

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed 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-SF.		OMB Nos. 1210-0110 1210-0089 2016 This Form is Open to Public Inspection	
Part I Annual Report Identification Information					
For calendar plan year 2016 or fiscal plan year beginning 04/01/2016 and ending 03/31/2017					
A This return/report is for:		☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a one-participant plan ☐ a foreign plan			
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 Check box if filing under:		☐ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)			
Part II Basic Plan Information —enter all requested information					
1a Name of plan BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN RETIREMENT PLAN		1b Three-digit plan number (PN) ▶		004	
		1c Effective date of plan		01/01/1989	
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) BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN 7061 EAST PLEASANT VALLEY RD INDEPENDENCE, OH 44131		2b Employer Identification Number (EIN)		34-6000349	
		2c Sponsor's telephone number		216-241-2630	
		2d Business code (see instructions)		488210	
3a Plan administrator's name and address ☒ Same as Plan Sponsor.		3b Administrator's EIN			
		3c Administrator's telephone number			
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.		4b EIN			
a Sponsor's name		4c PN			
5a Total number of participants at the beginning of the plan year		5a		75	
b Total number of participants at the end of the plan year		5b		72	
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		5c			
d(1) Total number of active participants at the beginning of the plan year		5d(1)		46	
d(2) Total number of active participants at the end of the plan year		5d(2)		46	
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		5e		0	
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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	10/25/2017	STEPHEN BRUNO		
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator		
SIGN HERE	Filed with authorized/valid electronic signature.	10/25/2017	EDGAR PRUITT		
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor		
Preparer's name (including firm name, if applicable) and address (include room or suite number)				Preparer's telephone number	

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	5068356	5118382
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	5068356	5118382
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	520000	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	212126	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		732126
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	638392	
e Certain deemed and/or corrective distributions (see instructions) ..	8e		
f Administrative service providers (salaries, fees, commissions)	8f	43708	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		682100
i Net income (loss) (subtract line 8h from line 8c)	8i		50026
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:		Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X		
c Was the plan covered by a fidelity bond?	10c	X			2100000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X		
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X		
f Has the plan failed to provide any benefit when due under the plan?	10f		X		
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h				
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	☒ Yes ☐ No
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a 0
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	☐ Yes ☒ No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	
a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	
b Enter the minimum required contribution for this plan year	12b
c Enter the amount contributed by the employer to the plan for this plan year	12c
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?	☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐ Yes ☒ No
c 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.)	
13c(1) Name of plan(s):	13c(2) EIN(s)
	13c(3) PN(s)

Part VIII Trust Information

14a Name of trust	14b Trust's EIN
14c Name of trustee or custodian	14d Trustee's or custodian's telephone number

Part IX IRS Compliance Questions

15a Is the plan a 401(k) plan? If "No," skip b.	☐ Yes	☐ No
15b 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
16a 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
16b 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
17a 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 _____.		
17b 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 ____ / ____ / ____.		
18 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?	☐ Yes	☐ No
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	☐ Yes	☐ No

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 04/01/2016 and ending 03/31/2017

▶ **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>BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN</u>	D Employer Identification Number (EIN) <u>34-6000349</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>04</u> Day <u>01</u> Year <u>2016</u>	
2 Assets:	
a Market value	2a <u>5068028</u>
b Actuarial value	2b <u>5068028</u>
3 Funding target/participant count breakdown	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	<u>15</u> <u>1507719</u> <u>1507719</u>
b For terminated vested participants.....	<u>14</u> <u>832333</u> <u>832333</u>
c For active participants.....	<u>46</u> <u>3573027</u> <u>3639779</u>
d Total.....	<u>75</u> <u>5913079</u> <u>5979831</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>5.96 %</u>
6 Target normal cost.....	6 <u>260475</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>10/24/2017</u>
Signature of actuary		Date
<u>JEFFREY A. SCHAPPEL, EA, MAAA</u>		<u>14-07786</u>
Type or print name of actuary		Most recent enrollment number
<u>CBIZ BENEFITS & INSURANCE, INC.</u>		<u>216-447-9000</u>
Firm name		Telephone number (including area code)
<u>6050 OAK TREE BLVD.</u> <u>SUITE 500</u> <u>CLEVELAND, OH 44131</u>		
Address of the firm		

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

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

Schedule SB (Form 5500) 2016
v. 160205

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	479057
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	26639
9	Amount remaining (line 7 minus line 8)	0	452418
10	Interest on line 9 using prior year's actual return of <u>3.39</u> %	0	15337
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.18</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		183591
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	284164

Part III Funding Percentages			
14	Funding target attainment percentage	14	79.99%
15	Adjusted funding target attainment percentage	15	80.00%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	83.49%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/02/2016	130000				
10/18/2016	130000				
01/15/2017	130000				
04/18/2017	130000				
Totals ▶			18(b)	520000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	499962
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?		☒ Yes ☐ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?		☒ Yes ☐ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	<div style="display: flex; justify-content: space-around;"> <div>1st segment: 4.43%</div> <div>2nd segment: 5.91%</div> <div>3rd segment: 6.65%</div> </div>	☐ N/A, full yield curve used
b	Applicable month (enter code)	21b	1
22	Weighted average retirement age	22	63
23	Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute		
Part VI	Miscellaneous Items		
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No		
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27	
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years		
28	Unpaid minimum required contributions for all prior years	28	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0
Part VIII	Minimum Required Contribution For Current Year		
31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6)	31a	260475
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	1195966	229351
b	Waiver amortization installment		
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	489826
		Carryover balance	Prefunding balance
35	Balances elected for use to offset funding requirement	0	0
36	Additional cash requirement (line 34 minus line 35)	36	489826
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	499962
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	10136
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40	Unpaid minimum required contributions for all years	40	0
Part IX	Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)		
41	If an election was made to use PRA 2010 funding relief for this plan:		
a	Schedule elected	☐ 2 plus 7 years ☐ 15 years	
b	Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	
42	Amount of acceleration adjustment	42	
43	Excess installment acceleration amount to be carried over to future plan years	43	

**Schedule SB, line 26 –
Schedule of Active Participant Data**

	Years of credited service:										
	< 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	Total
Attained											
Age											
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	2	0	0	0	0	0	0	0	0	2
30 to 34	1	0	1	0	0	0	0	0	0	0	2
35 to 39	0	1	2	1	0	0	0	0	0	0	4
40 to 44	0	2	0	0	2	1	0	0	0	0	5
45 to 49	0	1	1	0	0	0	0	0	0	0	2
50 to 54	0	3	1	1	0	2	0	0	0	0	7
55 to 59	1	1	4	1	1	1	0	0	0	0	9
60 to 64	0	2	3	0	3	0	1	1	0	0	10
65 to 69	0	0	3	1	1	0	0	0	0	0	5
70 & up	0	0	0	0	0	0	0	0	0	0	0
Total	2	12	15	4	7	4	1	1	0	0	46

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

Interest Rate	Segment Rates utilizing the HATFA rates for 2016 valuations				
	For Minimum Funding:				
	4.43% 1 st Segment Rate				
	5.91% 2 nd Segment Rate				
	6.65% 3 rd Segment Rate				
	For Maximum Non-Taxable Contribution:				
	1.39% 1 st Segment Rate				
	3.98% 2 nd Segment Rate				
	5.00% 3 rd Segment Rate				
Mortality Rates	2016 Combined Mortality for healthy lives				
	Disability Mortality per IRS Rev. Ruling 96-7 for Disabled				
Salary Scale	4.50% per annum				
Retirement Rates	<u>Age</u>	<u>Rate</u>			
	60	10%			
	61	10%			
	62	30%			
	63	30%			
	64	40%			
	65	100%			
	Completed Years of Service				
Withdrawal Rates:	<u>Age</u>	<u>0</u>	<u>1</u>	<u>2</u>	<u>3+</u>
	25	33.2%	23.0%	13.4%	12.0%
	30	28.6%	19.7%	11.5%	8.0%
	35	24.0%	16.5%	9.5%	6.5%
	40	19.3%	13.2%	7.5%	5.0%
	45	14.7%	9.9%	5.5%	3.5%
	50	10.1%	6.6%	3.6%	2.0%
	55	5.5%	3.3%	1.6%	1.3%

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

Disability Rates:	75% of the Table S-110 of the 11 th Railroad Retirement Board Valuation (modified).
Form of payment	10% assumed to elect Normal Form 90% assumed to elect Lump Sum Payment
Employees excluded	Those not eligible to participate.
Marriage	85% of males and 85% of females are assumed to be married. Wives are assumed to be three years younger than their husbands.
Actuarial Value of Assets	The Actuarial Value of Assets (AVA) is equal to the Market Value of Assets.
Administrative Expenses	Expenses were not included in this year's valuation.
Changes since prior year	The mortality table and interest rates were changed to comply with the Pension Protection Act of 2006 for a 2016 valuation.

**Schedule SB, Part V –
Summary of Plan Provisions**

1. Anniversary Date April 1
2. Commencement of Participation All salaried employees or an officer who participates during his term(s) in office.

Building Association employees can commence upon completion of six months of service and attainment of 20 ½ years of age.
3. Final Average Monthly Pay The monthly average of an employee's earnings (excluding overtime and bonuses) during the five consecutive years within the last 10 years of employment which produce the highest average.
4. Eligibility for Benefits
 - a) Normal Retirement Age 65.
 - b) Early Retirement Age 55 with 10 Years of Credited Service for all participants.
No later than age 62 for all salaried employees of the BLET and officers.
 - c) Deferred Vested Five years of vesting service.
 - d) Spouse's Pension Available upon death of participant.
 - e) Disability Ten years of vesting service.
5. Benefit Amounts
 - a) Normal Retirement The greater of (1) and (2):
 1. 1.25% (1.00% for Building Association employees) of Average Monthly for each year of Credited Service.
 2. Credited Service multiplied by \$6 (\$8 for Building Association employees).
For participants of the Salary and Officer's Plan, the monthly amount cannot exceed \$1,500, indexed

**Schedule SB, Part V –
Summary of Plan Provisions**

annually every January 1 beginning in 2008 by the cost of living adjustments applicable to Tier 1 Railroad Retirement Benefits.

- | | |
|---------------------|---|
| b) Early Retirement | An actuarially equivalent benefit payable immediately reduced from age 65 or unreduced as of age 62 for non-Building Association employees. |
| c) Deferred Vested | The vested accrued benefit deferred to normal or early retirement age. |
| d) Spouse's Pension | 50% of the participant's Accrued Benefit reduced for both the 50% J & S form and early receipt and payable at earliest retirement age. |

The normal form of payment for single participants is a monthly life annuity with a 10-year period certain. The automatic form of payment for married participants is an actuarially reduced 50% J & S form with a 50% continuation after the participant's death to his or her spouse, if surviving.

A participant may elect one of the following forms of payment of equivalent value:

- Life Annuity
- Joint and 50%, 66-2/3%, 75% or 100% to contingent annuitant option.
- A lump sum

6. Credited Service

Before April 1, 1976, a year was credited for each plan year in accordance with the applicable Employees or Officers Plan. Credits for plan years after April 1, 1976 are earned if the employee works 1,000 hours. Credit for the plan year in which retirement occurs is earned if 173 hours are worked.

**Schedule SB, line 32 –
Schedule of Amortization Bases**

Type of Base	Date Established	Balance At Val Date	Payment	Years Remaining At Val Date
Shortfall	4/1/2016	\$349,746	\$57,786	7
Shortfall	4/1/2015	\$414,111	\$77,493	6
Shortfall	4/1/2014	\$432,109	\$94,072	5
Total		\$ 1,195,966	\$229,351	

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

Age	Qr	Paa	Qr x Paa	Qr x Paa x Age
60	0.10	1.0000	0.1000	6.0000
61	0.10	0.9000	0.0900	5.4900
62	0.30	0.8100	0.2430	15.0660
63	0.30	0.5670	0.1701	10.7163
64	0.40	0.3969	0.1588	10.1606
65	1.00	0.2381	0.2381	15.4765
			1.00	62.91
				avg ret age

**Schedule SB, line 19 –
Discounted Employer Contributions**

Date Paid	Contribution Amount	Discounted to 4/1/2016
8/2/2016	\$130,000	\$127,488
10/18/2016	\$130,000	\$125,941
1/15/2017	\$130,000	\$124,176
4/18/2017	\$130,000	\$122,357
	<u>\$520,000</u>	<u>\$499,962</u>

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information 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 04/01/2016 and ending 03/31/2017

► **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 BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN RETIREMENT PLAN	B Three-digit plan number (PN) ►	004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN	D Employer Identification Number (EIN) 34-6000349	

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500
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Part I Basic Information			
1	Enter the valuation date: Month <u>04</u> Day <u>01</u> Year <u>2016</u>		
2	Assets:		
	a Market value.....	2a	5,068,028
	b Actuarial value.....	2b	5,068,028
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	15	1,507,719
	b For terminated vested participants.....	14	832,333
	c For active participants.....	46	3,573,027
	d Total.....	75	5,913,079
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐		
	a Funding target disregarding prescribed at-risk assumptions.....	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b	
5	Effective interest rate.....	5	5.96%
6	Target normal cost.....	6	260,475

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 JEFFREY A. SCHAPEL, EA, MAAA Type or print name of actuary CBIZ BENEFITS & INSURANCE, INC. Firm name 6050 OAK TREE BLVD. SUITE 500 CLEVELAND OH 44131 Address of the firm	10/24/2017 Date 1407786 Most recent enrollment number 216-447-9000 Telephone number (including area code)
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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 ☐