

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

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>THE BELLEVUE MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN</u>		1b Three-digit plan number (PN) ▶	<u>002</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>THE BELLEVUE MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN</u> <u>520 GOODRICH AVE</u> <u>BELLEVUE, OH 44811-1139</u>		1c Effective date of plan <u>10/01/1950</u> 2b Employer Identification Number (EIN) <u>34-4186030</u> 2c Plan Sponsor's telephone number <u>419-483-7690</u> 2d Business code (see instructions) <u>332900</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2017	ARTHUR D. WOLFE
	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 THE BELLEVUE MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN 520 GOODRICH AVE BELLEVUE, OH 44811-1139	3b Administrator's EIN 34-4186030 3c Administrator's telephone number 419-483-7690
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	5 118
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 54 6a(2) 14 6b 35 6c 14 6d 63 6e 0 6f 63 6g 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 1
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B 1I b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 0 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

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

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

A Name of plan <u>THE BELLEVUE MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN) ► <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>THE BELLEVUE MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN</u>	D Employer Identification Number (EIN) <u>34-4186030</u>

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

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

b Assets

(1) Current value of assets	1b(1)	<u>3490551</u>
(2) Actuarial value of assets for funding standard account	1b(2)	<u>3490551</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>3403479</u>
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	<u>3403479</u>
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	<u>4660843</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>0</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>0</u>
(3) Expected plan disbursements for the plan year	1d(3)	<u>219602</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>10/11/2017</u>
Signature of actuary	Date
<u>MICHAEL J. STROME</u>	<u>17-06160</u>
Type or print name of actuary	Most recent enrollment number
<u>STROME ACTUARIAL SERVICES, LLC</u>	<u>248-461-3625</u>
Firm name	Telephone number (including area code)
<u>31313 NORTHWESTERN HWY, SUITE 114, FARMINGTON HILLS, MI 48334</u>	
Address of the firm	

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

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

Schedule MB (Form 5500) 2016
v. 160205

2 Operational information as of beginning of this plan year:**a** Current value of assets (see instructions)**2a** 3490551**b** "RPA '94" current liability/participant count breakdown:**(1)** For retired participants and beneficiaries receiving payment.....**(1)** Number of participants **(2)** Current liability**(2)** For terminated vested participants.....

37 2261488

(3) For active participants:

27 600650

(a) Non-vested benefits**(b)** Vested benefits**(c)** Total active

0

1798705

1798705

(4) Total.....

54 118 1798705 4660843

c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage.....**2c** %**3** 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 ▶			3(b)	0	3(c) 0

4 Information on plan status:**a** Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....**4a** 102.6%**b** Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to line 5**4b** N**c** Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?..... ☐ Yes ☐ No**d** If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?..... ☐ Yes ☐ No**e** If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date**4e****f** If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge.
If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐**4f****5** Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):**a** ☐ Attained age normal**b** ☐ Entry age normal**c** ☒ Accrued benefit (unit credit)**d** ☐ Aggregate**e** ☐ Frozen initial liability**f** ☐ Individual level premium**g** ☐ Individual aggregate**h** ☐ Shortfall**i** ☐ Other (specify):**j** If box h is checked, enter period of use of shortfall method**5j****k** Has a change been made in funding method for this plan year?..... ☐ Yes ☒ No**l** If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?..... ☐ Yes ☐ No**m** If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method.....**5m**

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a		3.28%	
	Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts	☐ Yes ☒ No ☐ N/A		☐ Yes ☒ No ☐ N/A	
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	11	11	
(2) Females	6c(2)	11	11	
d Valuation liability interest rate	6d	6.00%	6.00 %	
e Expense loading	6e	0.0%	☐ N/A	0.0% ☐ N/A
f Salary scale	6f	0.00%	☐ N/A	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	-7.0%		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-7.0%		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval	8a	
b(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule.	☐ Yes ☒ No	
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	0
c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	
(2) Funding waivers	9c(2)	
(3) Certain bases for which the amortization period has been extended	9c(3)	
d Interest as applicable on lines 9a, 9b, and 9c	9d	0
e Total charges. Add lines 9a through 9d	9e	0

Credits to funding standard account:

f Prior year credit balance, if any	9f	2777882
g Employer contributions. Total from column (b) of line 3	9g	0
Outstanding balance		
h Amortization credits as of valuation date	9h	0
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	166673
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	2852259
(2) "RPA '94" override (90% current liability FFL)	9j(2)	657741
(3) FFL credit	9j(3)	0
k (1) Waived funding deficiency	9k(1)	
(2) Other credits.....	9k(2)	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	2944555
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	2944555
n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n	

9 o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2016 plan year.....	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	0
(3) Total as of valuation date.....	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.		☐ Yes ☒ No

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

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

A Name of plan THE BELLEVUE MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 THE BELLEVUE MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN	D Employer Identification Number (EIN) 34-4186030

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a

Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....

☐ Yes ☒ No
- b

If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

DE MARCHI & ASSOCIATES

34-1804454

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	5750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	SCOTT C. OTERMAT	b EIN:	34-1335957
c Position:	ACTUARY		
d Address:	1786 CR 128 FREMONT, OH 43420-8723	e Telephone:	419-332-0853

Explanation: THE PRIOR ACTUARY PASSED AWAY.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>		
A Name of plan <u>THE BELLEVUE MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE BELLEVUE MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN</u>	D Employer Identification Number (EIN) <u>34-4186030</u>	

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	30354	19701
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	110034	16071
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	2066435	1453315
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	900312	691756
(5) Partnership/joint venture interests	1c(5)	243600	0
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	139816	68438
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	3490551	2249281

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	0	9252
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	9252

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3490551	2240029
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(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)	133371	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		133371
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	29703	
(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)		29703
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1981414	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2039861	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-58447
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	271068	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		271068

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		17504
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		393199

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1620658	
(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)		1620658
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)	21233	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	1830	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		23063
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1643721

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1250522
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: DE MARCHI & ASSOCIATES

(2) EIN: 34-1804454

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4022543. (See instructions.)

Part V Trust Information

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

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

A Name of plan <u>THE BELLEVUE MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE BELLEVUE MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN</u>	D Employer Identification Number (EIN) <u>34-4186030</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>13-3404784</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>52</u>

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

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

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

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

Schedule R (Form 5500) 2016
v. 160205

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer THE BELLEVUE MANUFACTURING COMPANY

b EIN 34-4186030

c Dollar amount contributed by employer

0

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 04 Day 30 Year 2013

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) 0.00

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): MINIMUM REQUIRED FUNDING

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

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

THE BELLEVUE MANUFACTURING COMPANY
UAW RETIREMENT INCOME PLAN

FINANCIAL STATEMENTS
AND
SUPPLEMENTAL INFORMATION

Years Ended December 31, 2016 and 2015

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Demarchi & Associates

Certified Public Accountants

1111 Chester Avenue, Suite 540

Cleveland, Ohio 44114-3516

Phone (216) 241-6975

EMAIL: DNACPAS@AOL.COM

Independent Auditors' Report

Plan Administrator, Board of Administration
The Bellevue Manufacturing Company
UAW Retirement Income Plan
Bellevue, Ohio 44811

We have audited the accompanying financial statements of The Bellevue Manufacturing Company UAW Retirement Income Plan Defined Benefit Plan, which comprise the statements of net assets available for benefits and accumulated plan benefits as of December 31, 2016 and 2015 and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for 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 our audits. We conducted our audits in accordance with accounting principles generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of The Bellevue Manufacturing Company UAW Retirement Income Plan Defined Benefit Plan as of December 31, 2016 and 2015 and the changes in its financial status for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules listed in the accompanying index, together referred to as "Supplemental Information," are presented for the purpose of additional analysis and are not a required part of the financial statements, but are supplementary information required by the Department of Labor's Rules Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, information is fairly stated in all material respects in relation to the financial statements as a whole.

October 6, 2017

Demarchi & Associates

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

THE BELLEVUE MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN

December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
<u>ASSETS:</u>		
<u>INVESTMENTS, at Fair Value:</u>		
Equities (Common & Preferred) and Mutual Funds	\$ 760,194	\$ 1,283,728
Corporate Bonds	1,453,315	2,066,435
Money Market Funds	<u>16,071</u>	<u>110,034</u>
Total Investments	<u>2,229,580</u>	<u>3,460,197</u>
<u>RECEIVABLES</u> - Employer Contributions (Note C)		-
- Accrued Interest Income	<u>19,701</u>	<u>30,354</u>
	<u>19,701</u>	<u>30,354</u>
TOTAL ASSETS	<u>\$ 2,249,281</u>	<u>\$ 3,490,551</u>
 <u>LIABILITIES:</u>		
<u>ACCOUNTS PAYABLE</u>	<u>\$ 9,252</u>	<u>\$ -</u>
 <u>NET ASSETS AVAILABLE FOR BENEFITS</u>	 <u>\$ 2,240,029</u>	 <u>\$ 3,490,551</u>

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

STATEMENTS OF CHANGES IN ASSETS AVAILABLE FOR BENEFITS

THE BELLEVUE MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN

Years Ended December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
<u>ADDITIONS TO NET ASSETS:</u>		
Investment Income - Interest Income	\$ 113,670	\$ 130,190
- Accrued Interest	19,701	30,354
- Dividend Income	29,703	43,861
- Partnership Distribution	17,504	24,160
Employer Contributions (Note C)	-	-
Gain (Loss) on Sale of Investments	(58,447)	43,649
Increase (Decrease) in Fair Market Value of Plan Assets	<u>271,068</u>	<u>(507,239)</u>
Total	<u>393,199</u>	<u>(235,025)</u>
<u>DEDUCTIONS FROM NET ASSETS:</u>		
Benefits Paid to Participants	216,242	196,308
Lump-Sum Distributions (Note G)	1,404,416	-
Administrative Expenses		
- Legal Fees	1,271	4,327
- Foreign Tax Expense	209	1,192
- PBGC Premiums	3,186	3,068
- Audit Fees	5,750	5,950
- Actuary Fees	3,003	4,375
- Merrill Lynch Fees	1,830	4,038
- Amendment Filing Fee	-	2,500
- Other Professional Fees	7,814	10,420
Total Deductions	<u>1,643,721</u>	<u>232,178</u>
<u>NET INCREASE (DECREASE)</u>	<u>(1,250,522)</u>	<u>(467,203)</u>
Net Assets Available for Benefits:		
Beginning of Year - January 1	<u>3,490,551</u>	<u>3,957,754</u>
<u>End of Year - December 31</u>	<u>\$ 2,240,029</u>	<u>\$ 3,490,551</u>

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

STATEMENTS OF ACCUMULATED PLAN BENEFITS

THE BELLEVUE MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN

December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Actuarial Present Value of Accumulated Plan Benefits:		
Vested Benefits -		
Participants Currently Receiving Payments	\$ 1,781,262	\$ 1,827,706
	414,915	
Other Participants		1,567,419
	<u>2,196,177</u>	<u>3,395,125</u>
Nonvested Benefits		
<u>Total Actuarial Present Value of Accumulated Plan Benefits</u>	<u>\$ 2,196,177</u>	<u>\$ 3,395,125</u>

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

STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS

THE BELLEVUE MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN

Years Ended December 31, 2016 and 2015

	<u>2016</u>	<u>2015</u>
<u>Actuarial Present Value of Accumulated Plan Benefits, Beginning</u>	<u>\$ 3,395,125</u>	<u>\$ 3,308,814</u>
<u>Increase (Decrease) During the Year Attributable to:</u>		
Interest Due to Decrease in the Discount Period	\$ 155,796	\$ 192,725
Benefits Paid	(216,242)	(196,308)
Lump-Sum Distributions	(1,404,416)	-
Change in Assumptions	-	-
Benefits Accumulated Including Net Gains & Losses	<u>265,914</u>	<u>89,894</u>
<u>Net Change - Increase (Decrease)</u>	<u>(1,198,948)</u>	<u>86,311</u>
<u>Actuarial Present Value of Accumulated Plan Benefits, Ending</u>	<u>\$ 2,196,177</u>	<u>\$ 3,395,125</u>
* * *	*	*
Net Assets Available for Benefits/ Market Value of Assets (page 2)	\$ 2,240,429	\$ 3,490,551
Less - Actuarial Present Value of Accumulated Plan Benefits (page 4)	<u>2,196,177</u>	<u>3,395,125</u>
<u>FUNDED (UNFUNDED) AMOUNT</u>	<u>\$ 44,252</u>	<u>\$ 95,426</u>

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

NOTES TO FINANCIAL STATEMENTS

THE BELLEVUE MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN

A. DESCRIPTION OF PLAN

The following brief description of The Bellevue Manufacturing Company UAW Retirement Income Plan is provided for general information purposes only. Participants should refer to the Plan Agreement for more complete information.

1. General. The Plan is a defined benefit pension plan covering substantially all union employees of Bellevue Manufacturing Company, Center Manufacturing Company, and the Columbus Show Case Company (which ceased operations in December 1989). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).
2. Eligibility. Employees were eligible to participate on their Date of Hire if he or she is in the bargaining unit covered by the collective bargaining agreement between the Company and the Union. However, admittance to the plan was frozen for new employees of Center Manufacturing Company as of September 30, 2006, and August 23, 2007 for new employees of Bellevue Manufacturing Company.
3. Credited Service. Credited service is the sum of the service credited under the Plan prior to January 1, 1976 plus service credited after that date. Service on and after January 1, 1976 is based on hours of service in a calendar year: a year of 1,600 hours equals one year of credited service; if fewer than 1,600 hours are earned, then 1/12th of a year's credit is given for each 133 hours and the remaining hours if more than 66, count as 1/12th year. For purposes of determining eligibility for a benefit, a year of credit is given for each post-1975 calendar year of at least 1,000 hours of service. The credited years of service factor does not increase for Center Manufacturing Company employees after September 30, 2006, nor for Bellevue Manufacturing Company employees after August 23, 2007.
4. Pension Benefits. The normal retirement age is 65, and there is no service requirement to qualify to retire at this age. The monthly retirement benefit is calculated by multiplying the credited years of service by the benefit rate in effect at the date of termination. The Plan permits early retirement at age 60 if the employee has at least 10 years of credited service. Participants may postpone retirement beyond normal retirement age. Upon request, the participant will receive a benefit equal to a benefit based on service at the postponed retirement date. Employees normally receive their pension benefits in the form of a joint and survivor annuity or, if elected, a single-life pension annuity. If employees terminate before rendering five years of service, they forfeit the right to receive any portion of their accumulated plan benefits.

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

NOTES TO FINANCIAL STATEMENTS

THE BELLEVUE MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN

A. DESCRIPTION OF PLAN (CONT'D)

5. Death and Disability Benefits. A post-retirement death benefit of \$3,000 is payable upon the death of a normal, early, or disabled retiree. There is also a retirement benefit paid to the surviving spouse of an employee who dies before retiring. This benefit is 50% of the normal pension determined as if the employee began receiving his pension on the day before his death. There is also a permanent disability retirement benefit equal to the disabled employee's accrued benefit. The disabled employee must have at least 15 years of service and be eligible for Social Security disability benefits in order to receive the Plan's benefit.

B. SUMMARY OF ACCOUNTING POLICIES

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

1. a. Basis of Accounting. The accompanying financial statements are prepared on the accrual basis of accounting.
- b. Estimates. The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.
2. Investment Valuation and Income Recognition. Generally, quoted market prices are used to value investments. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Purchases and sales of securities are recorded on a trade-date basis. Unrealized gains and losses are calculated as the difference between the fair value of the investment at the prior reporting date.
3. Actuarial Present Value of Accumulated Plan Benefits. Accumulated plan benefits are those future periodic payments including lump-sum distributions, that are attributable under the Plan's provisions to the employees who have rendered service. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees, or their beneficiaries; (b) beneficiaries of employees who have died; and (c) present employees or their beneficiaries.

The actual present value of accumulated plan benefits for the current year is determined by the actuaries. Such value is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest), and the probability of payments (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of December 31, 2016, and 2015, were: (a) life expectancy of participants; (b) retirement age assumptions; and (c) investment return. Beginning with the January 1, 2008 valuation, interest average assumptions have been changed as mandated by the Pension Protection Act.

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

NOTES TO FINANCIAL STATEMENTS

THE BELLEVUE MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN

B. SUMMARY OF ACCOUNTING POLICIES (CONT'D)

Therefore, the segmented interest rate assumption used for 2016 is the published rates, which average 6%. The foregoing actuarial assumptions are based on the presumption that the plan will continue. If the Plan was to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

4. Payment of Benefits. Benefit Payments to participants are recorded upon distribution.

C. FUNDING POLICY

The funding policy of the employer is to sufficiently cover the normal cost of the plan as determined by an independent actuary. The contributions by the employer are examined annually by the actuary to see if any adjustment should be made to maintain adequate funding of the Plan. The employer only needs to make enough annual contributions to the Plan to meet the minimum funding for the Plan, as calculated by the actuary. Accordingly, the employer was not required to make any contributions for years 2016 or 2015 as the minimum ERISA funding standards have been met.

D. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board Statement No. 157 Fair Value Measurements (FASB Statement No. 157) establishes a framework for measuring fair value. Fair value is the price that would be received to sell an asset, or paid to transfer a liability on a given date. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. Inputs are the assumptions that market participants' use in making pricing decisions. 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 under FASB Statement No. 157 are described below:

- 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. For example, a common stock actively traded on a stock exchange.

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

NOTES TO FINANCIAL STATEMENTS

THE BELLEVUE MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN

D. FAIR VALUE MEASUREMENTS (Cont'd)

Level 2. Inputs to valuation methodology include:

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

The plan uses a market approach valuation technique to measure the fair value of the plan's assets. The fair values of common stock, most corporate bonds, and U.S. Government securities are based on quoted market prices, which are observable Level 1 inputs, and generally provide the most reliable evidence of fair value.

The Accompanying notes are an integral part of these financial statements

NOTES TO FINANCIAL STATEMENTS

THE BELLEVUE MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN

D. FAIR VALUE MEASUREMENTS (Cont'd)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2016 and December 31, 2015:

	<u>LEVEL 1</u>	
	<u>2016</u>	<u>2015</u>
<u>Cash & Equivalents</u>		
Money Market Funds	\$16,071	\$ 110,034
Interest Receivable	<u>19,701</u>	<u>30,534</u>
Sub Total	<u>35,772</u>	<u>140,388</u>
<u>Equities</u>		
Common Stocks	431,036	900,312
Mutual Income Funds	68,438	139,816
Publicly Traded Partnerships	<u>260,720</u>	<u>243,600</u>
Sub Total	<u>760,194</u>	<u>1,283,728</u>
<u>Securities/Bonds</u>		
Corporate Bonds	<u>1,453,315</u>	<u>2,066,435</u>
Total Assets at Fair Value	<u>\$2,249,281</u>	<u>\$3,490,551</u>

LEVEL 2

\$	-	\$	-
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LEVEL 3

\$	-	\$	-
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The Accompanying notes are an integral part of these financial statements.

NOTES TO FINANCIAL STATEMENTS

THE BELLEVUE MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN

E. PLAN TERMINATION

In the event of the termination of the Plan, the rights of all participants accrued to date shall be non-forfeitable to the extent funded by the assets in the Plan which shall be allocated on termination, in accordance with the following provisions. In the event of such termination, the Union and each Company contributing shall empower the Administrator to adapt a "Terminal Supplement" to the Plan, setting forth the priorities for allocation of assets, and the manner in which such assets shall be allocated. Such "Termination Supplement" shall provide that the allocations shall be consistent with Title IV of ERISA and meet with the approval of the Pension Benefit Guaranty Corporation, the Internal Revenue Service and any other governmental agency having jurisdiction over the allocation of assets under such conditions.

Certain benefits under the plan are insured by the PBGC under the provisions of a multi-employer plan. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

F. PLAN FREEZE AND BENEFITS

Effective August 23, 2007, the Plan was amended to freeze the benefits for Bellevue Manufacturing Company employees and participants. The monthly retirement benefit was frozen at \$24.00 per month, per year of service. The years of service factor does not increase, and admittance to the Plan was also frozen as of August 23, 2007.

The Plan was also amended to freeze the benefits for Center Manufacturing Company employees and participants as of September 30, 2006. The monthly retirement benefit was frozen at \$22.40 per month, per year of service. The years of service factor used for determining the amount of benefit, does not increase after September 30, 2006. Admittance in the plan was also frozen as of September 30, 2006.

G. PLAN AMENDMENT

In 2016, the Plan was amended to offer a lump-sum payment option to certain plan participants. This option was available for only a limited time. There were 51 participants electing lump-sum payments totaling \$1,404,416 in 2016.

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

NOTES TO FINANCIAL STATEMENTS

THE BELLEVUE MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN

H. TAX STATUS

The Internal Revenue Service requires periodic restatements of the plan document in accordance with their restatement cycle. An application for a favorable determination by the IRS was filed, and approved on December 17, 2015. The Plan is in compliance with their annual filings with the Department of Labor and the Internal Revenue Service. These filings can be reviewed for the past three years. The Forms 5500 have not been audited by the IRS recently, and are open to exam for the last three years, namely Years 2014, 2015 and 2016.

I. OTHER

There have not been any related party transactions during 2016. In addition, there is no material difference between what has been reported in these financial statements and the financial information reported on the Form 5500 for the corresponding year.

J. LITIGATION

Legal counsel and the Plan Administrator are not aware of any litigation or any other contingencies that will have a material effect on these financial statements.

K. SUBSEQUENT EVENTS

There were no subsequent events, which have been evaluated through October 6, 2017.

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

SUPPLEMENTAL INFORMATION

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
FORM 5500, SCHEDULE H, PART IV, ITEM 4a

THE BELLEVUE MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN
(EIN #34-4186030/PN0002)

December 31, 2016

CURRENT PORTFOLIO SUMMARY

Quantity	Security Description	Date Acquired	Total/Adj Cost Basis	Fiscal Year Value 12/31/16	Unrealized Gain or (Loss)	Est Accrued Interest	Est Annual Income
Equities							
5,000	DAL STEPS ISSUER BNS CPN 9.00% SV 43.16 DUE 05/12/17	04/28/16	50,000.00	51,950.00		1,950.00	4,496.00
2,000	GENERAL MOTORS ESCROW PARENT #52GA5 05.250% MAR 06 2032	01/16/14		0.00			
500	GLAXOSMITHKLINE PLC ADR	09/03/14	24,412.50	19,255.00	(5,157.50)		1,034.00
10,000	MSFT CBN ISSUER BAC CPN 6.50% SV 51.73 DUE 06/09/17 BUF 5%	05/26/16	100,000.00	99,800.00	(200.00)		6,490.00
5,000	SP500 MITTS ISSUER HSBC CAP 66.10% SV 1,854.29 DUE 2/26/2021 PROT 100%	02/27/14	54,472.84	54,650.00	177.16		
5,000	SP500 STEPUP ISSUER BAC STEP 25.00% SV 1,921.84 DUE 01/28/19 CALL	01/14/16	50,000.00	54,350.00	4,350.00		
5,000	SP500 STEPUP ISSR BAC STEP 25.00% SV 1,893.36 DUE 01/25/19 CALL	01/28/16	50,000.00	54,250.00	4,250.00		
500	TOTAL S.A. SP ADR	10/28/14	29,012.13	25,485.00	(3,527.13)		1,142.00

SCHEDULE OF ASSETS HELD FOR INVESTMENTS PURPOSES AT END OF YEAR
FORM 5500, SCHEDULE H, PART IV, ITEM 4d

THE BELLEVUE MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN
(EIN #34-4186030/PN002)

December 31, 2016

CURRENT PORTFOLIO SUMMARY

Quantity	Security Description	Date Acquired	Total/Adj Cost Basis	Fiscal Year Value 12/31/16	Unrealized Gain or (Loss)	Est. Accrued Interest	Est. Annual Income
Equities							
500	VERIZON COMMUNICATIONS COM	07/16/15	23,332.50	26,890.00		2,757.50	1,156.00
500	VODAFONE GROUP PLC SHS ADR	08/12/14	16,303.20	12,215.00		(4,088.20)	746.00
700	BUCKEYE PARTNERS L.P.	09/24/03	28,021.00	46,312.00		18,291.00	3,378.00
1,300	BUCKEYE PARTNERS L.P.	09/24/03	52,091.00	86,008.00		33,917.00	6,273.00
2,000	CEDAR FAIR DER. UNIT L.P.	07/16/04	33,907.00	128,400.00		94,493.00	6,840.00
1,000	PLAINS ALL AMERN. PIPEL. LP	05/20/11	31,037.99	32,280.00		1,252.01	2,201.00
1,000	LINN ENERGY LLC PARTNER	05/20/11	38,651.80	101.20		(38,550.60)	
Total Equities			581,841.36	681,756.20		109,914.24	33,756.00

SCHEDULE OF ASSETS HELD FOR INVESTMENTS PURPOSES AT END OF YEAR

FORM 5500, SCHEDULE H, PART IV, ITEM 41

THE BELLEVUE MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN
(EIN #34-4186030/PN002)

December 31, 2016

CURRENT PORTFOLIO SUMMARY

Quantity	Security Description	Date Acquired	Total/Adj Cost Basis	Fiscal Year Value 12/31/16	Unrealized Gain or (Loss)	Est. Accrued Interest	Est Annual Income
Mutual Funds/Closed End Funds/UIT							
4.913	MUVEEN TAX-ADVANTAGED DIVID. GROWTH FUND	06/03/14	79,575.75	68,438.09	(11,137.66)	(11,137.66)	6,092.00
	Total Mutual Funds/Closed End Funds/UIT		<u>79,575.75</u>	<u>68,438.09</u>	<u>(11,137.66)</u>	<u>(11,137.66)</u>	<u>6,092.00</u>

EQUITIES RECAP

Equities (Page 14) \$ 35,691,756
Mutual Funds (Page 18) 68,438
Total \$ 760,194

SCHEDULE OF ASSETS HELD FOR INVESTMENTS PURPOSES AT END OF YEAR
FORM 5500, SCHEDULE H, PART IV, ITEM 41

THE BELLEVUE MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN
(EIN #34-4186030/PN002)

December 31, 2016

CURRENT PORTFOLIO SUMMARY

Quantity	Security Description	Date Acquired	Total/Adj Cost Basis	Fiscal Year Value 12/31/16	Unrealized Gain or (Loss)	Est Accrued Interest	Est Annual Income
Corporate Bonds							
50,000	AT&T INC. 06.375% MAR 01 2041 MOODY'S: BAA1 S&P: BBB+	03/21/16	58,319.55	57,581.00	(738.55)	1,053.65	3,188.00
100,000	BELLSOUTH CORP. 06.550% JUN 15 2034 MOODY'S: A- S&P: BBB+	08/25/06	100,237.09	109,734.00	9,496.91	272.92	6,550.00
100,000	BELLSOUTH CORP. ORIGINAL UNIT TOTAL COST 119,150/128,158.00	04/30/14	117,582.70	109,734.00	(7,848.70)	272.92	6,550.00
100,000	TIME WARNER ENTERTAINMENT GLB 08.375% JUL 15 2033	12/18/01	109,479.27	131,021.00	21,541.73	3,838.54	8,375.00
50,000	HEWLETT-PACKARD CO. GLB 06.000% SEP 15 2041	11/17/14	55,170.81	50,431.50	(4,739.31)	875.00	3,000.00
100,000	ESCROW GM CORP. CONV. BONDS 08.375% JUL 15 2033	01/16/14		0.00			

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

SCHEDULE OF ASSETS HELD FOR INVESTMENTS PURPOSES AT END OF YEAR

FORM 5500, SCHEDULE H, PART IV, ITEM 4

THE BELLEVUE MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN
(EIN #34-4186030/PN002)

December 31, 2016

CURRENT PORTFOLIO SUMMARY

Quantity	Security Description	Date Acquired	Total/Adj Cost Basis	Fiscal Year Value 12/31/16	Unrealized Gain or (Loss)	Est Accrued Interest	Est Annual Income
Corporate Bonds							
100,000	MARATHON PETROLEUM CORP GLB 06.500% MAR 01 2041	04/14/16	104,526.09	106,960.00	2,433.91	2,148.61	6,500.00
100,000	MOTOROLA INCORPORATED 06.500% SEP 01 2025 MOODY'S: BAA3 S&P: BBB-	05/01/07	101,432.18	110,284.00	8,851.82	2,148.61	6,500.00
50,000	OWENS CORNING INC COMPANY GUARNT GLB 07.000% DEC 01 2036	12/19/14	61,161.14	59,282.50	(1,878.64)	281.94	3,500.00
25,000	VIACOM INC GLB 06.875% APR 30 2036	04/21/16	27,135.88	27,261.25	125.37	286.46	1,719.00
100,000	VALERO ENERGY CORP GLB 06.625% JUN 15 2037	06/30/09	89,146.00	117,036.00	27,890.00	276.04	6,625.00
100,000	VERIZON COMMUNICATIONS GLB 06.900% APR 15 2036	04/30/14	126,948.27	123,864.00	(3,084.27)	1,457.50	6,900.00
100,000	AT&T INC GLB 06.150% SEP 15 2034	03/24/14	114,210.56	108,800.00	(5,410.56)	1,793.75	6,150.00
50,000	SOUTHERN PERU COPPER COR GLB 06.750% APR 16 2040	08/24/15	47,859.45	53,945.50	6,086.05	693.75	3,375.00

SCHEDULE OF ASSETS HELD FOR INVESTMENTS PURPOSES AT END OF YEAR

FORM 5500, SCHEDULE H, PART IV, ITEM 4i

THE BELLEVUE MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN
(EIN #34-4186030/PN002)

December 31, 2016

CURRENT PORTFOLIO SUMMARY

Quantity	Security Description	Date Acquired	Total/Adj Cost Basis	Fiscal Year Value 12/31/16	Unrealized Gain or (Loss)	Est Accrued Interest	Est Annual Income
Corporate Bonds							
50,000	VIACOM INC GLB	07/27/15	50,521.12	49,000.00	(1,521.12)	966.88	2,925.00
	05.850% SEP 01 2043						
100,000	NM EL PASO ENERGY CORP BE COMP GUANT SER GMTN	05/12/15	121,386.30	119,190.00	(2,196.30)	1,877.08	8,050.00
	08.050% OCT 15 2030						
100,000	NM EL PASO ENERGY CORP BE ORIGINAL UNIT/TOTAL COST	10/15/15	110,584.56	119,190.00	8,625.44	1,877.08	8,050.00
	141,1000/111,100.00						
	Total Corporate Bonds		1,395,680.77	1,453,314.75	57,633.98	19,700.73	87,957.00

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

SCHEDULE OF REPORTABLE TRANSACTIONS
FORM 5500, SCHEDULE H, PART IV, ITEM 4 j

THE BELLEVUE MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN
(EIN #34-4186030/PN002)

December 31, 2016

(b) <u>Description of Assets</u>	<u>Date of Acquisition</u>	<u>Date of Liquidation</u>	(d & h) <u>Selling Price</u>	(g) <u>Cost of Asset</u>	(i) <u>Gain or (Loss)</u>
100,000 30 Year Bond Verizon Global FD 7.75% yield	11/03/06	03/16/16	\$ 132,590	\$ 118,094	\$ 14,496
100,000 30 Year Bond Viacom Inc. 7.87% yield Maturing 7/30/2030	01/29/14	04/25/16	137,133	128,111	9,022
100,000 Bond Kellogg Co. 7.45% yield Maturing 4/01/2031	04/16/14	05/19/16	132,542	126,094	6,448
100,000 37 Year Bond Kohl's Corp. 6.87% yield	11/12/14	06/16/16	109,781	125,014	(15,233)
100,000 Bond Westvaco Corp. yield 7.95% Maturing 2031	09/16/14	06/16/16	129,638	129,048	590

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

Schedule MB, Line 8b - Schedule of Active Participant Data

Under 1 1 to 4 5 to 9 10 to 14 15 to 19 20 to 24 25 to 29 30 to 34 35 to 39 40 & up

[illegible]

Plan Name: The Bellevue Manufacturing Company UAW Retirement Income Plan

Plan Year: 2016

EIN: 34-4186030, PN: 002

Schedule MB, Line 6 – Actuarial Assumptions and Methods

10. Valuation Assumptions and Methods

Traditional Unit Credit

The actuarial cost method used in the valuation is the unit credit cost method.

The normal cost is the sum of all the individual normal costs for each participant. For active participants, the individual normal cost is the present value of the benefit earned during the year being valued. For active participants whose credited service equals or exceeds the plan maximum, if any, and for non-active participants, the normal cost is zero.

The actuarial accrued liability is the sum of the individual accrued liabilities for all participants. The individual accrued liability for an active participant is the present value of the accrued benefit as of the valuation date. The unfunded liability is the actuarial accrued liability less the valuation assets, and is referred to as the “shortfall.”

Projected Unit Credit

The projected unit credit cost method is used for computing pension cost under current accounting rules.

Under this method, the normal cost is the sum of the individual normal costs for all participants. For an active participant, the individual normal cost is the present value at the current age of the projected benefit at the assumed retirement age, based on the actuarial assumption, divided by the participant’s expected years of credited service at that age. For a non-active participant, the normal cost is zero.

The actuarial accrued liability is the sum of the individual accrued liabilities for all plan participants. For an active participant, the individual accrued liability is the product of the normal cost and the total years of credited service at the current age. For non-active participants, the individual accrued liability is the present value at the current age of future benefits. The unfunded actuarial accrued liability equals the actuarial accrued liability less the valuation assets.

Plan Name: The Bellevue Manufacturing Company UAW Retirement Income Plan

Plan Year: 2016

EIN: 34-4186030, PN: 002

Schedule MB, Line 6 – Actuarial Assumptions and Methods

10. Valuation Assumptions and Methods (continued)

Valuation Assets – Market value of assets plus discounted receivable contributions.

Interest Rates

RPA '94 Current Liability	3.28%
Funding	6.00%

ASC 960 – FASB Accounting Standards Codification 960

(Formerly Statement of Financial Accounting Standards No. 35) Rates:

Interest	6.00%
Other Assumptions	Same as funding, using RPA '94 mortality table

Salary Scale	None
---------------------	------

Termination Rates	None
--------------------------	------

Retirement Rates	100% of participants are assumed to retire at age 65.
-------------------------	--

Rates of Disablement	None
-----------------------------	------

Pre-Retirement Mortality for RPA '94	Static table for non-annuitants, separately for males and females; based on RP-2000 Tables with Scale AA, adjusted to valuation year
---	---

Post-retirement Mortality for RPA '94	Static table for annuitants, separately for males and females; based on RP-2000 Tables with Scale AA, adjusted to valuation year
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Plan Name: The Bellevue Manufacturing Company UAW Retirement Income Plan

Plan Year: 2016

EIN: 34-4186030, PN: 002

Schedule MB, Line 6 – Actuarial Assumptions and Methods

10. Valuation Assumptions and Methods (continued)

Mortality for Funding	RP-2014 Blue Collar Mortality Table with fully generational projection using scale MP-2015
Administrative Expenses	None
Percent Married	80% of males and 80% of females were assumed to be married
Age of Spouse	The female spouse is assumed to be 3 years younger than the male spouse
Probability of Payment Form	Annuity – 100%
Changes since previous valuation	None

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

Part II Basic Plan Information —enter all requested information					
1a Name of plan THE BELLEVUE MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1b Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">002</td> </tr> <tr> <td colspan="2">1c Effective date of plan 10/01/1950</td> </tr> </table>	1b Three-digit plan number (PN) ▶	002	1c Effective date of plan 10/01/1950	
1b Three-digit plan number (PN) ▶	002				
1c Effective date of plan 10/01/1950					
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) THE BELLEVUE MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN 520 GOODRICH AVE BELLEVUE OH 44811-1139	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 34-4186030</td> </tr> <tr> <td>2c Plan Sponsor's telephone number 419-483-7690</td> </tr> <tr> <td>2d Business code (see instructions) 332900</td> </tr> </table>	2b Employer Identification Number (EIN) 34-4186030	2c Plan Sponsor's telephone number 419-483-7690	2d Business code (see instructions) 332900	
2b Employer Identification Number (EIN) 34-4186030					
2c Plan Sponsor's telephone number 419-483-7690					
2d Business code (see instructions) 332900					

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		10-2-17	Arthur D. Wolfe
	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 THE BELLEVUE MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN 520 GOODRICH AVE BELLEVUE OH 44811-1139	3b Administrator's EIN 34-4186030 3c Administrator's telephone number 419-483-7690
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	5 118
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) 54
a(2) Total number of active participants at the end of the plan year	6a(2) 14
b Retired or separated participants receiving benefits.....	6b 35
c Other retired or separated participants entitled to future benefits	6c 14
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 63
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 63
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 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 1
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B 1I	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE OF REPORTABLE TRANSACTIONS
FORM 5500, SCHEDULE H, PART IV, ITEM 4 j

THE BELLEVUE MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN
(EIN #34-4186030/PN002)

December 31, 2016

(b) <u>Description of Assets</u>	<u>Date of Acquisition</u>	<u>Date of Liquidation</u>	(d & h) <u>Selling Price</u>	(g) <u>Cost of Asset</u>	(i) <u>Gain or (Loss)</u>
100,000 30 Year Bond Verizon Global FD 7.75% yield	11/03/06	03/16/16	\$ 132,590	\$ 118,094	\$ 14,496
100,000 30 Year Bond Viacom Inc. 7.87% yield Maturing 7/30/2030	01/29/14	04/25/16	137,133	128,111	9,022
100,000 Bond Kellogg Co. 7.45% yield Maturing 4/01/2031	04/16/14	05/19/16	132,542	126,094	6,448
100,000 37 Year Bond Kohl's Corp. 6.87% yield	11/12/14	06/16/16	109,781	125,014	(15,233)
100,000 Bond Westvaco Corp. yield 7.95% Maturing 2031	09/16/14	06/16/16	129,638	129,048	590

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

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

► Round off amounts to nearest dollar.

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

A Name of plan THE BELLEVUE MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">B Three-digit plan number (PN) ►</td> <td style="width: 20%; text-align: center;">002</td> </tr> </table>	B Three-digit plan number (PN) ►	002
B Three-digit plan number (PN) ►	002		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE BELLEVUE MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>D Employer Identification Number (EIN) 34-4186030</td> </tr> </table>	D Employer Identification Number (EIN) 34-4186030	
D Employer Identification Number (EIN) 34-4186030			

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

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

b Assets		
(1) Current value of assets	1b(1)	3,490,551
(2) Actuarial value of assets for funding standard account	1b(2)	3,490,551
c (1) Accrued liability for plan using immediate gain methods	1c(1)	3,403,479
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	3,403,479
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	4,660,843
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	0
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	0
(3) Expected plan disbursements for the plan year	1d(3)	219,602

Statement by Enrolled Actuary

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

SIGN HERE	 Signature of actuary	<u>10/11/2017</u> Date 1706160 Most recent enrollment number 248-461-3625 Telephone number (including area code)
MICHAEL J. STROME Type or print name of actuary STROME ACTUARIAL SERVICES, LLC Firm name 31313 NORTHWESTERN HWY, SUITE 114 FARMINGTON HILLS MI 48334 Address of the firm		

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

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

Schedule MB (Form 5500) 2016
v. 160205

a Current value of assets (see instructions)		2a	3,490,551
b "RPA '94" current liability/participant count breakdown:			
		(1) Number of participants	(2) Current liability
(1)	For retired participants and beneficiaries receiving payment	37	2,261,488
(2)	For terminated vested participants	27	600,650
(3)	For active participants:		
(a)	Non-vested benefits		0
(b)	Vested benefits		1,798,705
(c)	Total active	54	1,798,705
(4)	Total	118	4,660,843
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		2c	%

(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 ►	3(b)	0 3(c) 0

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	102.6 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No		
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No		
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here	4f	

a	☐	Attained age normal	b	☐	Entry age normal	c	☒	Accrued benefit (unit credit)	d	☐	Aggregate
e	☐	Frozen initial liability	f	☐	Individual level premium	g	☐	Individual aggregate	h	☐	Shortfall

i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?	☐ Yes ☒ No	
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?	☐ Yes ☐ No	
m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	3.28 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☒ No ☐ N/A	☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	11
(2) Females	6c(2)	11
d Valuation liability interest rate	6d	6.00 %
e Expense loading	6e	0.0 % ☐ N/A
f Salary scale	6f	0.00 % ☐ N/A
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	-7.0 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-7.0 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval	8a	
b(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule	☐ Yes ☒ No	
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	0

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)		
(2) Funding waivers	9c(2)		
(3) Certain bases for which the amortization period has been extended	9c(3)		
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		0
e Total charges. Add lines 9a through 9d.....	9e		0
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		2,777,882
g Employer contributions. Total from column (b) of line 3.....	9g		0
		Outstanding balance	
h Amortization credits as of valuation date.....	9h		0
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i		166,673
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	9j(1)	2,852,259	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	657,741	
(3) FFL credit.....	9j(3)		0
k (1) Waived funding deficiency.....	9k(1)		
(2) Other credits	9k(2)		
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....	9l		2,944,555
m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m		2,944,555
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		
9o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the 2016 plan year	9o(1)		0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)		0
(3) Total as of valuation date	9o(3)		0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10		
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....			☐ Yes ☒ No

Plan Name: The Bellevue Manufacturing Company UAW Retirement Income Plan

Plan Year: 2016

EIN: 34-4186030, PN: 002

Schedule MB, Line 6 – Actuarial Assumptions and Methods

10. Valuation Assumptions and Methods

Traditional Unit Credit

The actuarial cost method used in the valuation is the unit credit cost method.

The normal cost is the sum of all the individual normal costs for each participant. For active participants, the individual normal cost is the present value of the benefit earned during the year being valued. For active participants whose credited service equals or exceeds the plan maximum, if any, and for non-active participants, the normal cost is zero.

The actuarial accrued liability is the sum of the individual accrued liabilities for all participants. The individual accrued liability for an active participant is the present value of the accrued benefit as of the valuation date. The unfunded liability is the actuarial accrued liability less the valuation assets, and is referred to as the “shortfall.”

Projected Unit Credit

The projected unit credit cost method is used for computing pension cost under current accounting rules.

Under this method, the normal cost is the sum of the individual normal costs for all participants. For an active participant, the individual normal cost is the present value at the current age of the projected benefit at the assumed retirement age, based on the actuarial assumption, divided by the participant’s expected years of credited service at that age. For a non-active participant, the normal cost is zero.

The actuarial accrued liability is the sum of the individual accrued liabilities for all plan participants. For an active participant, the individual accrued liability is the product of the normal cost and the total years of credited service at the current age. For non-active participants, the individual accrued liability is the present value at the current age of future benefits. The unfunded actuarial accrued liability equals the actuarial accrued liability less the valuation assets.

Plan Name: The Bellevue Manufacturing Company UAW Retirement Income Plan

Plan Year: 2016

EIN: 34-4186030, PN: 002

Schedule MB, Line 6 – Actuarial Assumptions and Methods

10. Valuation Assumptions and Methods (continued)

Valuation Assets – Market value of assets plus discounted receivable contributions.

Interest Rates

RPA '94 Current Liability	3.28%
Funding	6.00%

ASC 960 – FASB Accounting Standards Codification 960

(Formerly Statement of Financial Accounting Standards No. 35) Rates:

Interest	6.00%
Other Assumptions	Same as funding, using RPA '94 mortality table

Salary Scale None

Termination Rates None

Retirement Rates 100% of participants are assumed to retire at age 65.

Rates of Disablement None

Pre-Retirement Mortality for RPA '94 Static table for non-annuitants, separately for males and females; based on RP-2000 Tables with Scale AA, adjusted to valuation year

Post-retirement Mortality for RPA '94 Static table for annuitants, separately for males and females; based on RP-2000 Tables with Scale AA, adjusted to valuation year

Plan Name: The Bellevue Manufacturing Company UAW Retirement Income Plan

Plan Year: 2016

EIN: 34-4186030, PN: 002

Schedule MB, Line 6 – Actuarial Assumptions and Methods

10. Valuation Assumptions and Methods (continued)

Mortality for Funding	RP-2014 Blue Collar Mortality Table with fully generational projection using scale MP-2015
Administrative Expenses	None
Percent Married	80% of males and 80% of females were assumed to be married
Age of Spouse	The female spouse is assumed to be 3 years younger than the male spouse
Probability of Payment Form	Annuity – 100%
Changes since previous valuation	None

Plan Name: The Bellevue Manufacturing Company UAW Retirement Income Plan

Plan Year: 2016

EIN: 34-4186030, PN: 002

Schedule MB, Line 6 – Summary of Plan Provisions

10. Summary of Principal Plan Provisions

A. Plan Provisions

Plan Name	The Bellevue Manufacturing Company UAW Retirement Income Plan
Plan Documents:	
Latest determination letter	January 1, 2015 (restatement)
Plan effective date	October 1, 1950 with regard to Bellevue Manufacturing Company, and October 1, 1965 with regard to Center Manufacturing Company
Most recent amendment effective date (execution date)	January 1, 2015 (restatement)
Eligibility provisions:	
Participation	Participation was frozen effective September 30, 2006 for employees of Center Manufacturing Company and August 23, 2007 for employees of Bellevue Manufacturing Company
Normal retirement:	First of month following age 65
Early retirement:	Age 60 with 10 years vesting service
Late retirement	Employment continues after normal retirement date
Vesting schedule	5-year cliff vesting (100% after 5 years of vesting service).
Disability	Eligible for Social Security disability benefits with at least 15 years of credited service

Plan Name: The Bellevue Manufacturing Company UAW Retirement Income Plan

Plan Year: 2016

EIN: 34-4186030, PN: 002

Schedule MB, Line 6 – Summary of Plan Provisions

10. Summary of Principal Plan Provisions (continued)

Pre-retirement death

Annuity to surviving spouse

Death after being vested

Post-retirement death

Lump sum to beneficiary

Death after retirement

Benefit amounts:

Normal retirement

Dollar amount times service credits at plan freeze according to the following:

Company	Applicable Dollar Amount	Freeze Date
Bellevue Manufacturing	\$24.00	August 23, 2007
Center Manufacturing	\$22.40	October 15, 2006

Early retirement

Normal retirement benefit reduced by 0.5% per month preceding normal retirement date

Late retirement

Frozen accrued benefit actuarially increased to late retirement date

Vested termination

Accrued benefit payable at a normal retirement date; or if commencement is before normal retirement date, a reduced accrued benefit according to document provisions

Plan Name: The Bellevue Manufacturing Company UAW Retirement Income Plan

Plan Year: 2016

EIN: 34-4186030, PN: 002

Schedule MB, Line 6 – Summary of Plan Provisions

10. Summary of Principal Plan Provisions (continued)

Disability	Frozen accrued benefit equal to the normal retirement benefit
Pre-retirement death:	
Annuity to spouse	50% of the benefit that would have been payable to the participant at the participant's early retirement age under the Joint and 50% Survivor form of payment, had the participant terminated employment the day before death occurred
Post-retirement death:	
Lump sum to beneficiary	\$3,000

Definitions:

Actuarial equivalence:	
General	1971 Group Annuity mortality table using male rates for employees and female rates for spouses with 7.0% interest
Unreduced payment form	Single Life Annuity
Optional payment forms	Joint and survivor with 50% or 75% continuing to beneficiary
Changes since prior valuation	None

Schedule MB, Line 8b - Schedule of Active Participant Data[illegible]

Plan Name: The Bellevue Manufacturing Company UAW Retirement Income Plan

Plan Year: 2016

EIN: 34-4186030, PN: 002

Schedule MB, Line 6 – Summary of Plan Provisions

10. Summary of Principal Plan Provisions

A. Plan Provisions

Plan Name	The Bellevue Manufacturing Company UAW Retirement Income Plan
Plan Documents:	
Latest determination letter	January 1, 2015 (restatement)
Plan effective date	October 1, 1950 with regard to Bellevue Manufacturing Company, and October 1, 1965 with regard to Center Manufacturing Company
Most recent amendment effective date (execution date)	January 1, 2015 (restatement)
Eligibility provisions:	
Participation	Participation was frozen effective September 30, 2006 for employees of Center Manufacturing Company and August 23, 2007 for employees of Bellevue Manufacturing Company
Normal retirement:	First of month following age 65
Early retirement:	Age 60 with 10 years vesting service
Late retirement	Employment continues after normal retirement date
Vesting schedule	5-year cliff vesting (100% after 5 years of vesting service).
Disability	Eligible for Social Security disability benefits with at least 15 years of credited service

Plan Name: The Bellevue Manufacturing Company UAW Retirement Income Plan

Plan Year: 2016

EIN: 34-4186030, PN: 002

Schedule MB, Line 6 – Summary of Plan Provisions

10. Summary of Principal Plan Provisions (continued)

Pre-retirement death

Annuity to surviving spouse

Death after being vested

Post-retirement death

Lump sum to beneficiary

Death after retirement

Benefit amounts:

Normal retirement

Dollar amount times service credits at plan freeze according to the following:

Company	Applicable Dollar Amount	Freeze Date
Bellevue Manufacturing	\$24.00	August 23, 2007
Center Manufacturing	\$22.40	October 15, 2006

Early retirement

Normal retirement benefit reduced by 0.5% per month preceding normal retirement date

Late retirement

Frozen accrued benefit actuarially increased to late retirement date

Vested termination

Accrued benefit payable at a normal retirement date; or if commencement is before normal retirement date, a reduced accrued benefit according to document provisions

Plan Name: The Bellevue Manufacturing Company UAW Retirement Income Plan

Plan Year: 2016

EIN: 34-4186030, PN: 002

Schedule MB, Line 6 – Summary of Plan Provisions

10. Summary of Principal Plan Provisions (continued)

Disability	Frozen accrued benefit equal to the normal retirement benefit
Pre-retirement death:	
Annuity to spouse	50% of the benefit that would have been payable to the participant at the participant's early retirement age under the Joint and 50% Survivor form of payment, had the participant terminated employment the day before death occurred
Post-retirement death:	
Lump sum to beneficiary	\$3,000
Definitions:	
Actuarial equivalence:	
General	1971 Group Annuity mortality table using male rates for employees and female rates for spouses with 7.0% interest
Unreduced payment form	Single Life Annuity
Optional payment forms	Joint and survivor with 50% or 75% continuing to beneficiary
Changes since prior valuation	None

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
FORM 5500, SCHEDULE H, PART IV, ITEM 4c

THE BELLEVUE MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN
(EIN #34-4186030/PN0002)

December 31, 2016

CURRENT PORTFOLIO SUMMARY

Quantity	Security Description	Date Acquired	Total/Adj Cost Basis	Fiscal Year Value 12/31/16	Unrealized Gain or (Loss)	Est Accrued Interest	Est Annual Income
Equities							
5,000	DAL STEPS ISSUER BNS CPN 9.00% SV 43.16 DUE 05/12/17	04/28/16	50,000.00	51,950.00		1,950.00	4,496.00
2,000	GENERAL MOTORS ESCROW PARENT #52GA5 05.250% MAR 06 2032	01/16/14		0.00			
500	GLAXOSMITHKLINE PLC ADR	09/03/14	24,412.50	19,255.00	(5,157.50)		1,034.00
10,000	MSFT CBN ISSUER BAC CPN 6.50% SV 51.73 DUE 06/09/17 BUF 5%	05/26/16	100,000.00	99,800.00	(200.00)		6,490.00
5,000	SP500 MITTS ISSUER HSBC CAP 66.10% SV 1,854.29 DUE 2/26/2021 PROT 100%	02/27/14	54,472.84	54,650.00	177.16		
5,000	SP500 STEPUP ISSUER BAC STEP 25.00% SV 1,921.84 DUE 01/28/19 CALL	01/14/16	50,000.00	54,350.00	4,350.00		
5,000	SP500 STEPUP ISSR BAC STEP 25.00% SV 1,893.36 DUE 01/25/19 CALL	01/28/16	50,000.00	54,250.00	4,250.00		
500	TOTAL S.A. SP ADR	10/28/14	29,012.13	25,485.00	(3,527.13)		1,142.00

SCHEDULE OF ASSETS HELD FOR INVESTMENTS PURPOSES AT END OF YEAR
FORM 5500, SCHEDULE H, PART IV, ITEM 4d

THE BELLEVUE MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN
(EIN #34-4186030/PN002)

December 31, 2016

CURRENT PORTFOLIO SUMMARY

Quantity	Security Description	Date Acquired	Total/Adj Cost Basis	Fiscal Year Value 12/31/16	Unrealized Gain or (Loss)	Est. Accrued Interest	Est. Annual Income
Equities							
500	VERIZON COMMUNICATIONS COM	07/16/15	23,332.50	26,890.00		2,757.50	1,156.00
500	VODAFONE GROUP PLC SHS ADR	08/12/14	16,303.20	12,215.00		(4,088.20)	746.00
700	BUCKEYE PARTNERS L.P.	09/24/03	28,021.00	46,312.00		18,291.00	3,378.00
1,300	BUCKEYE PARTNERS L.P.	09/24/03	52,091.00	86,008.00		33,917.00	6,273.00
2,000	CEDAR FAIR DER. UNIT L.P.	07/16/04	33,907.00	128,400.00		94,493.00	6,840.00
1,000	PLAINS ALL AMERN. PIPEL. LP	05/20/11	31,037.99	32,280.00		1,252.01	2,201.00
1,000	LINN ENERGY LLC PARTNER	05/20/11	38,651.80	101.20		(38,550.60)	
Total Equities			581,841.36	681,756.20		109,914.24	33,756.00

SCHEDULE OF ASSETS HELD FOR INVESTMENTS PURPOSES AT END OF YEAR

FORM 5500, SCHEDULE H, PART IV, ITEM 41

THE BELLEVUE MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN
(EIN #34-4186030/PN002)

December 31, 2016

CURRENT PORTFOLIO SUMMARY

Quantity	Security Description	Date Acquired	Total/Adj Cost Basis	Fiscal Year Value 12/31/16	Unrealized Gain or (Loss)	Est. Accrued Interest	Est Annual Income
Mutual Funds/Closed End Funds/UIT							
4,913	MUVEEN TAX-ADVANTAGED DIVID. GROWTH FUND	06/03/14	79,575.75	68,438.08	(11,137.66)	(11,137.66)	6,092.00
	Total Mutual Funds/Closed End Funds/UIT		<u>79,575.75</u>	<u>68,438.08</u>	<u>(11,137.66)</u>	<u>(11,137.66)</u>	<u>6,092.00</u>

EQUITIES RECAP

Equities (Page 14) \$ 38,691,756
Mutual Funds (Page 18) 68,438
Total \$ 760,194

SCHEDULE OF ASSETS HELD FOR INVESTMENTS PURPOSES AT END OF YEAR
FORM 5500, SCHEDULE H, PART IV, ITEM 41

THE BELLEVUE MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN
(EIN #34-4186030/PN002)

December 31, 2016

CURRENT PORTFOLIO SUMMARY

Quantity	Security Description	Date Acquired	Total/Adj Cost Basis	Fiscal Year Value 12/31/16	Unrealized Gain or (Loss)	Est Accrued Interest	Est Annual Income
Corporate Bonds							
50,000	AT&T INC. 06.375% MAR 01 2041 MOODY'S: BAA1 S&P: BBB+	03/21/16	58,319.55	57,581.00	(738.55)	1,053.65	3,188.00
100,000	BELLSOUTH CORP. 06.550% JUN 15 2034 MOODY'S: A- S&P: BBB+	08/25/06	100,237.09	109,734.00	9,496.91	272.92	6,550.00
100,000	BELLSOUTH CORP. ORIGINAL UNIT TOTAL COST 119,150/128,158.00	04/30/14	117,582.70	109,734.00	(7,848.70)	272.92	6,550.00
100,000	TIME WARNER ENTERTAINMENT GLB 08.375% JUL 15 2033	12/18/01	109,479.27	131,021.00	21,541.73	3,838.54	8,375.00
50,000	HEWLETT-PACKARD CO. GLB 06.000% SEP 15 2041	11/17/14	55,170.81	50,431.50	(4,739.31)	875.00	3,000.00
100,000	ESCROW GM CORP. CONV. BONDS 08.375% JUL 15 2033	01/16/14		0.00			

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

SCHEDULE OF ASSETS HELD FOR INVESTMENTS PURPOSES AT END OF YEAR

FORM 5500, SCHEDULE H, PART IV, ITEM 4d

THE BELLEVUE MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN
(EIN #34-4186030/PN002)

December 31, 2016

CURRENT PORTFOLIO SUMMARY

Quantity	Security Description	Date Acquired	Total/Adj Cost Basis	Fiscal Year Value 12/31/16	Unrealized Gain or (Loss)	Est Accrued Interest	Est Annual Income
Corporate Bonds							
100,000	MARATHON PETROLEUM CORP GLB 06.500% MAR 01 2041	04/14/16	104,526.09	106,960.00	2,433.91	2,148.61	6,500.00
100,000	MOTOROLA INCORPORATED 06.500% SEP 01 2025 MOODY'S: BAA3 S&P: BBB-	05/01/07	101,432.18	110,284.00	8,851.82	2,148.61	6,500.00
50,000	OWENS CORNING INC COMPANY GUARNT GLB 07.000% DEC 01 2036	12/19/14	61,161.14	59,282.50	(1,878.64)	281.94	3,500.00
25,000	VIACOM INC GLB 06.875% APR 30 2036	04/21/16	27,135.88	27,261.25	125.37	286.46	1,719.00
100,000	VALERO ENERGY CORP GLB 06.625% JUN 15 2037	06/30/09	89,146.00	117,036.00	27,890.00	276.04	6,625.00
100,000	VERIZON COMMUNICATIONS GLB 06.900% APR 15 2036	04/30/14	126,948.27	123,864.00	(3,084.27)	1,457.50	6,900.00
100,000	AT&T INC GLB 06.150% SEP 15 2034	03/24/14	114,210.56	108,800.00	(5,410.56)	1,793.75	6,150.00
50,000	SOUTHERN PERU COPPER COR GLB 06.750% APR 16 2040	08/24/15	47,859.45	53,945.50	6,086.05	693.75	3,375.00

SCHEDULE OF ASSETS HELD FOR INVESTMENTS PURPOSES AT END OF YEAR

FORM 5500, SCHEDULE H, PART IV, ITEM 4i

THE BELLEVUE MANUFACTURING COMPANY UAW RETIREMENT INCOME PLAN
(EIN #34-4186030/PN002)

December 31, 2016

CURRENT PORTFOLIO SUMMARY

Quantity	Security Description	Date Acquired	Total/Adj Cost Basis	Fiscal Year Value 12/31/16	Unrealized Gain or (Loss)	Est Accrued Interest	Est Annual Income
Corporate Bonds							
50,000	VIACOM INC GLB	07/27/15	50,521.12	49,000.00	(1,521.12)	966.88	2,925.00
	05.850% SEP 01 2043						
100,000	NM EL PASO ENERGY CORP BE COMP GUANT SER GMTN	05/12/15	121,386.30	119,190.00	(2,196.30)	1,877.08	8,050.00
	08.050% OCT 15 2030						
100,000	NM EL PASO ENERGY CORP BE ORIGINAL UNIT/TOTAL COST	10/15/15	110,584.56	119,190.00	8,625.44	1,877.08	8,050.00
	141,1000/111,100.00						
	Total Corporate Bonds		1,395,680.77	1,453,314.75	57,633.98	19,700.73	87,957.00

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