxable wage base is assumed to increase 4.5% per year.

Actuarial Value of Assets

Market value of assets is used for measurements under FASB ASC Topic 960. For funding requirements, the Plan uses the 24 month average value of assets per IRS Notice 2009-22 (adopted January 1, 2009).

Actuarial Cost Method

For purposes of calculating the Funding Target and liabilities under FASB ASC Topic 960, we generally calculate the actuarial present value of benefits accrued as of the beginning of the plan year. This cost method is typically referred to as the Unit Credit method. A limited exception to this applies for current and future disability benefits, where Funding Target liability is calculated in accordance with IRS regulations.

Employee Contributions

PCC Specialty Products employees no longer contribute to the plan. Accounts for active members are assumed to earn 8.00% interest in the future. (Adopted January 1, 2010)

Redemption of Employee Contributions

PCC Specialty Products active employees who terminate prior to attaining eligibility for Early Retirement are assumed to withdraw their employee deposits with interest at termination. For determining the employer provided benefit after withdrawal, the benefit attributable to the employee deposits is subtracted from the total benefit. Account balances are projected to age 65 at 6.50% and converted to a single life annuity using the mortality specified in Revenue Ruling 2001-62 at 6.50%.

Active employees who retire are assumed to receive the greater of the formula benefit or the account balance as an annuity. Account balances are converted to a single life annuity using the mortality specified in Revenue Ruling 2001-62 at 6.50%.

Liabilities for Eldorado, Merriman, Quamco and Reed Rico vested terminated participants in PCC Specialty Products were increased 2.00% (adopted January 1, 2004) to better estimate the cost for participants who withdraw their account balances at a later date, but prior to retirement.

Election of Form of Payment

Steelworkers non-retired participants are assumed to elect the life annuity with 10 years guaranteed upon retirement. Salaried Forgings and Castings and Houston Hourly non-retired participants are assumed to elect the single life annuity upon retirement.

PCC Specialty Products nonretired members are assumed to elect the benefit form as follows:

Division	Form of Payment
Eldorado	10 Year Certain & Life Annuity
Merriman	Single Life Annuity
Quamco	Single Life Annuity
Reed Rico	10 Year Certain & Life Annuity
Olofsson GAO	Single Life Annuity
Olofsson Non-Union	65% Joint & Survivor Annuity*
Olofsson Union	65% Joint & Survivor Annuity*

Members in pay status are valued according to the benefit form elected at retirement.

* Liabilities were loaded with 4.60% to estimate subsidized 65% Joint & Survivor Annuity being the normal form of payment.

Election of Pre-Retirement Death Benefits

Surviving spouses of married active participants are assumed to receive the preretirement 50% joint & survivor annuity. Beneficiaries of unmarried active participants in eligible divisions are assumed to receive the alternative pre-retirement death benefit.

Currently inactive participants are assumed to be 75% married in order to estimate the impact of the alternative pre-retirement death benefits for eligible participants.

Changes in Actuarial Assumptions

- The mortality assumption used to calculate the Funding Target was updated to the projected RP-2000 annuitant and non-annuitant mortality tables for 2016 as prescribed by the IRS.
- The segment rates used to calculate the Funding Target, the Maximum Deductible Contribution, and the PBGC variable premiums were updated to reflect current market conditions.

WYMAN-GORDON COMPANY
RETIREMENT INCOME PLAN

SUMMARY OF THE PLAN

This section of the report describes the provisions of the current Plan as reflected in this valuation. The Plan includes several groups with differing benefits. The information below applies to all groups unless clearly indicated otherwise. Additional provisions - such as early retirement windows and prior benefit formulas - have applied to other inactive groups and in previous years.

Name

Wyman-Gordon Company Retirement Income Plan

Effective Date

July 1, 1946. The Plan was last restated effective January 1, 2016.

Type of Plan

Trusteed plan with a corporate trustee, administered by a committee appointed by the employer.

Plan Sponsor

Wyman-Gordon Company and Subsidiaries who have adopted the plan.

Average Non-Contributory Wage Base

The average of the Social Security Wage Base in the last 20 calendar years before the year of retirement or termination of employment.

Earnings

Total compensation for services rendered, including overtime, bonuses limited to 10% of non-bonus pay and 401(k) deferrals, and is limited by the pay limit under IRC §401(a)(17). Earnings do not include expense reimbursements, profit-sharing benefits or stock options.

Final Average Earnings

Average annual Earnings for the highest 60 consecutive months of Earnings during the last 120 months prior to the participant's retirement or termination of employment.

For an employee with Credited Service for periods of compensation under the Long-Term Disability (LTD) Program, Final Average Earnings is calculated as of the date the employee begins receiving compensation from the LTD Program.

Plan Changes

None that affected the liabilities in the valuation.

Salaried Forgings Employees

Employees Eligible to Participate

All weekly or monthly salaried employees who customarily or actually have at least 1,000 Hours of Employment. Generally, these employees are from the following locations:

(a) Grafton, Massachusetts;
(b) Houston, Texas;
(c) Brighton, Michigan.

An eligible employee will begin participation on the January 1 or July 1 following twelve months of employment during which the employee is credited with 1,000 or more Hours of Employment. However, no new entrants are permitted on or after July 1, 2012, except for eligible transfers from the PCC Retirement Plan.

Employees who were participants in the Salaried Employees' Retirement Plan of Cooper Industries, Inc. on May 28, 1994 became participants in the plan on May 28, 1994. Generally, the employees were located in Houston, Texas and Brighton, Michigan.

Normal Retirement Date

A participant's Normal Retirement Date shall be the first day of the month following the later of:

(a) The fifth anniversary of plan participation, or
(b) Social Security Retirement Age, defined as:
- Born prior to 1938: 65
- Born 1938-1954: 66
- Born after 1954: 67

Credited Service

For employees first participating in the plan after 1992, Credited Service is granted from the date of plan participation. For employees who first participated prior to 1993, Credited Service is granted from the date of hire. Participants at the Houston and Brighton locations who were covered by the Salaried Employees' Retirement Plan of Cooper Industries, Inc. are not granted any Credited Service for employment prior to May 28, 1994.

Credited Service is granted for periods for which an employee is compensated under the LTD Program, provided that the employee retires or returns to work within thirty days after the end of the LTD period.

Normal Retirement Benefit

A participant's monthly pension benefit is equal to 1/12 of the sum of (a) and (b) below:

(a) 1.1% of the participant's Final Average Earnings up to the Average Non-Contributory Wage Base multiplied by Years of Credited Service (not to exceed 35 years), plus
(b) 1.5% of the participant's Final Average Earnings in excess of the Average Non-Contributory Wage Base multiplied by Years of Credited Service (not to exceed 35 years).

The monthly pension benefit above shall not be less than Years of Credited Service (not to exceed 35 years) multiplied by $9.

Normal Form of Benefit

The normal form of benefit is a single life annuity.

If a participant is married at the time of his retirement and does not elect otherwise, he will receive his monthly benefit in a 50% joint & survivor form.

Optional Forms of Payment

A participant at retirement may select from the following forms of payment:

- Single Life Annuity
- Joint & Survivor Annuity (50%, 66 2/3%, 75% or 100% Joint Annuitant Continuation)
- Life Annuity with Guaranteed Payment Period (10 years guaranteed)
- Social Security Level Income Option (payable in any of the forms above)
- Lump Sum (only available if less than $8,000)

Following is a reasonably representative sample of optional form conversion factors. Factors shown are multiplied by the amount of the immediately payable single life annuity.

10-year certain and life: 0.93 at all ages

Social Security Level Income Option / Lump Sum: Based upon IRS applicable mortality and November Segment Rates.

Joint and Survivor (for participant age 65):

	Participant Age Minus Spouse Age		
Survivor Percentage	**3**	**0**	**-3**
50%	0.86720	0.88490	0.90083
66 2/3%	0.83512	0.85216	0.86750
75%	0.82289	0.83617	0.84803
100%	0.77701	0.79287	0.80714

Earliest Retirement Date

First day of any designated month after the date on which a participant attains age 55 and completes 5 Years of Service.

Amount of Early Retirement Pension

If the Annuity Commencement Date is within 36 months of the Normal Retirement Date, there is no reduction of the normal retirement pension amount. For each month in excess of 36 months, there is a ½% reduction of the normal retirement pension amount.

Deferred Retirement Date

Any day after the Normal Retirement Date.

Amount of Deferred Retirement Benefit

A participant working past Normal Retirement Date will be notified in writing that benefits will not be started except for minimum required distributions. The amount of the Deferred Retirement Benefit is determined in the same manner as the Normal Retirement Benefit, but is based on Benefit Years and Final Average Pay through the Deferred Retirement Date

Pre-Retirement Death Benefits

If a participant dies prior to reaching age 55, is vested and is married as of the date of his death, his spouse receives a monthly benefit payable on the first day of the month following the date the participant would have attained age 55. This monthly benefit shall be equal to the monthly benefit that would have been payable to the spouse if the participant had terminated on his date of death, survived to age 55, retired early at age 55, commenced receiving retirement income as of his 55th birthday in the form of a 50% joint & survivor annuity, and then died on the day after his 55th birthday.

If the participant dies after having reached age 55, the spouse benefit starts on the first of the month following the date of death, with the benefit amount equal to the amount the spouse would have received if the participant had retired on his date of death and had elected a 50% joint & survivor annuity form.

Vesting

A participant is 100% vested upon the completion of 5 Years of Service.

Vested Pension on Termination

The vested pension benefit on termination is equal to the normal retirement benefit accrued to the date of termination. The participant may elect to receive the benefit prior to his Normal Retirement Date. This benefit will be the benefit he would receive under the plan's early retirement provisions.

Salaried Castings Employees

Employees Eligible to Participate

Generally, all salaried employees from the following locations:

WGIC-PFI:

(a) San Leandro, California;

(b) Carson City, Nevada;

WGIC-Arwood:

(c) Groton, Connecticut;

(d) Tilton/Franklin, New Hampshire.

An eligible employee will begin participation on the January 1 or July 1 following twelve months of employment during which the employee is credited with 1,000 or more Hours of Service. However, no new entrants are permitted on or after July 1, 2012, except for eligible transfers from the PCC Retirement Plan.

Employees at the Carson City and San Leandro locations who were participants in the Precision Founders, Inc. Defined Benefit Retirement Plan on December 31, 1991 became participants in the plan on January 1, 1992.

Normal Retirement Date

A participant's Normal Retirement Date shall be the first day of the month following the later of:

(a) The fifth anniversary of plan participation, or
(b) Social Security Retirement Age, defined as:

- Born prior to 1938: 65
- Born 1938-1954: 66
- Born after 1954: 67

Credited Service

For employees first participating in the plan after 1992, Credited Service is granted from the date of plan participation. For participants hired prior to 1993, Credited Service is granted from the date of hire. Participants at the Groton and Tilton/Franklin locations (WGIC-Arwood) are not granted any Credited Service for employment prior to May 18, 1990.

Credited Service is granted for periods for which an employee is compensated under the LTD Program, provided that the employee retires or returns to work within thirty days after the end of the LTD period.

Normal Retirement Benefit

For participants at the Carson City and San Leandro locations (WGIC-PFI), a participant's monthly pension benefit is equal to 1/12 of the sum of (a) and (b) below:

(a) 0.8% of the participant's Final Average Earnings up to the Average Non-Contributory Wage Base multiplied by Years of Credited Service (not to exceed 30 years), plus

(b) 1.2% of the participant's Final Average Earnings in excess of the Average Non-Contributory Wage Base multiplied by Years of Credited Service (not to exceed 30 years).

For participants at the Groton and Tilton/Franklin locations (WGIC-Arwood), a participant's monthly pension benefit is equal to 1/12 of the sum of (a) and (b) below:

(a) 0.6% of the participant's Final Average Earnings up to the Average Non-Contributory Wage Base multiplied by Years of Credited Service (not to exceed 30 years), plus

(b) 1.0% of the participant's Final Average Earnings in excess of the Average Non-Contributory Wage Base multiplied by Years of Credited Service (not to exceed 30 years).

For the participants at the Groton and Tilton/Franklin locations (WGIC-Arwood), the monthly pension benefit above shall not be less than Years of Credited Service (not to exceed 30 years) multiplied by $18.

Normal Form of Benefit

The normal form of benefit is a single life annuity.

If a participant is married at the time of his retirement and does not elect otherwise, he will receive his monthly benefit in a 50% joint & survivor form.

Optional Forms of Payment

Participants at the Carson City and San Leandro locations may select from the following forms of payment at retirement:

- Single Life Annuity
- Joint & Survivor Annuity (50%, 66 2/3%, 75%, or 100% Joint Annuitant Continuation)
- Life Annuity with Guaranteed Payment Period (5, 10, 15, or 20 years guaranteed)
- Social Security Level Income Option (payable in any of the forms above)
- Certain-Only Benefit (payable for 5, 10, 15, or 20 years only)
- Lump Sum (only available if less than $8,000)

Participants at the Groton and Tilton/Franklin locations may select from the following forms of payment at retirement:

- Single Life Annuity
- Joint & Survivor Annuity (50%, 66 2/3%, 75%, or 100% Joint Annuitant Continuation)
- Life Annuity with Guaranteed Payment Period (10 years guaranteed)
- Social Security Level Income Option (payable in any of the forms above)
- Lump Sum (only available if less than $8,000)

Following is a reasonably representative sample of optional form conversion factors. Factors shown are multiplied by the amount of the immediately payable single life annuity.

5-year certain and life: 0.975 at all ages
10-year certain and life: 0.93 at all ages
15-year certain and life: 0.853 at all ages
20-year certain and life: 0.793 at all ages

Social Security Level Income Option / Lump Sum: Based upon IRS applicable mortality and November Segment Rates.

Joint and Survivor (for participant age 65):

Survivor Percentage	Participant Age Minus Spouse Age		
	3	0	-3
50%	0.86720	0.88490	0.90083
66 2/3%	0.83512	0.85216	0.86750
75%	0.82289	0.83617	0.84803
100%	0.77701	0.79287	0.80714

Earliest Retirement Date

First day of any designated month after the date on which a participant attains age 55 and completes 5 Years of Service.

Amount of Early Retirement Pension

For each month that the Annuity Commencement Date precedes the Normal Retirement Date, there is a ½% reduction of the normal retirement pension amount.

Deferred Retirement Date

Any day after the Normal Retirement Date.

Amount of Deferred Retirement Benefit

A participant working past Normal Retirement Date will be notified in writing that benefits will not be started except for minimum required distributions. The amount of the Deferred Retirement Benefit is determined in the same manner as the Normal Retirement Benefit, but is based on Benefit Years and Final Average Pay through the Deferred Retirement Date.

Pre-Retirement Death Benefits

If a participant dies prior to reaching age 55, is vested and is married as of the date of his death, his spouse receives a monthly benefit payable on the first day of the month following the date the participant would have attained age 55. This monthly benefit shall be equal to the monthly benefit that would have been payable to the spouse if the participant had terminated on his date of death, survived to age 55, retired early at age 55, commenced receiving retirement income as of his 55th birthday in the form of a 50% joint & survivor annuity, and then died on the day after his 55th birthday.

If the participant dies after having reached age 55, the spouse benefit starts on the first of the month following the date of death, with the benefit amount equal to the amount the spouse would have received if the participant had retired on his date of death and had elected a 50% joint & survivor annuity form.

Vesting

A participant is 100% vested upon the completion of 5 Years of Service.

Vested Pension on Termination

The vested pension benefit on termination is equal to the normal retirement benefit accrued to the date of termination. The participant may elect to receive the benefit prior to his Normal Retirement Date. This benefit will be the benefit he would receive under the plan's early retirement provisions.

Steelworkers Employees

Employees Eligible to Participate

Any employee who is a member of the collective bargaining unit represented by the United Steelworkers of America, Local #2285, who customarily or actually has at least 1,000 Hours of Employment in the 12 month period following the date of hire or in any subsequent Plan Year. Generally, these employees are located at Grafton, Massachusetts.

An eligible employee will begin participation on the first day of the month immediately following the date of hire. However, no new entrants are permitted on or after December 11, 2011.

Normal Retirement Date

A participant's Normal Retirement Date shall be the first day of the month following the later of:

(a) The fifth anniversary of plan participation, or
(b) Age 65.

Credited Service

A Year of Credited Service shall mean a Plan Year in which a full-time employee has at least 2,340 Hours of Employment or in which a part-time employee has at least 2,000 Hours of Employment.

Proportionate credit is given for full-time employees with at least one Hour of Employment or part-time employees with at least 1,000 Hours of Employment.

Normal Retirement Benefit

A monthly amount equal to Years of Credited Service multiplied by:

Date of Termination on or after	Monthly Rate of Pension
May 1, 1983	$16.00
May 1, 1984	17.00
April 1, 1987	19.00
April 1, 1989	20.00
April 1 , 1991	21.00
May 1, 1997	22.00
April 1, 1998	23.00
April 1, 1999	24.00
April 1, 2000	25.00
April 1, 2001	26.00
April 1, 2007	40.00
December 11, 2011	45.00

Normal Form of Benefit

The normal form of benefit is a life annuity with 10 years of payments guaranteed.

If a participant is married at the time of his retirement and does not elect otherwise, he will receive his monthly benefit in a 50% joint & survivor form.

Optional Forms of Payment

A participant at retirement may select from the following forms of payment:

- Single Life Annuity
- Joint & Survivor Annuity (50%, 66 2/3%, 75%, or 100% Joint Annuitant Continuation)
- Life Annuity with Guaranteed Payment Period (10 years guaranteed)
- Social Security Level Income Option (payable in any of the forms above)

Following is a reasonably representative sample of optional form conversion factors. Factors shown are multiplied by the amount of the immediately payable 10-year certain and life annuity.

Single life annuity: 1.028 at age 55, 1.054 at age 62, 1.075 at age 65

Social Security Level Income Option / Lump Sum: Based upon IRS applicable mortality and November Segment Rates.

Joint and Survivor (for participant age 65):

Survivor Percentage	Participant Age Minus Spouse Age		
	3	0	-3
50%	0.90800	0.93000	0.95300
66 2/3%	0.86100	0.88800	0.91600
75%	0.82624	0.85452	0.88312
100%	0.78100	0.81500	0.85000

Earliest Retirement Date

First day or any designated month after the date on which a participant attains age 55 and completes 5 Years of Service.

Amount of Early Retirement Pension

The monthly benefit is determined by (1) Years of Credited Service, (2) age at Annuity Commencement Date and (3) the benefit rate in effect at termination, as shown below (for terminations on or after April 1, 2001):

Age at Annuity Commencement Date	Monthly Benefit Rate For Termination During the Period			
	4/1/2001-12/31/2006	1/1/2007-3/31/2007	4/1/2007-12/10/2011	12/11/2011-Present
64	$26.00	$36.00	$40.00	$45.00
63	$26.00	$36.00	$40.00	$45.00
62	$26.00	$36.00	$40.00	$45.00
61	$21.67	$30.00	$33.32	$37.49
60	$20.22	$28.00	$31.12	$35.01
59	$18.51	$25.63	$28.48	$32.04
58	$17.02	$23.57	$26.20	$29.48
57	$15.60	$21.60	$24.00	$27.00
56	$14.42	$19.97	$22.29	$24.98
55	$13.31	$18.43	$20.48	$23.04

Early retirement benefits under previous benefit schedules were proportionate to the early retirement benefits shown above.

Deferred Retirement Date

Any day after the Normal Retirement Date.

Amount of Deferred Retirement Benefit

The amount of the Deferred Retirement Benefit is determined in the same manner as the Normal Retirement Benefit, but is based on Credited Service through the Deferred Retirement Date, with an actuarial adjustment to reflect later commencement.

Disability Pension

To be eligible for Disability Retirement, a participant must have 5 Years of Credited Service, be totally and permanently disabled, be entitled to Social Security disability benefits, and be actively at work on the participant's last scheduled work day immediately preceding the commencement of disability.

The Disability Retirement Benefit is equal to the benefit he would have been entitled to receive commencing on his Normal Retirement Date, assuming that he remained a Participant until his Normal Retirement Date, but determined on the basis of the dollar benefit rate in effect on his Disability Retirement Date.

If the Participant's Disability Retirement Date occurs prior to age 55 then the benefits will be paid in the form of a life annuity.

If the Participant's Disability Retirement Date occurs on or after age 55 then the benefits will be paid in the form of a life annuity, with 10 years of payments guaranteed.

Pre-Retirement Death Benefits

If a participant dies prior to reaching age 55, is vested and is married as of the date of his death, his spouse receives a monthly benefit payable on the first day of the month following the date the participant would have attained age 55. This monthly benefit shall be equal to the monthly benefit that would have been payable to the spouse if the participant had terminated on his date of death, survived to age 55, retired early at age 55, commenced receiving retirement income as of his 55th birthday in the form of a 50% joint & survivor annuity, and then died on the day after his 55th birthday.

If the participant dies after having reached age 55, the spouse benefit starts on the first of the month following the date of death, with the benefit amount equal to the amount the spouse would have received if the participant had retired on his date of death and had elected a 50% joint & survivor annuity form. A participant may elect to have the benefits payable to his surviving spouse in the form of a 120-month certain benefit.

Vesting

A participant will be 100% vested upon the completion of 5 Years of Service.

Vested Pension on Termination

The vested pension benefit on termination is equal to the normal retirement benefit accrued to the date of termination. The participant may elect to receive the benefit prior to his Normal Retirement Date. This benefit will be the benefit he would receive under the plan's early retirement provisions.

Houston Hourly Employees

Employees Eligible to Participate

Any hourly employee who is a member of the collective bargaining unit (IBEW #716, IAM #15) with which Wyman-Gordon Company has entered into a collective bargaining agreement which provides for coverage and benefit accruals under the plan. Generally, these employees are located in Houston, Texas.

An eligible employee will begin participation on his date of hire. However, no new entrants are permitted on or after October 1, 2014.

Normal Retirement Date

A participant's Normal Retirement Date is the participant's 65th birthday.

Compensation

Compensation is the basic wage rate in effect and paid by the Employer. Compensation includes lead man, trainer and shift premiums, but excludes overtime and deferrals.

Average Monthly Compensation

Average Monthly Compensation is the aggregate amount of Compensation received by a participant after June 30, 1991 divided by the number of months of employment after June 30, 1991.

Benefit Service

A year of Benefit Service is granted for each calendar year in which a participant is credited with at least 1,000 Hours of Service. Partial Years of Benefit Service are granted only in the year of hire and the year of termination of employment, with 1/12th year of Benefit Service for every month with an Hour of Service credited. Benefit Service is granted for prior service with Cameron Ironworks USA.

Normal Retirement Benefit

A monthly amount equal to 1.5% of Average Monthly Compensation multiplied by years of Benefit Service, offset by the frozen accrued benefit under the Cameron Ironworks USA, Inc. Retirement plan for Hourly Employees through May 27, 1994.

Normal Form of Benefit

The normal form of benefit is a single life annuity.

If a participant is married at the time of his retirement and does not elect otherwise, he will receive his monthly benefit in a 50% joint & survivor form.

Optional Forms of Payment

A participant at retirement may select from the following forms of payment:

- Single Life Annuity
- Joint & Survivor Annuity (50%, 75%, or 100% Joint Annuitant Continuation)
- Life Annuity with Guaranteed Payment Period (10, 15, or 20 years guaranteed)

Following is a reasonably representative sample of optional form conversion factors. Factors shown are multiplied by the amount of the immediately payable single life annuity.

10-year certain and life annuity: 0.97159 at age 55, 0.94312 at age 62, 0.92053 at age 65
15-year certain and life annuity: 0.94425 at age 55, 0.89102 at age 62, 0.85423 at age 65
20-year certain and life annuity: 0.91319 at age 55, 0.83938 at age 62, 0.79349 at age 65

Joint and Survivor (for participant age 65):

Survivor Percentage	Participant Age Minus Spouse Age		
	3	0	-3
50%	0.90000	0.91300	0.92600
75%	0.85700	0.87500	0.89400
100%	0.81700	0.84000	0.86300

Earliest Retirement Date

First day of any designated month after the later of the date on which a participant attains age 55 or becomes vested.

Amount of Early Retirement Pension

For each month that the Annuity Commencement Date precedes the Normal Retirement Date, there is a 0.3% reduction of the normal retirement pension amount.

Deferred Retirement Date

Any day after the Normal Retirement Date.

Amount of Deferred Retirement Benefit

A participant working past Normal Retirement Date will be notified in writing that benefits will not be started except for minimum required distributions. The amount of the Deferred Retirement Benefit is determined in the same manner as the Normal Retirement Benefit, but is based on Benefit Years and Average Monthly Compensation through the Deferred Retirement Date

Disability

To be declared disabled, a participant must be unable to perform the normal duties of his employment (during the first 28 months of disability) or be unable to engage in any employment or occupation (after the first 28 months of disability).

While disabled, a participant is credited with Benefit Service and Vesting Service as though his active employment had continued during the period of disability. Also, compensation shall be deemed to continue at the highest rate for the pay bracket of the job classification in which the employee was employed at the period of disability commenced.

Pre-Retirement Death Benefits

If a participant dies prior to reaching age 55, is vested and is married as of the date of his death, his spouse receives a monthly benefit payable on the first day of the month following the date the participant would have attained age 55. This monthly benefit shall be equal to the monthly benefit that would have been payable to the spouse if the participant had terminated on his date of death, survived to age 55,

retired early at age 55, commenced receiving retirement income as of his 55th birthday in the form of a 50% joint & survivor annuity, and then died on the day after his 55th birthday.

If the participant dies after having reached age 55, the spouse benefit starts on the first of the month following the date of death, with the benefit amount equal to the amount the spouse would have received if the participant had retired on his date of death and had elected a 50% joint & survivor annuity form.

Vesting

A participant will be 100% vested upon the completion of 5 Years of Service, or attainment of age 65.

Vested Pension on Termination

The vested pension benefit on termination is equal to the normal retirement benefit accrued to the date of termination. The participant may elect to receive the benefit prior to his Normal Retirement Date. This benefit will be the benefit he would receive under the plan's early retirement provisions.

PCC Specialty Products, Inc.

The following summary covers active participants of the Plan as of the valuation date. The benefit amounts of inactive participants are governed by the Plan provisions for their respective division/status at the time they became inactive participants.

Prior Plan Name

PCC Specialty Products, Inc. Contributory Retirement Plan

Status of The Plan

This plan was amended to freeze future accruals after August 9, 2009. Participants will no longer be required or entitled to make regular and discretionary deposits.

Employer

PCC Specialty Products, Inc. and affiliates who have adopted the Plan.

Employees Eligible to Participate

All employees of the Reed Rico Division. An eligible employee will begin participation on the individual's date of employment. The plan was amended to exclude future participants after August 9, 2009.

Normal Retirement Date

A participant's Normal Retirement Date shall be the first day of the month following the later of:

(a) the participant's 65th birthday, or

(b) the fifth year of participation in the Plan.

Normal Retirement Benefit

A participant's basic pension benefit is a monthly pension equal to 1/12 of the sum of (a) and (b) below:

(a) the participant's benefit, if any, accrued for service prior to August 1, 1982 under the Litton Plan transferred directly to this Plan, plus

(b) the greater of (i) or (ii):

  (i) 60% of the participant's Deposits (including Discretionary Deposits), or

  (ii) 85% of the participant's Deposits (including Discretionary Deposits) less 75% of his Primary Insurance Amount.

If a participant withdraws any amounts deposited in the Plan, his Normal Retirement Benefit shall be adjusted to reflect this.

The normal form of benefit is a life annuity with 120 months guaranteed.

Benefits of participants from merged plans are paid under the terms of their prior plans.

Optional Forms of Benefits

Benefit Form	Married Participants	Unmarried Participants
50% Joint & Survivor Annuity	Normal Form	N/A
120-Month Certain & Life Annuity	Optional Form	Normal Form
75% Joint & Survivor Annuity	Optional Form	N/A
100% Joint & Survivor Annuity	Optional Form	N/A
Level Income Option (Age 62)	Optional Form	Optional Form

Participants may also withdraw their deposits with interest, reducing the monthly benefit under the forms above.

Following is a reasonably representative sample of optional form conversion factors. Factors shown are multiplied by the amount of the immediately payable single life annuity.

10-year certain and life annuity: 0.96932 at age 55, 0.93682 at age 62, 0.91099 at age 65

Social Security Level Income Option: Based upon IRS applicable mortality and November Segment Rates.

Joint and Survivor (for participant age 65):

Survivor Percentage	Participant Age Minus Spouse Age		
	3	0	-3
50%	0.88950	0.90560	0.92100
75%	0.84300	0.86480	0.88600
100%	0.80110	0.82750	0.85360

Earliest Retirement Date

First day of any designated month after the date on which a member attains age 55 and completes 10 years of service.

Amount of Early Retirement Pension

The Normal Retirement Benefit will be reduced by:

(a) If the participant earns 20 or more years of service:
½% for each month that early retirement precedes the participant's 60th birthday, plus
¼% for each month between age 60 and the participant's Normal Retirement Date.

(b) If the participant earns between 10 and 20 years of service:
½% for each month that early retirement precedes the participant's 62nd birthday, plus
¼% for each month between age 62 and the participant's Normal Retirement Date.

Deferred Retirement Date

Any day after the Normal Retirement Date.

Amount of Deferred Retirement Benefit

The amount of the Deferred Retirement Benefit is the greater of the benefit accrued through the Deferred Retirement Date, and the benefit as of Normal Retirement Date increased actuarially.

Disability Pension

A participant's Disability Retirement Date may occur any day after the date on which the member completes 10 years of service, and is deemed "totally and permanently" disabled. A participant shall be entitled to receive his Normal Retirement Benefit accrued to his Disability Retirement Date.

Pre-Retirement Death Benefits

If a participant dies prior to retirement and with less than 5 years of service, his beneficiary will receive a lump sum of the participant's total Deposits and Discretionary Deposits made under the Plan with interest to the date of death.

If a vested participant dies prior to retirement and was married for at least 12 months immediately preceding death, the surviving spouse will be eligible to receive a retirement benefit equal to the benefit that would have been payable to the participant's surviving spouse had the participant retired on his earliest retirement date and chosen the 50% joint & survivor annuity and died immediately after retirement. However, this benefit would not commence until the first day of the month in which the participant would have reached his earliest retirement date.

Vesting

A participant will be 100% vested in his Company Purchased Retirement Benefit upon the completion of 5 years of service.

A participant is always 100% vested in his Employee Purchased Retirement Benefit.

Participant Deposits/Discretionary Deposits

The plan was amended and participants will no longer be required or entitled to make regular and discretionary deposits.

Benefits Excluded from the Valuation

There is no assumption for current active members to become disabled in the future.

Significant Events

The Plan was merged with the Wyman-Gordon Company Retirement Income Plan on December 31, 2007.

Inactive Employees from Other Plans

As of January 1, 2016, the following plans have merged into the Wyman-Gordon Company Retirement Income Plan, and former participants of these plans are currently inactive participants in the Wyman-Gordon Retirement Income Plan. The only exception is PCC Specialty Products, Inc. Contributory Retirement Plan, which contains active members.

Name of Plan	Merger Effective Date
Jackson Crankshaft Company Retirement Income Plan for Weekly and Monthly Salaried Employees	November 30, 1988
Wyman-Gordon Company Retirement Income Plan for Employees Covered by the Labor Agreement with The International Brotherhood of Boilermakers, Iron Ship Builders, Blacksmiths, Forgers and Helpers, A.F. of L., C.I.O., Local Lodge No. 1249	November 30, 1988
Wyman-Gordon Company Retirement Income Plan for Employees Covered by the Labor Agreement with International Die Sinkers Conference and Chicago Die Sinkers, Lodge 100	November 30, 1988
Wyman-Gordon Company Retirement Income Plan for Employees Covered by the Labor Agreement with The United Steelworkers of America, Local #3669	November 30, 1988
Wyman-Gordon Company Retirement Income Plan for Employees Covered by the Labor Agreement with The International Association of Machinists, District No. 8, A.F. of L., C.I.O.	November 30, 1988
Wyman-Gordon Company Retirement Income Plan for Employees Covered by the Labor Agreement with The International Brotherhood of Electrical Workers, Local Union No. 134, A.F. of L., C.I.O.	November 30, 1988
Rome Industries, Inc. Retirement Income Plan for Weekly and Monthly Salaried Employees	November 30, 1988
Rome Industries, Inc. Retirement Income Plan for Office and Management Employees of the Reynolds Manufacturing Company Division	November 30, 1988
Reisner Metals, Inc. Retirement Income Plan for Weekly and Monthly Salaried Employees	November 30, 1988
Rome Industries, Inc. Retirement Income Plan for Production and Maintenance Employees	November 30, 1988

Name of Plan	Merger Effective Date
Rome Industries, Inc. Retirement Income Plan for Production and Maintenance Employees of the Reynolds Manufacturing Company Division	November 30, 1988
Reisner Metals, Inc. Retirement Income Plan for Production and Maintenance Employees	November 30, 1988
Wyman-Gordon Company Retirement Income Plan for Employees Covered by the Bargaining Agreement with The International Union, United Automobile, Aerospace, and Agricultural Implement Workers of America, U.A.W. Local No. 953	March 31, 1992
Wyman-Gordon Composites Employees' Retirement Plan	January 1, 1995
Retirement Plan for Salaried Employees of Johnston Pump/General Valve, Inc.	December 31, 2004
PCC Specialty Products, Inc., Contributory Retirement Plan	December 31, 2007

WYMAN-GORDON COMPANY RETIREMENT INCOME PLAN
EIN:04-1992780
PN:007

FORM 5500, SCHEDULE H, LINE 4I—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2016

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, par on Maturity Value	(d) Cost	(e) Current Value
*	Bank of New York Mellon	Interest in Master Trust	$ 503,846,968	$ 503,846,968
*	Principal General Investment Fund	U.S. Government Securities General Investment	521,010	538,131
*	Principal Liquid Assets Account	Pooled separate accounts	96,544	96,544
*	Principal Government Securities Account	Pooled separate accounts	863,796	882,228

** Represents a party-in-interest*

See accompanying Independent Auditors' Report